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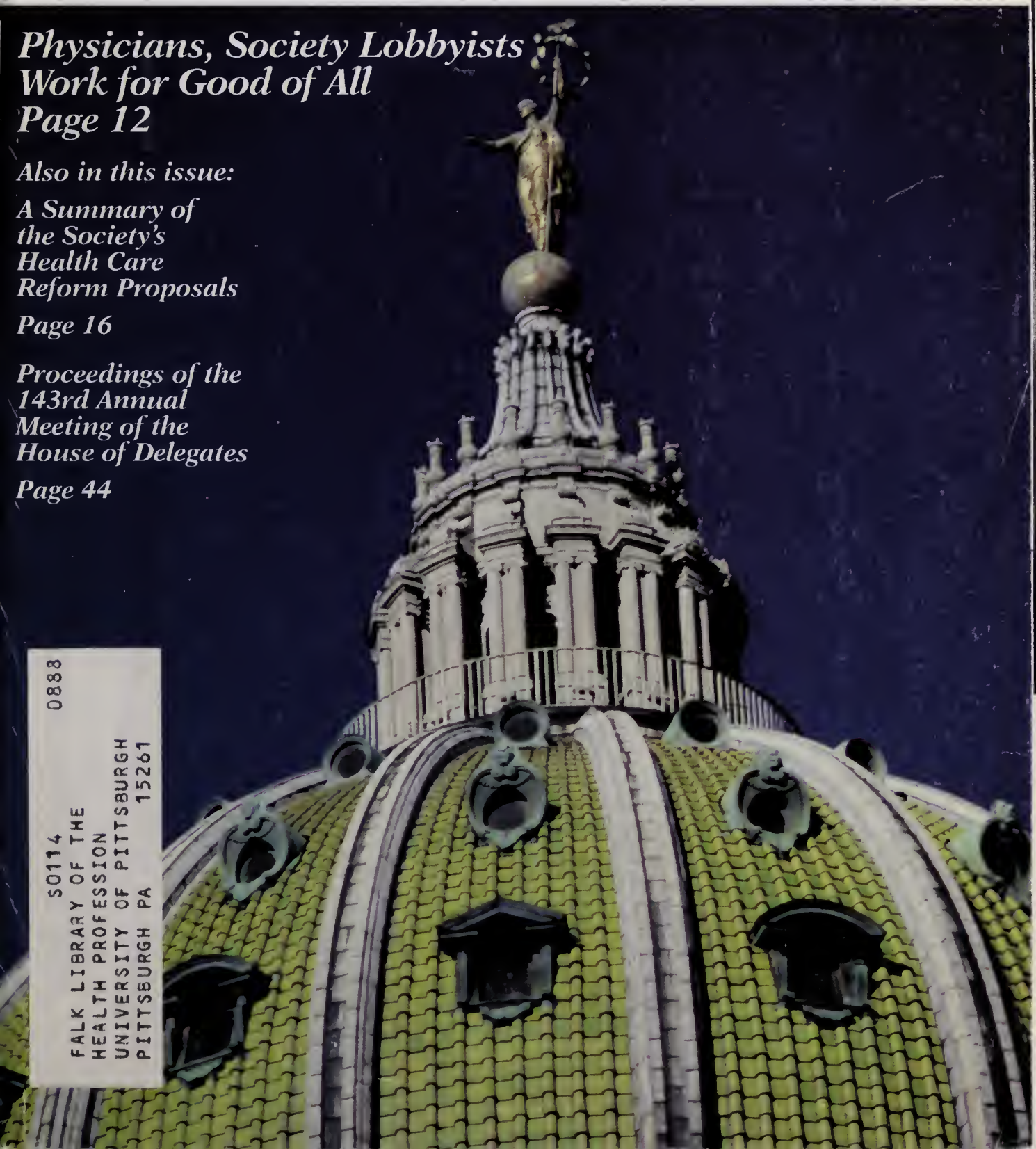
Pennsylvania Medicine®

VOLUME 96 • NUMBER 1
JANUARY 1993

Medical Journalism Award 1992 First Prize



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Page 44

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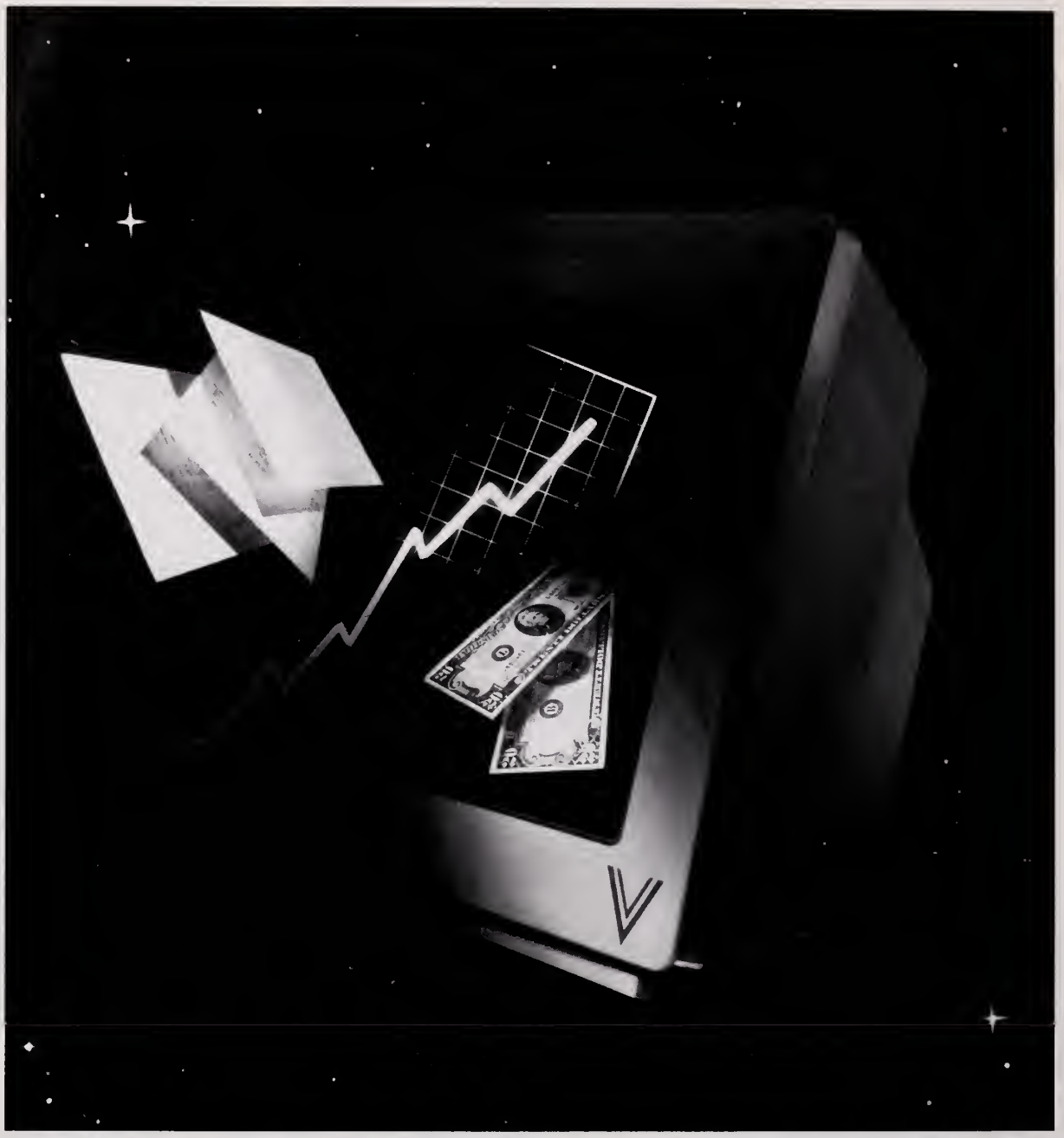

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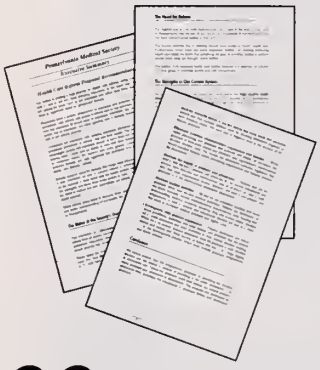

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Cover photo by Blair Seitz©, Harrisburg

PENNSYLVANIA MEDICINE (ISSN 0031-4595) is published monthly by the Pennsylvania Medical Society, 777 East Park Drive, Harrisburg, PA 17111.
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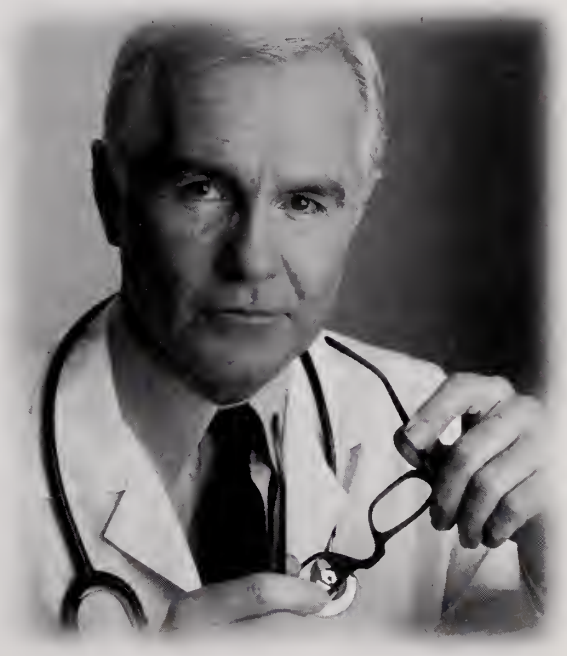
"Unfortunately,

he was already sitting in my examining room. This guy was a walking liability suit looking for a victim. He was angry, non-compliant. It was one of those rare, no-win cases and, well, I guess my number was up.



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CLIA GRACE PERIOD EXTENDED TO MARCH 1: The Health Care Financing Administration, in response to efforts by organized medicine, has extended until March 1 the deadline to allow physicians and laboratories to obtain their Clinical Laboratory Improvement Act (CLIA) registration number without having claims for laboratory services denied. When the grace period ends, Medicare carriers will notify physicians without a CLIA number on file. Physicians must then: 1) apply to become a CLIA-registered lab; 2) notify the carrier if already registered; or 3) stop performing lab tests. In any case, according to the AMA, "payment will not be denied until the physician has been provided notification of the opportunity to come into compliance."

GOVERNOR SIGNS CON LEGISLATION: Governor Robert P. Casey on December 17, 1992, signed into law legislation extending Pennsylvania's Certificate of Need (CON) program through at least 1996. The existing CON law was scheduled to expire December 31, 1992. In addition to continuing to require a CON for new or expanded health care facilities and ambulatory surgical facilities, the Department of Health will publish a list of reviewable clinically related health care services. The department will not accept any new letters of intent or CON applications for 60 days or until February 17, 1993. Anyone with questions regarding pending applications or letters should contact the director of the department's Bureau of Planning at (717) 783-3865. Society legal counsel is developing a full analysis of the new law; PENNSYLVANIA MEDICINE will publish a summary of the analysis this spring.

REINTRODUCTION OF WORKERS' COMP BILLS ANTICIPATED: The State Society anticipates that both chambers of the General Assembly, when they reconvene later this month, will reintroduce bills to reform Pennsylvania's workers' compensation system. The Senate version is expected to resemble past efforts applying a fee schedule set at 120 percent of the current Medicare rate with an annual increase tied to the statewide average weekly wage. The House version is expected to include components of a bill passed just prior to session end in 1992. The Society, which opposed that House bill because of proposed differentials in the payment schedule, continues to support an approach that would not permanently tie the workers' comp fee schedule to Medicare. During the new session, the Society also hopes to seek provisions to streamline the workers' comp reimbursement process and reduce hassles for physicians providing services to injured workers.

THREE SOCIETY PHYSICIANS TESTIFY AT REFORM HEARING: In mid-December in Erie, three State Society physicians testified at a hearing on the health care reform plan proposed by the governor's Economic Development Partnership (EDP). David Howell, MD, Erie County Medical Society (ECMS) president; Scott Henry, MD, ECMS vice president; and Donald VanDamia, MD, a member of the PMSLIC board, discussed why physicians must be involved in reform; the need for tort reform, hassle reduction, and preventive care; and the role of technology and social/lifestyle problems in health care demands and costs. Their comments were well-received by the governor and the hearing panel. This was the first in a series of six hearings statewide on the EDP plan; the Society will testify again later this month at hearings in Scranton and Altoona.

TB, ProDUR DISCUSSIONS HELD: John J. Dennehy, MD, chairman of the Society's Commission on Public Health, and other Society representatives met with Secretary of Health Allan S. Noonan, MD, MPH, in December to discuss physician concerns about the alarming increase in tuberculosis. The Society and department will work to offer TB educational programs to physicians. Society representatives also met this month with PACE director Tom Snedden to review the prospective drug utilization review (ProDUR) program. Mr. Snedden indicated that PACE will soon submit proposals to expand the program; the Society will have an opportunity to comment prior to implementation.

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A Resolution: Let's Not Lay Blame for Our Health Care Dilemma

John W. Mills, MD
Medical Editor

A feature item one recent evening on the television news trumpeted the health insurance industry's acceptance and endorsement of universal health care for all Americans. It sounded almost as if the final "bad guys" had been defeated, and we'd soon have unanimity on the subject and Utopia in America with everybody covered.

I pondered the thrust of the national health care issue report throughout the evening as I did a few chores, played some Christmas records on the stereo, checked my beeper to be sure it was "on," and admired my wife's beginning transformation of our living room into the Christmas season with the Creche scene.

A brief review of my editorials from last December and January issues revealed health care showcased as an issue, with Senator Harris Wofford's win and my concern over "quick fixes." My thoughts turned again to the TV news, and I was struck by the real message: "someone" has been to blame because we don't have national health insurance covering all Americans.

"...I was struck by the real message: 'someone' has been to blame because we don't have national health insurance covering all Americans."

Today it was the health insurance industry, yesterday it might have been organized medicine or the Republican party.

Why do we in this country always have to have a scapegoat? Why is someone or some group always to blame? Why do we spend time and money to fix blame and then assess damages? Has it corrected anything? Has it really helped us move toward a common goal for the common good?

In this season, whether we celebrate the birth of the Prince of Peace or the Feast of Lights, we should be concerned with helping and aiding our fellow human beings instead of "blaming someone."

Granted, this editorial will appear in the January 1993 edition of PENNSYLVANIA MEDICINE, but that's not really too late for some thought on New Year's resolutions. We joke about such things, but we could also be very serious in this regard; and I think we should be.

Our profession is a revered one, and we are dedicated to helping our fellow "man." But let's carry this further and resolve to involve ourselves in the national health care issue with a positive stance and as our patients' advocates. Let's help assure sufficient coverage at reasonable cost.

We'll be at the negotiating table—among a very fragmented, often antagonistic group of negotiators. The fact that we now have developed proposals is one step towards a better seat at that table. Turn to page 17 of this issue for a summary of your Society's health care reform proposals. A copy of the complete document is available from the Communications Division.

The Society's proposal is in discussion draft form—meaning we need members' comments to include in consideration for a final draft. Once the suggestions of all interested groups are received and weighed, the proposals will be redrafted into more final form and prepared for legislative negotiations.

Thus, we need to resolve "to go boldly where no one has been before," to borrow a line from "Star Trek." Yes, other countries have national health care, but this will be our first experience.

Only if we all contribute to the cause and debate will we avoid "quick fixes" and forge a workable, equitable national health care plan.

Finally, let's resolve to let the goodwill of the season extend through 1993 in all our human endeavors and contracts with patients, legislators, negotiators, third parties, the Keystone Peer Review Organization (KePRO), family, and while you're at it—resolve to get more involved in the issues and the Pennsylvania Medical Society.

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Managing the Managers

Donald G. Ferguson, MD

Many years ago—more than I really care to think about—I had a roommate. He was an intense young man, more so than many of us, and mature in his ways, more so that most of us.

We were medical students, but none of us had studied Medicine. Yes, we knew the textbooks that taught us our trade, that told us of the symptoms of the most esoteric diseases and the metabolism of the African tsetse fly. We were a little less clear on the things that made a doctor different from others, that made our profession special, that set us apart in a learned and privileged calling.

My roommate's hero, and the model for his life, was Sir William Osler, who was professor of medicine at Johns Hopkins in their glory years, at the dawn of the twentieth century. He had studied Osler, Osler's writing, and above all, Osler's attitudes toward his calling.

I have since heard and read more about Osler—living in that room accounted for a lot of my interest. From the clutter of reading and memory, there have emerged some lasting truths.

First, you must have the knowledge to do the job right. That part was relatively easy; that's what we were learning every day in medical school—and still are, I hope!

Second, you must *look* like a doctor. As my roomie put it: "They didn't know very much in those days...," (how naive we were to think *we* did), "...so they had to *look* the part." Wing collar, top hat, swallowtail coat—ridiculous to our eyes, but necessary for acceptance into the brotherhood of the learned professions of that time.

Formal dress also had a very practical purpose: it gained the patient's confidence and communicated, without verbal expression, "I am a doctor. You can trust me." Today, the lab coat and stethoscope, though no longer exclusively restricted to physicians, continue to deliver the same unspoken message of professionalism and trustworthiness. And nonverbal communication between physician and patient remains a critical element in the doctor-patient relationship.

This relationship is something we must defend if we are to continue as an autonomous and respected profession. We physicians know that the practice of medicine goes far beyond mere mechanics.

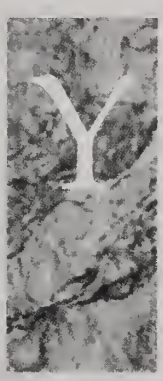
There is a buzzword these days called "managed care." For a term so widely used, it is hard to pin down to a definition. Most people who use the words "managed care" are trying to say something about holding down the costs of medicine, and increasing the efficiency and effectiveness of our health care delivery system.

Physicians are not opposed to managed care as a concept; we are concerned, however, about managed care programs without appropriate safeguards. Too many attempts at managed care to date have ignored the practice of medicine and the art of medicine for the business of medicine.

The cost of medical care is a serious problem for our state and our country, and we are all aware of this fact. But our role is more than that of financial manager. Management *is* important. Efficiency *is* important. But what sets us apart from other managers is our patients, and our special responsibility to them. Sir William knew this, and we should always remember it.

Your Society is continuing its role as a watchdog in managed care, working in state government and with third-party payors to protect quality and reduce hassles. We are also exploring new and innovative ways in which we can work with managed care while protecting our profession and our patients.

Others may wish us to become vendors or providers or contractors. *We are doctors.* As long as we keep our patients' welfare first in our minds and work for their interest—in managed care, as in the rest of our practice—we will have earned their trust, and continue to deserve the honored name of "doctor."



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"PERCEIVED SATISFACTION" COUNTS IN SPECIALTY CHOICE

I recently attended the annual meeting of the Pennsylvania Medical Society as a delegate from Delaware County. I was struck by the strong feeling of physicians in this state to try to influence medical students to choose primary care specialties, especially family practice, pediatrics, or general internal medicine, as their chosen fields. There were numerous suggestions, including some economic incentives, such as reduced loan repayments, to try to convince students to choose the primary care specialties. Also suggested was recruitment of medical students who claim on the initial interview that they will choose primary care specialties.

I feel it is unrealistic to expect a student who has never cared for a patient to know what type of medicine he or she will most enjoy. I feel the single biggest factor that will influence medical students to choose the primary care specialties is their perceived satisfaction of established practitioners. When I was a medical student, the practitioners who complained the loudest were the general internists. I decided that I did not want to be unhappy for the next 40 years of my life, and so I did not choose general internal medicine.

May I respectfully suggest that if you wish students to enter the primary care specialties, you must relate to them the things about your specialty that you most enjoy. Practitioners should display enthusiasm for their work and reserve their complaints to private discussions among colleagues. It is only when the students perceive the rewards, particularly the personal rewards, of primary care medicine, that they will consider careers in these fields.

Robin B. Scheiner, MD
Drexel Hill

MEDICARE REFORM STRIKES AGAIN

It seems the government is out to destroy medicine. The latest attacks are in the form of "Medicare reform." Lately, Pennsylvania Blue Shield (the Medicare carrier of Pennsylvania, New Jersey, the District of Columbia, and Delaware) issued new guidelines on payment. Some of the bizarre concepts include the idea that Medicare is only going to pay one doctor for critical care of a patient during a time when two or more physicians are needed for prolonged attendance, and that a doctor seeing a new patient, or one that he or she has not seen for the last three years on consultation, may make twice what a doctor familiar with the patient may make (converting a consultation to a routine visit, instead of a consultation).

The latest news is that for those unfortunate victims who purchased a CLIA '88 waiver license (under the new "user fees," but no-new-taxes federal program) so that they could perform a few basic office tests, four out of the eight waivered tests will not be compensatable under Medicare!

Physicians performing office hemoglobin testing or urinalysis will be permitted to bill Medicare, but will receive *no payment.* Of the eight waivered tests, the patients themselves can purchase kits to perform five of these tests themselves, but Medicare will still pay for two of these home tests. Imagine going to your doctor for urinary complaints, being told that the doctor is licensed to perform the testing needed to get a preliminary diagnosis, but being sent to the local hospital or laboratory because the physician cannot afford to do the testing for free.

Not only that, since the local carriers consider them "non-covered" services, the patient may well see on his or her Medicare statement from the carrier that such services are not considered medically necessary. This is a brilliant scam on the part of government to extract $50 a year from doctors, and then destroy basic, time-tested methods for practicing good medicine.

What is next? Issuing UPIN numbers to optometrists, psychologists, physician assistants, nurse practitioners, or maybe pharmacists so that physicians will be superfluous?

Marc S. Berger, MD, CM
Stroudsburg

PRO FACT TOUCHES "SENSITIVE NERVE"

I would like to reply to Dr. Harrop's statement ["PRO Myths vs. Facts," November 1992]: "...physician advisors are expected to use their own medical judgment and clinical expertise to determine medical necessity of admissions and quality of care provided...."

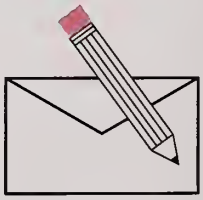
Dr. Harrop has touched a most sensitive nerve for the attending physician who is being reviewed. We often feel that our own clinical judgment has been stripped from us, and we are practicing with KePRO's Sword of Damocles over our heads. Shouldn't a retrospective reviewer, matching his or her judgment against ours, be cautious to the extreme, bearing in mind that fact that we are looking at the patients, not just the charts? Perhaps we are not automatically presumed guilty when these judgments disagree, but one thing is certain: we are in for a big-time hassle until we can relax about it.

John B. Nesbitt, MD
Meadville

"SOMEONE'S OUT HERE!"

Excellent editorial, PENNSYLVANIA MEDICINE ["Is Anyone Out There?," November 1992]! How about looking at teleconferences? Many hospitals do them for CME, and I think it is feasible.

Gregory D. Grabiak, MD
President Elect
Westmoreland County Medical Society



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Gerald B. Appel, M.D.
Professor of Clinical Medicine, Director, Clinical Nephrology, Columbia-Presbyterian Medical Center, New York, NY

JANUARY 13th
Experimental Mitral Regurgitation: The Heart and Sarcomere
James F. Spann, M.D.
Professor of Medicine, Director, Division of Cardiology, Director, Gazes Cardiac Research Institute, Medical University of South Carolina, Charleston

The Adrenergic Nervous System in Heart Failure
Michael R. Bristow, M.D., Ph.D.
Professor of Medicine, Head, Division of Cardiology, University of Colorado Health Center, Denver

JANUARY 20th
Hypercoagulation
S. Benham Kahn, M.D.
Professor and Vice Chair of Neoplastic Diseases, Hahnemann University

JANUARY 27th
Metabolism of Alcohol and Associated Hepatic and Metabolic Disorders
Charles Lieber, M.D.
Professor of Medicine & Pathology, Mount Sinai School of Medicine, Director, GI-Liver Training Program and Alcohol Research & Treatment Center, Bronx, VA Medical Center, Bronx, NY

FEBRUARY 1993

FEBRUARY 3rd
Parkinsonism: Pitfalls of Treatment
Norman Leopold, D.O.
Clinical Associate Professor of Neurology, Hahnemann University
David Roeltgen, M.D.
Associate Professor of Neurology, Hahnemann University
Jay S. Schneider, Ph.D.
Associate Professor of Neurology, Hahnemann University

FEBRUARY 10th
Hypercholesterolemia: A Second Opinion
Sylvan L. Weinberg, M.D.
Clinical Professor of Medicine, Wright State University School of Medicine, Chairman of Cardiology, Good Samaritan Hospital, Dayton

FEBRUARY 17th
Treatment of Human Immunodeficiency Virus Infection
Martin Hirsch, M.D.
Professor of Medicine, Harvard Medical School, Infectious Diseases Unit, Massachusetts General Hospital, Boston

FEBRUARY 24th
Legionella
Victor Yu, M.D.
Professor of Medicine, University of Pittsburgh School of Medicine
Chief, Infectious Diseases Section, VA Medical Center, Pittsburgh

MARCH 1993

MARCH 3rd
Critical Reading of the Medical Literature
Robert H. Fletcher, M.D.
Editor, *Annals of Internal Medicine*, Philadelphia

MARCH 10th
Review of Current Classification of Pemphigus
John R. Stanley, M.D.
Senior Investigator, Dermatology Branch, National Institutes of Health
Bethesda, Maryland

MARCH 17th
Clinical Pathological Case Presentation
Brad B. Moore, M.D.
Sunil Natrajan, M.D.
Savas Petrides, M.D.
W. Clay Warnick, M.D.
Chief Medical Residents, Hahnemann University

MARCH 24th
Skeletal Changes in Spaceflight
Sara Bond Amaud, M.D.
Research Scientist, Life Science Division, University of California/San Francisco

MARCH 31st
Acute Myocardial Infarction in the '90s
J. Ward Kennedy, M.D.
Professor of Medicine, Director, Division of Cardiology, University of Washington School of Medicine, Seattle

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Mechanisms and Treatment of Congestive Heart Failure
James F. Spann, M.D.
Michael R. Bristow, M.D., Ph.D.
Course Directors:
Susan Brozena, M.D.
Marc Cohen, M.D.

FEBRUARY 17, 1993
Treatment of HIV and HIV-Related Opportunistic Infections
John G. Bartlett, M.D., Martin Hirsch, M.D.
Rob Roy MacGregor, M.D., Peter Selwyn, M.D.
Course Director:
John Molavi, M.D.

MARCH 10, 1993
Dermatology: Immunopathologic Mechanisms and Treatment of Selected Vesiculobullous Disorders
John R. Stanley, M.D.
Ernst H. Beutner, Ph.D.
Course Director:
Richard Spielvogel, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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1991-92 in Review: Physicians, Lobbyists Work for Good of All

Division of Governmental Affairs

During the 1991-92 legislative session, several hundred health-related bills were introduced in the Senate and House of Representatives. Hard work by State Society physicians and lobbyists on these bills, addressing such issues as children's health insurance and certificate of need, will benefit all Pennsylvania physicians and their patients in the years to come. The Society's Division of Governmental Relations overviews the major issues and their outcomes.

When Pennsylvania's General Assembly ended its two-year legislative session on November 30, 1992, both the Senate and House of Representatives adjourned sine die. Sine die, meaning without a day specified for a future meeting, is a significant event that not only signals the end of session, but also provides a mechanism to "kill" legislative proposals not enacted by November 30.

The 1991-92 legislative session produced an unprecedented number of bills aimed directly at the health care community. This trend came as no surprise, given the general public's concern about rising health care costs. Overall, however, the political scoreboard for organized medicine was positive with several important bills passed and a number of compromises reached on legislative proposals affecting physicians' practices. These results could not have been achieved without the grassroots political involvement of physicians and auxilians.

We provide this review of major initiatives to update members on the State Society's legislative activities.

The staff members of the Society's Division of Governmental Affairs are: Jerry L. Rothenberger, vice president; Larry L. Light, director, and David J. Thompson, assistant director of legislative affairs; Donald N. McCoy, director, and Frani Battista, assistant director of regulatory affairs and specialty legislation.

Children's health insurance

House Bill 20 as originally written focused on indigent care. The Society worked successfully to remove language tying licensure and medical staff privileges to mandated Medicaid participation in this bill. The Society also participated in meetings called by Senator John Peterson (R-Venango) to revise the bill before consideration.

Before year-end, the General Assembly approved an amended version of House Bill 20. New language established a primary health care practitioners program and a primary care loan forgiveness program. The section addressing referral networks and hospital medical staff obligations—which at one time contained the mandatory assignment language—was deleted entirely from the bill. During committee debate, strong reservations about the ultimate cost of the program were voiced.

As finally passed, the Children's Health Care Act—signed into law by the governor on December 2, 1992—will provide free health insurance for children under the age of six years whose family income is no greater than 185 percent of the federal poverty level and for children ages 7-12 (ages 7-17 by 1996) whose income is no greater than 100 percent of the federal poverty level. Families with incomes at 185-235 percent of the poverty level will pay half the costs of insurance.

The state insurance department will have oversight responsibilities, with Pennsylvania Blue Cross and Blue Shield providing administrative services under contract with the department. An amendment offered by Representative Matt Ryan (R-Delaware) limited the cost of the child health program to the two-cent cigarette tax revenue set aside specifically for such a program, thus preventing the use of state General Fund monies. A total of $1.25 million was appropriated in the current fiscal year for the primary care programs.

Certificate of need

On November 16, 1992, the House amended and passed House Bill 1982 to re-establish the Certificate of Need (CON) program. Adopted amendments:

- require applications to be in writing and a hearing be held for a reconsideration instead of a meeting;
- require the health department to change the list of clinically reviewable ser-

vices by regulation, rather than without a formal action;

• require the health department to propose a policy for licensure of different levels of ambulatory surgical facilities; and

• change the definition of "health care facility" to broaden the exclusion for private offices.

When the Senate Public Health and Welfare Committee amended and approved House Bill 1982, there were four amendments—one of a technical nature. The three substantive changes: require that two Health Policy Board members be "knowledgeable of rural health care needs;" alter and tighten the definition of interested persons who may make appeals; and require certification that submitted data is factual.

Before adjourning the 1992 session, the House accepted the Senate amendments and again passed the bill. The Society's position was to oppose re-enactment of CON, but seek corrective amendments in the legislation, which it did by: 1) successfully pursuing "due process" protections and substantive amendments to complement the creation of a new Health Policy Board, the determination of clinically reviewable services, and the continued application of CON to proposals with a capital expenditure in excess of $2 million; and 2) winning agreement on ambulatory surgical facilities language. At press time, the bill was awaiting approval by the governor.

Workers' compensation

It was a tortuous process to follow the state's struggle with workers' compensation reform, but seeing the compromise bill die at session end did not end the Society's vigilance on this issue.

After House Bill 2140 *originally* passed the House, other provider groups and the Society proposed language to implement the federal workers' compensation fee schedule as a replacement for reimbursement under the Medicare fee schedule. That language was adopted in the Senate Labor and Industry Committee. However, on the Senate floor, the "Madigan/Mellow" amendment deleted those provisions and applied a fee schedule set at 120 percent of the current Medicare rate with an annual increase tied to the statewide average weekly wage.

The House voted to "nonconcur" on the Senate amendments and move towards a conference committee. Rather than deal with a conference committee, the Senate completed a complicated series of procedural votes allowing House Bill 2140 to be re-amended. Senators of both parties overcame intense pressure from the administration to accept the 113 percent of Medicare rate and instead retained the more desirable 120 percent of Medicare language. As a result of the procedural moves, House Bill 2140 was returned to the House for a second concurrence vote. The Society supported that version of the bill.

On October 8 the House passed another workers' compensation bill in a special session called by the governor. This measure, House Bill 2, set the fee schedule for workers' compensation at 117 percent of Medicare without an annual update, excluded insurance companies from setting up coordinated care organizations (CCOs), and limited the aggregate reimbursement to CCOs for health care services to 117 percent of Medicare. It also included changes in peer review, handling of medical records, and insurance reform. Earlier the House defeated an amendment which would have inserted the "Madigan/Mellow" language.

Before the end of the session, the House re-amended House Bill 2140 to include a cap on fees for workers' compensation medical services at 117 percent for primary care services and 120 percent for surgical services. The bill also included: an annual update provision, negotiated fees for CCOs, limits on information required for submission of claims, standards for utilization review organizations, and ownership of CCOs by insurers and employers in addition to providers. House Bill 2140 was sent back to the Senate. Since no further action was taken prior to year-end adjournment, the bill died.

Internal politics

Although lawmakers spent much of the last legislative session entangled in the debate over workers' compensation reform, the real political excitement occurred in late November when Senate Democrats wrestled majority control from the Republicans, while Representative Robert O'Donnell (D-Philadelphia) lost his reelection bid for speaker of the House.

In the Senate, the change in power left former President Pro Tempore Robert Jubelirer (R-Blair) assuming the duties of minority leader, while Representative Robert Mellow (D-Lackawanna) prepared himself to be the Senate's new president pro tempore. This change is significant since Democrats will now control the Senate's committee structure and the flow of legislation.

Speculation of this change had been "whispered" throughout the halls of the

capitol prior to November's general election; however, no one had anticipated a post-election "coup." Rumors began prior to the election when Frank Pecora, a state senator from Allegheny County, changed his registration to Democratic in order to run against Republican Congressman Rick Santorum. When now-Democratic Senator Pecora lost his bid for Congress, and state Senator Jim Greenwood (R-Bucks) successfully defeated Democratic Congressman Peter Kostmayer, the Republican majority in the Senate suddenly rested on which caucus Pecora would align himself with.

In a political ambush that took Republicans by surprise, Senator Pecora switched caucuses—just as he had previously switched parties—providing Senate Democrats with the necessary ammunition to move into the majority. During hours of heated debate and vicious personal attacks, the Senate Democrats, numbering 25, took control of the General Assembly's upper chamber; Lieutenant Governor Mark Singel broke the tie votes. Democrats now control both chambers of the legislature and the governor's office.

In the House Democratic Caucus, another battle was waged as Representative O'Donnell made his bid to again be speaker. Challenged by fellow Democrat and then Majority Leader H. William DeWeese (D-Greene), Representative O'Donnell lost his party's nomination for speaker in what turned out to be an overwhelming defeat. Although the results of this "caucus" election rippled through the entire House, the final outcome did not occur until both caucuses voted on January 5. At press time, it was impossible to predict the outcome of this highly political race.

In any event, the outcome of the November election had little effect on the structural make-up of either the Senate or the House. When the legislature reconvenes its 178th session later this month, the Democratic margins in the Senate and House will be 25-24 and 105-98 respectively, the Senate being one member short as a result of Jim Greenwood's congressional victory. It remains unknown if or when Lieutenant Governor Singel will call for a special election to fill that vacancy.

Legislative successes

In the past two years, the Society has successfully amended and supported—and in some cases, halted—numerous legislation. Here is a sampling of issues, not discussed above, in which the Society's efforts were a vital part of new laws that favor public health and health care providers, and of onerous bills that died on the hill. The Society has classified them as "successes."

- *Act 148 of 1992—Mammography Exams, Uniform Health Insurance Claim Forms:* Amends Insurance Law of 1921; sets age for coverage of all costs for mammography examinations for women at 40 years, rather than 50 years as provided for in original law. Also requires Insurance Department to develop uniform claim form for health insurers by consulting with the Department of Public Welfare and providers. Signed by governor in mid-December 1992.
- *Act 93 of 1992—Mammography Quality Assurance Act:* Establishes standards for mammography services, uses federal standards in lieu of those set by the American College of Radiology. Signed by governor in July 1992.
- *Act 13 of 1992—Uniform Claim Forms Act:* Amends Insurance Company Law of 1921; mandates the use of the HCFA-1500 form by commercial insurers. Signed by governor in April 1992.
- *Senate Bill 145—Managed Care:* Would have required Medical Assistance (MA) patients to receive care through a managed care program. Did not require physicians to participate in those programs as a condition of licensure. MA patients without access to a managed care provider could be exempted. Sent to the Senate for reconsideration; Society opposed bill as written, suggested corrective amendments. No further action taken.
- *Senate Bill 1034—Secretary of Health Qualifications:* Society maintained as high priority that the requirement for the secretary of health to be a physician *not* be altered or repealed. Did not pass Senate or House.
- *House Bill 2073—Cesarean Delivery Parameters:* Would have established practice parameters for cesarean deliveries by the Department of Health. Society lobbyists and physicians voiced their concerns. No further action taken.
- *Senate Bill 1492—Psychologists Continuity of Care Act:* Would have allowed general hospitals to admit any psychologists licensed in Pennsylvania to the medical or professional staff, and to confer on them clinical privileges for the independent provision of services consistent with their scope of practice as defined in the psychologists' licensing act. Society opposed legislation, worked with Pennsylvania Psychiatric Physicians on the issue. Died in Senate.

• *House Bills 127, 2110, 2226—Sale of Medical Records:* All three bills restricting the sale of medical records passed House and died in Senate. Society maintained passage of bills was inappropriate.
• *House Bill 2065—Therapeutic Misadventure:* Would have required any suspicion of a therapeutic misadventure to be reported by health care providers. Society and other health care provider representatives expressed concerns that the bill lacked clear definitions, basic protections for those making reports, and rights for those accused. New language reviewed; died in House.
• *Act 24 of 1992—Living Wills:* Provides statutory authority in Pennsylvania for living wills. Society-supported language on withdrawal of nutrition and hydration included in bill, along with special provisions for implementing the living will of a pregnant woman. Signed by the governor in April 1992.
• *House Bill 398—Optometry Prescribing Therapeutic Drugs:* Public hearing only action on this bill to expand optometrists' scope of practice. Working with the Academy of Ophthalmology, Society successful in having bill removed from the 1991 House calendar. Special governor's ruling allowed board and other boards not renewed under the Sunset Law (which faced legal challenge) to continue operating without changes in scope of practice.
• *Act 35 of 1992—Child Immunization:* Requires health insurance policies to include immunization coverage. Society supported bill and efforts of the Academy of Pediatrics. Signed by governor in May 1992.
• *House Bill 2867—Patient Self-Referral:* Would have imposed general rule prohibiting a health care provider from referring a patient for any health care item or service to an entity in which the health care provider or an immediate family member had a financial interest. Died in House.
• *Senate Bills 1031, 1032; House Bills 2274, 2275—Respiratory Care Practitioners:* Called for certification of respiratory care practitioners by the medical and osteopathic licensure boards. Amendment to Senate Bill 1031 would have changed composition of State Board of Medicine. Society opposed until two physicians were added by amendment to bring physicians back as a numerical majority on board. All bills died in House.

The Society wishes to thank all Pennsylvania physicians who continue to work with their legislators on the many issues affecting physicians statewide. Your efforts and expertise are the basis of the Society's strength.

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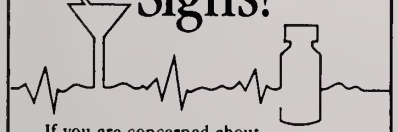

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A Summary: Your Society's Health Care Reform Proposals

Pennsylvania Medical Society
Long Range Assessment Committee

The State Society's Long Range Assessment Committee has been working for over a year to develop viable proposals for health care reform in Pennsylvania. Throughout the process, the Society has acknowledged that achieving consensus even among its members on many aspects of this complex issue will be problematic. However, the Society's primary goal in developing, disseminating, and getting input on these proposals is to make physicians' voices heard as the vital process of reforms begins.

A discussion draft of our proposals is available to members. In addition to their comments, we are soliciting comments from all parties interested in health care reform, including other providers, legislators, regulators, labor, business, health care insurers, consumer groups, and most importantly, our patients. Please direct any written comments to the Society's Division of Communications and Public Affairs.

As we approach the health care reform debate, Pennsylvania physicians have a unique perspective as providers and potential patients. They see quality, cost control, and access to health care as top priorities, and add a strong concern that freedoms of choice be maintained. Physicians also contend that the public has an important, too often ignored, role in making health care decisions and in the reform process.

Reform must be done for reasons that range from ethical to economic. Yet, there is little consensus on how to achieve reform or whether progress will be made on the national or state level. Only a few elements—like the need to reduce red tape and reform our liability system—have won broad-based support.

The need for reform

The Society believes that all persons should have access to "basic" health care. Furthermore, while there are many important reasons for curbing escalating health care costs, we know that achieving the goal of universal access is unlikely unless these costs are brought under control. The Society fully supports health care reform because it is essential to achieve our dual goals of universal access and cost containment.

Strengths of current system

No health care system in the world can match either the high quality medicine practiced in Pennsylvania and the rest of the country, or the widespread availability of medical procedures and technology now considered common in the United States. Other strengths of our current system include:

- superior medical training,
- innovative and fruitful medical research, and
- patient freedom of choice.

To preserve these strengths, reform measures should:

- control cost without sacrificing access and quality,
- maintain funding for medical education and research, and
- preserve patient freedom of choice.

Breaking down barriers

The principal reason people lack access to care is lack of insurance coverage. While the vast majority of Americans have some form of health insurance, about 35 million people nationwide (about 15 percent of the non-elderly population)—including 1.2 million Pennsylvanians—are without insurance coverage.

Many more do not have coverage for important services such as childhood immunizations. Even when these services are mandated by law, many self-insurance plans are able to avoid providing coverage because of the federal Employee Retirement and Income Security Act (ERISA).

Each year, physicians and other health care providers give billions of dollars of free or discounted care to uninsured and under-insured persons. However, the resources available for charity care are rapidly disintegrating.

Growing Medicaid and Medicare discounts, state mandated caps on provider reimbursement for auto insurance, and third-party payor cutbacks all prevent the cost-shifting that helps fund charity care. And even now, charity care does not meet the needs of all Pennsylvanians for timely and appropriate care.

We recommend a number of reforms to assure that all persons are in a position to obtain affordable health care coverage.

Insurance reform: We recommend that measures be taken to remedy the discriminatory insurance market practices that make coverage unobtainable or not affordable for small groups and the unhealthy. Practices in need of reform include: experience and health status exclusions or terminations ("cherry picking"), pre-existing condition exclusions, and experience rating and medical underwriting.

The plan we outline includes a risk allocation system that would evenly distribute poor risks among all insurers, a guaranteed continuity/renewability requirement, a prohibition of pre-existing condition exclusions (except for a limited set of conditions that would be insured through risk pools), and a modified community rating requirement that incorporates premium bands (ranges).

Minimum benefit package: The current mandated benefit laws are both too broad and too restrictive—e.g., covering chiropractic services to the exclusion of complete well-child care—and prevent insurers from offering a low-cost minimum benefit package.

We recommend that current mandated benefits be replaced with a mandated minimum benefit package that is determined through a consensus process. The role of physicians in this process is to provide medical information upon which informed choices can be made.

Universal coverage: In the long run, our goal is to replace our current employer-based system with the consumer choice model—a system that provides for personal ownership of insurance with need-based subsidies, such as tax breaks, to help low-income persons pay their premium and patient cost-sharing requirements.

Personal ownership of insurance corrects a major problem in our current system—lack of portability of coverage. When employees lose or change their jobs, they also lose their health insurance.

Only about nine million of the U.S. population are chronically without coverage. The remaining uninsured (about three-quarters) are a composite of people who are without coverage for a short period of time: less than four months in half the cases—probably because they are between jobs or waiting for their new employer's coverage to start, or their head of household is in one of these predicaments.

A consumer choice model also creates powerful market forces that control costs, particularly through heightened patient cost-consciousness, while preserving patient freedom of choice. However, a number of complex, parallel issues, such as the need for federal tax reform to create a level playing field for personally purchased coverage, work against implementation of the consumer choice model at the state level, especially at this time.

On the other hand, we believe that the state can assure universal access in the short term through steps that build upon our current employer-based system and take advantage of strong consumer choice features. We propose that the state undertake the following short-term measures to fill in the coverage gaps and encourage patient cost-consciousness:

- *Expand employer-based coverage*: Require most employers to offer group coverage of the defined minimum benefit package for their employees and the dependents of their employees.
- *Employee premium sharing:* Limit the employer's mandated premium share to less than 100 percent: 75 percent might be a good place to begin (while allowing employers to pay a higher share if the employer elects to do so as a result of a collective bargaining agreement or otherwise). Reduce the employer's mandated premium contribution for part-time employees. Note: Employee premium-sharing payments can be made with pre-federal tax dollars under existing law through a Section 125 cafeteria plan.
- *Patient cost-sharing:* Include significant patient cost-sharing (deductibles and copayments) in the mandated minimum benefit package that employers must offer. We recommend a tiered approach with no patient cost-sharing applying to emergency services, childhood immunizations, or other preventive care and early detection and intervention services, which are always appropriate.
- *Employee option:* Allow employees the option to purchase their own coverage and have their employer make a contribution towards their premium, equivalent to what the employer would have otherwise paid for its offered coverage.
- *New and small employer protections:* Provide a phase-in of state-funded subsidies for small employers, such as tax credits and exemptions for new employers, with very stringent criteria for defining *small* and *new* to prevent abuse.
- *Single coverage:* Make provisions to prevent mandated duplicative coverage of working spouses, such as a requirement that one spouse opt out of the mandated, employer-funded coverage.
- *Gap filling:* Provide state-funded, graduated subsidies, based on need, to as-

"...we believe that the state can assure universal access in the short term through steps that build upon our current employer-based system and take advantage of strong consumer choice features."

sist employees in paying their premium share for the mandated minimum benefit package and the incorporated patient cost-sharing requirements. Also, provide need-based subsidies to assist the unemployed and employees not entitled to employer-funded coverage in purchasing coverage of the mandated minimum benefit package and paying the incorporated patient cost-sharing requirements.

Controlling escalating costs

In our health care system, as nowhere else in our society, we act as if cost were no object. Patients are often isolated from the cost consequences of their health care choices. The net result is a virtually unlimited demand for health care. Patients want and often receive all the care that might produce benefit, regardless of how remote that benefit or how high the cost of the care.

The excellence of our health care system exacerbates the unlimited demand problem and makes the need to increase patient cost-consciousness even more compelling. Many of the increases in health care expenditures can be attributed to medical advances, such as magnetic resonance imaging (MRI), that have vastly improved quality and outcomes—but at a price.

Lack of patient cost-consciousness also results in unnecessary and expensive duplication. Health care providers compete on the basis of the availability of services, instead of price. This results in an expensive "arms race" in which hospitals and physicians try to entice patients with increasingly sophisticated and costly equipment, expanded facilities, and services, rather than referring them to their competitors.

Our recommendations for providing universal coverage include built-in cost controls that will improve patient cost-consciousness, such as employee premium-sharing and patient cost-sharing in the mandated minimum benefit package. We also recommend the following measures to correct other major causes of escalating costs:

• *Cut government red tape:* Physicians and other health care providers are continually being forced to implement cumbersome, expensive, and time-consuming systems that provide little added public benefit. The government must curb its appetite for oversight if we are ever to control health care costs.

• *Reform our tort system:* Tort reform is essential to reduce defensive medicine costs and professional liability premiums. These unproductive expenditures are fueled by defects in our tort system that allow unjust and excessive awards, and that increase defense costs by allowing protracted litigation of even frivolous claims. The mere fear of litigation adds to the practice of defensive medicine.

• *Eliminate wasteful administrative paperwork and hassles:* While claims processing and managed care activities will always be necessary, the practices of third-party payors and managed care organizations unnecessarily increase provider costs. The Society has developed corrective legislation that would mandate uniform claims processing requirements and regulate requests for information.

• *Increase the supply of primary care physicians:* Patients who are unable to link up with a primary care physician do not receive appropriate preventive, early detection, and interventional care, all of which can reduce costs. Also, they often unnecessarily receive "primary" care from a non-primary care specialist or in the higher-priced emergency department.

• *Promote healthy lifestyles:* We pay for our unhealthy lifestyles and social problems when they become medical problems. Poverty, the breakdown of the family structure, chronic unemployment, homelessness, poor housing and overcrowding, violence, accidents, smoking, drug and alcohol abuse, teenage pregnancies, as well as cultural and educational barriers, are part of a chain that leads to increased medical demands and higher costs.

• *Experiment with practice parameters:* Practice parameters are educational guidelines, standards, and other patient care strategies that are intended to assist physicians and other providers in their clinical decision making. While yet to be proven, practice parameters may have the potential to both increase quality and reduce cost. Their success or failure will rest, to a large degree, on the development process, which must include physician involvement and timely updates.

Conclusion

Our policy makers face the monumental challenge of extending the superior medical care our system is capable of providing to the entire population—at an acceptable cost. We urge them to avoid the quick-fix solutions that can both destroy our current system's many strengths and compound its weaknesses. This proposal was developed by physicians who recognize the importance of informed debate and reasonable solutions.

"In our health care system, as nowhere else in our society, we act as if cost were no object."

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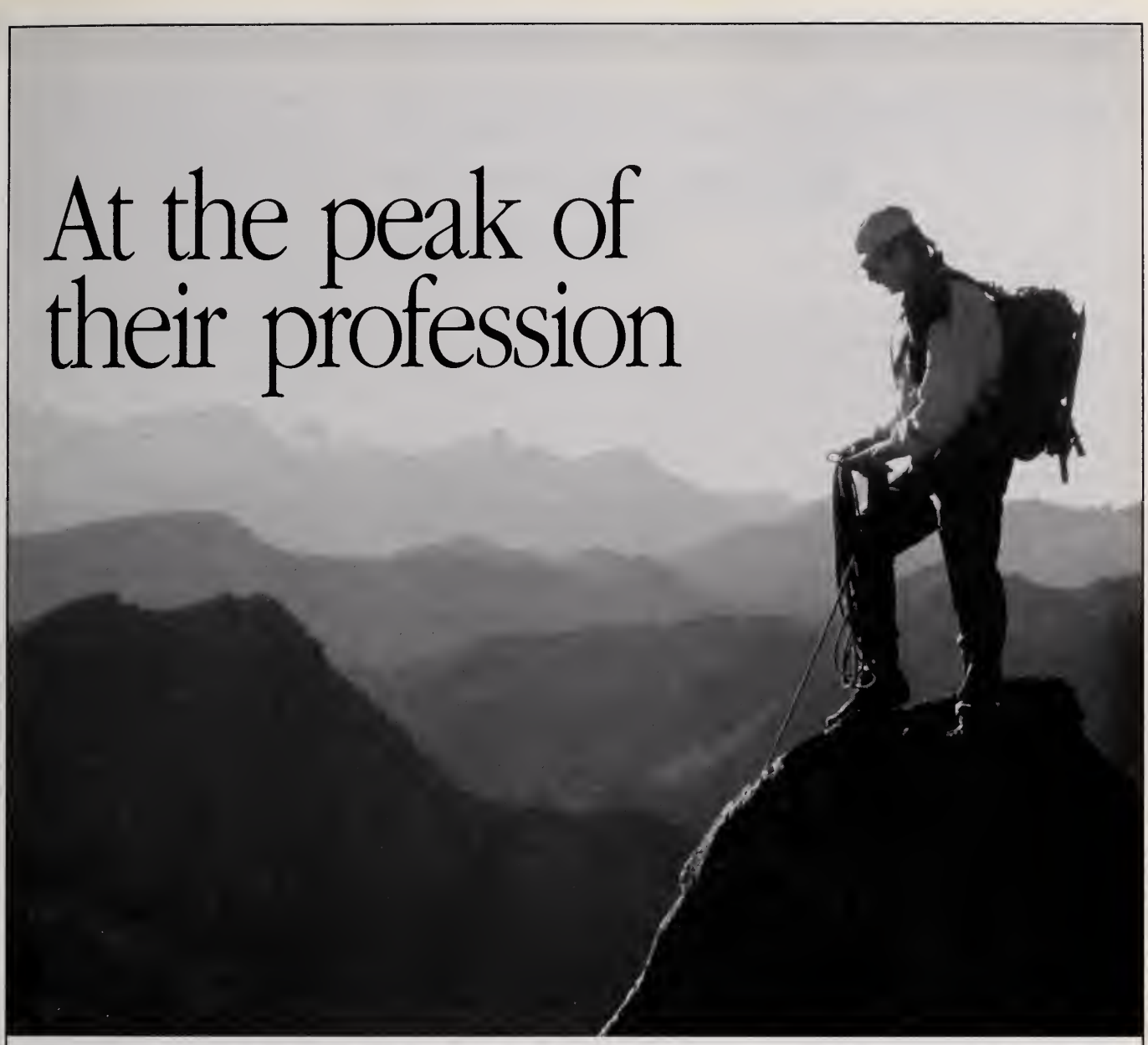

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Dealing with Physician-Specific Data Reports: Talking Points for Physicians

The following is excerpted from "Physicians' Analysis and Summary," written by the Pennsylvania Medical Society in preparation for the Pennsylvania Health Care Cost Containment Council's (PHC4's) report on Physician-Specific Data on Coronary Artery Bypass Graft (CABG) Surgery. The analysis and summary was designed to help physicians and consumers, as well as the media, better understand the report, released November 19, 1992, and its limitations.

Part of PHC4's legislative charge is to produce physician-specific data, which led to preparation of a report on CABG surgery, including average hospital charges and physician-specific mortality data for patients in 35 Pennsylvania hospitals during 1990. The report, listing 170 surgeons, is unique in that it is the first physician-specific data gathered and published by a state agency with the specific goal of providing information directly to patients and their families.

Coronary artery surgery is common and costly. Some 300,000 CABG surgical procedures are done in the U.S. each year; total associated costs may consume as much as $1 of every $50 in annual U.S. health care expenses. These facts make CABG procedures appropriate topics for rational, extensive scientific review.

State Society physicians worked diligently for nearly a year to help PHC4 develop the most accurate data possible and present it in the most useful manner. Many major concerns brought forward by physicians were resolved; others were not. The Society believes the report should not be ignored, but should be used with caution as a basis for asking questions and obtaining more information. We are also committed to improving outcome research as a way to help control health care costs and promote quality care.

Analysis

PHC4's CABG "Consumer Guide" falls far short of meeting its intent. Any user, whether physician or patient, must review the guide, including all introductory information and the Technical Report, to gain any benefit from the study. Use of the report must be with full understanding of the instructions and recognition of the information's limitations in value and content.

PHC4 has qualified use of its data in the "Guide" forward. In fact, the second sentence advises, "ask your doctor questions." This underscores that the data must be used prudently, as an adjunct for physicians, patients, and families in discussing and making decisions regarding CABG surgery and other treatment options.

General limitations

Two major limitations exist in the report. First, *CABG surgery and recovery are more complex than the report may imply.* PHC4 has not included or adequately evaluated some CABG surgery risk factors identified in other research.

One of the reasons that PHC4 selected coronary artery surgery for physician-specific reporting was that the council hoped to find a "clean" connection between the surgeon and patient outcome. Yet, some scientific researchers suggest risks are more complex in CABG surgery, some suggest risks may remain unknown, and others feel only a few variables are really significant.

PHC4 ultimately chose seven validated variables from its database to predict outcomes: age (either under 65 or 65 and older), gender, a severity classification for the patient at hospital admission based on specific clinical findings such as vital signs, the type of surgery, the presence of cardiogenic shock, acute myocardial infarctions less than eight weeks prior to surgery, and the presence of congestive heart failure. The findings appear in the Technical Report.

The Society believes the variables are far superior to those initially identified, but physicians familiar with the project believe they still do not provide adequate risk adjustment. Other researchers suggest specific additional risks—such as data from results of cardiac function tests and whether or not the surgery is being performed on an emergency basis—could help predict CABG surgery outcomes. However, PHC4 viewed and determined not to be significant a number of factors identified in other research. PHC4 concluded it had inadequate or incomplete information on these factors; it was unable to capture the data in its system; or the factors, when tested in the model, didn't affect risk.

Second, the Society believes *small groups and one year's mortality data cannot be used to make general assumptions on quality of care or to predict the outcome of future surgery.* It is patently misleading and potentially harmful to suggest otherwise. The number, scope, and quality of hospital services that CABG surgery patients receive—many not under the surgeon's direct control—further complicate efforts to accurately predict surgeon-specific outcomes.

A New York study of coronary surgery outcomes used 12 variables. The results of that study could not and did not predict how the surgeons "performed" in the following year. The August 14, 1991, *JAMA* notes that according to other recent independent research on coronary surgery, there is "inconclusive evidence for an association with the surgeon's clinical skills," and variability among medical centers and surgeons "may reflect differences in currently unknown aspects of patient care."

PHC4 developed its data from patient medical records based on some 15,000 cases in 35 hospitals. When broken down to individual surgeon levels, sample sizes may be too small to suggest statistically meaningful differences, and attempting to average patient risks for these groups is less meaningful.

Other problems

MedisGroups methodology, used by PHC4 in creating its report, significantly underestimates the severity of most elective surgery patients' conditions. The average severity of illness scores listed for

physicians and hospitals in the report inadequately correlate with those who take highest risk patients, and there clearly are hospitals and surgeons whose patients generally are in higher risk categories.

For instance, the data do not reflect how sick elective patients are, partly because the methodology used to determine the admission severity scores doesn't capture a large part of the patient's historical record. A particular problem persists in trying to reconcile differences in severity scores for patients stabilized at one hospital, then transferred to another for CABG surgery. Scores at the initial hospitals are higher than those for the patient at the referral facility, which often does not receive historical data from the initial hospital. Also, PHC4 is using only the in-hospital, post-surgery period in which to assess the outcome of CABG surgeries. That stay usually is far less than the 30 days many studies look at for mortality and morbidity rates; researchers also look at 60-day and 180-day periods.

Finally, *PHC4's report implies that it can measure in some degree the effectiveness of care by the hospital and surgeon by looking at how many patients died during their hospitalization for the CABG surgery.* Mortality is most closely associated with a patient's overall health status and risk factors which they had before the surgery. Therefore, hospitals and surgeons who accept higher risk patients generally will have higher mortality rates.

Consequences of misinterpretation

If used as off-handedly as "batting averages," PHC4's data can have some serious and insidious effects:

- patients may be deterred from making reasonable choices, unnecessarily alarmed by the mass of statistical data;
- defensive medical treatment may be indirectly encouraged to improve statistical results which would increase costs;
- misleading implications about surgeon-specific, surgery group, or hospital quality of care can unfairly reflect on professional reputations; and
- surgeons might alter practice patterns to avoid "negative" results.

Such consequences reinforce the need for health care professionals and patients to put the data and report in the proper context, and underscore the need for further research, physician input, and scientific validation. The State Society urges use of PHC4's report as a *beginning basis* for physicians, hospitals, insurers, patients, and families in discussions regarding the cost, quality, and appropriate availability of CABG surgery.

Pat Wood, the Society's director of media relations, contributed to this page.

Copies of the "Physicians' Analysis and Summary" continue to be used by physicians, hospitals, and the State Society to provide information on the PHC4 report to those in and out of Pennsylvania, and the AMA included a summary in its December issue of *QA Review*. For a full copy of the analysis with bibliography, or for additional information, call the Society at (800) 228-7823.

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New Secretary Plans Modernized Health Department

Maria T. Montesano
Assistant Managing Editor

In November 1992, PENNSYLVANIA MEDICINE interviewed Allan S. Noonan, MD, MPH, Pennsylvania's new secretary of health. We asked Dr. Noonan broad questions about his job, Department of Health positions on state public health challenges, and his priorities for the present and future, to acquaint readers with this key person in state government.

When Allan S. Noonan, MD, MPH, was sworn in as secretary of the Pennsylvania Department of Health in August 1992, he was already on his way to reorganizing the department, having served as acting secretary for more than 10 months. Yet, he says he found himself on a new level in his new position.

"In New York, I was the associate commissioner, and I had responsibility for the most populous region of the state," he says, "but I did not have final say as to what the department would or would not do." Now he does, and he also finds himself "carrying the political mantel," working with the legislature, which he finds fascinating: "I've always felt that the political aspects of public health are the key to public health, and this is the best position I've ever been in to see the interaction between health and politics."

Pennsylvania Secretary of Health Allan S. Noonan, MD, MPH (above), met with PENNSYLVANIA MEDICINE representatives in his Harrisburg office in early November 1992.

The department's future

Because public health in general has radically changed in the past two decades, Dr. Noonan says, consequently the roles of health departments have changed. "The description of the health department right now doesn't really reflect our function," he says. "We are in the midst of a strategic planning effort where we are asking ourselves: what *is* the role of the health department, and how ought it be organized to play that role? [Also,] one of the realities we have to deal with is that we do not get expanded funding, and in fact, our funding has been decreased dramatically over the past decade. Given that decrease, how ought we to function?"

The department is "hoping to get some answers—finish the planning process" in the next few months, he adds. Then it will begin to implement strategies to "modernize." He says, "We'll have a department that fits with year 2000 budgetary and function realities before 1995."

In addition to the future of the health department, Dr. Noonan discussed with PENNSYLVANIA MEDICINE issues of concern to Pennsylvania physicians, such as health care cost containment, the certificate of need (CON) process, tuberculosis, and his priorities as secretary of health.

Health care cost containment

Late in its 1992 session, the state legislature passed a bill to restore funding for the Pennsylvania Health Care Cost Containment Council, which was to sunset at the end of last year. Known as PHC4, the council was set up to collect and disseminate data for use in containing health care costs.

Of the council's effectiveness, Dr. Noonan says: "They've done a lot of good work on hospital information—how costs in hospital care are measured, and what the costs are." He says the department has been working with the council, encouraging them to broaden their focus, and adds that the council is providing information to help the department develop "better, more logical objectives in planning health education counseling service delivery" in the commonwealth.

Asked if medical liability reform would also be a good means of saving health care dollars, Dr. Noonan agreed that a national effort to address medical liability reform is needed: "It's hampering some of the most critical problems that we have in this state, such as prenatal care and immu-

nization. So when we look at Pennsylvania, we see a state whose infant mortality rate is very high compared to its socio-economic status among states. I think health care liability is one of the problems."

Certificate of need

Dr. Noonan believes that CON programs are a critical need for many states. He says, "The federal government stopped funding this kind of activity, but if you look at the history, most states got back into it in a year or two because of the increasing costs and the chaos that resulted from no CON processing."

At this writing, legislation to re-establish the state's CON program—drafted with input from the Department of Health and a coalition of other major medical organizations in Pennsylvania—awaits Governor Casey's approval. According to Secretary Noonan, "We realize that the CON process here in Pennsylvania needs to be modernized, because it's still based upon some of the old units that were funded by the federal government. This bill will modernize CON and reduce the problems with objections to certain CON approvals. Fewer entities would have the right to appeal."

One component of his department's upcoming modernization, Dr. Noonan says, would be to institute a CON program for many different types of facilities, i.e., hospitals, ambulatory surgical facilities, etc. He says he doesn't want to see an exception for any particular type of facility "because then every specific part of the medical care delivery system would have separate entities." He adds, "We're trying to manage expenditures on health care resources based upon the needs of the population."

Tuberculosis

Within the past year, reports from the Centers for Disease Control and Prevention and the AMA have indicated that a "crisis" is on the way for drug-resistant tuberculosis, but Dr. Noonan believes that "crisis" may be over-dramatized: "Drug-resistant TB means TB that is resistant to two drugs, and there are five or six drugs capable of treating TB. When we talk about drug-resistant TB, many people think of individuals who are resistant to *all* drugs." He says there has been only one case of "that kind of resistance" in Pennsylvania so far. Still, the state must deal with the growing problem of tuberculosis in general.

"We have public health strategies for TB which were developed many years ago, but have not been fully implemented. Now," he says, "we're being challenged to implement our public health strategies so that anyone who has TB is treated appropriately and followed-up appropriately until that treatment is completed. That's our first challenge."

A second challenge, he says, is dealing with "the talk of sanitaria and locking people away...I think that's a quick and easy fix. What the state needs to do is use its public health expertise to focus on accurate diagnosis, quick results, appropriate treatment, assurance of completion of treatment, and therapy if the person is not taking his or her medication as required." He adds: "Locking people away is a last resort. When we talk about restricting someone's ability to come and go, it's more than just a medical issue, it's also a legal issue. I would want to do that in concert with the legal system."

Public health priorities

The past two decades have brought new challenges to public health officials: poverty and crime-incidence levels continue to grow, new diseases continue to appear—all leading to the need for reprioritization of public health efforts. Dr. Noonan listed five priorities for Pennsylvania in the next few years: AIDS, "one-stop" health care shopping, minority health, violence protection, and addiction medicine.

AIDS: "We're in the twelfth year of this epidemic, an epidemic that is preventable. Some segments of the population are demonstrating success in preventing transmission, while with others—drug users, women, children—the incidence is still increasing dramatically. Yet, the money is beginning to dry up, and the focus for public health and the whole health care delivery system on AIDS is beginning to decrease. We cannot afford to decrease that focus until we see success in these other populations."

"If you look at Pennsylvania, there are only three counties out of the 67 that have not reported a case of AIDS. It's everywhere—it's a rural problem, it's an urban problem, it's a young problem, it's an old problem...We need to continue educating everybody about the virus and how to prevent its transmission, [and] society needs to adopt a caring attitude towards those people [who are infected] and be willing to put into place the systems that will make it possible for them to enjoy whatever life they have left."

"As for HIV testing, it should involve pre-counseling and post-counseling, no

"What the state needs to do is use its public health expertise to focus on accurate [TB] diagnosis, quick results, appropriate treatment, assurance of completion of treatment, and therapy if the person is or is not taking his or her medication as required."

About Dr. Noonan

Pennsylvania Secretary of Health Allan S. Noonan, MD, MPH, a pediatrician, is an officer of the U.S. Public Health Service and former associate commissioner of the New York State Health Department, overseeing New York City.

He received his undergraduate degree from Providence College in his hometown of Providence, Rhode Island, and completed his medical degree at Tufts University School of Medicine and his master's of public health degree at the University of California- Berkeley.

In the early '70s Dr. Noonan worked for the U.S. Centers for Disease Control and Prevention, in Atlanta, Georgia, and Lagos, Nigeria. He went on to work in the Almeda County Health Care Services Agency, Oakland, California, from 1976-78, and since then has worked extensively within the U.S. Public Health Service.

He holds academic appointments at Emory University School of Medicine, University of California-Berkeley School of Public Health, and Columbia University Teachers College. He is a member of the Medical Committee for Human Rights, a co-founder of the Student Health Organization, and a member of the American Public Health Association.

Dr. Noonan was appointed acting secretary, Pennsylvania Department of Health, by Governor Robert P. Casey on October 1, 1991. He was sworn in as secretary on August 13, 1992.

matter if it's a positive or negative result, so that people know the risk factors, what their result is, and what their responsibilities are to themselves. Volunteer HIV testing is encouraged for everybody in the population who is at risk, and that's most of us."

One-stop health care shopping: "This is a concept where an individual who goes into a specific part of the health/social services system where he or she has the highest need, can get from there to other parts of the system without running over high hurdles. [For example,] if a women comes in for drug treatment and is pregnant, then there ought to be a way for us to get her directly to pregnancy care without going over new eligibility to a new system. Then when she has the child, we ought to be able to take care of that child, [etc.]"

"The concept is not just medical or social services—it's support services: essentially, once you're under the umbrella, you can get to anything else that's under the umbrella without the hurdles that exist now...I don't see this as something we'll be able to accomplish in one, two, five, or 10 years, but it's a goal that we must work towards if we're going to make health care most useful to society."

Minority health: "Two things come to mind immediately in minority health: infant mortality and the violence issue...As I come to Pennsylvania, I see it's the fifth largest state, it's a northeast state, it's thought of as a fairly well-off state. But if you look at infant mortality, Pennsylvania is in the lowest third of all states in the country. And if you look at black infant mortality, if Pennsylvania's not at the bottom in a specific year, it's next to the bottom. That needs to change."

"Also, although violence is broader than just minority health, if you look at the minority aspects of violence, the highest cause of death for a black males ages 15-44 is homicide. A black male in this country has a 1-in-27 chance of being killed from homicide, and 85 percent of those homicides are committed by other black males. Violence within the minority community is a major problem."

Violence protection: "Homicide is just the tip of the iceberg—violence is much broader. It's child abuse, spousal abuse, and the whole attitude towards guns—a hunting accident to me is a violent death. We as a society need to readjust our attitude towards guns...America is very different from other western countries when it comes to conflict resolution. The homicide rate in Canada is 1/100 of the homicide rate in the U.S. We just deal with interpersonal interactions very differently [and] overall, society must adopt the notion that there's a better way of dealing with conflict."

Addiction medicine: "A major public health problem is the use of drugs, the use of alcohol, and addiction itself. The way to minimize its impact is through the public health method, and one of the positive aspects of Pennsylvania is that drug and alcohol is part of the health department. This state has made a great deal of progress for the past four to five years with drug and alcohol abuse."

"I came from New York, where the problem is much worse. But if you look at drug and alcohol programs focusing on women and children, Pennsylvania is miles ahead of New York. In fact, Pennsylvania is a national leader of drug and alcohol programs, especially those for women. We need to keep up that leadership, because the country has so much to learn from us. But still, there is much more to do."

Message for Pennsylvania's physicians

In conclusion, Dr. Noonan offered the following message for Pennsylvania's 39,000-plus physicians:

I would like to stress to you the importance of prevention. We have information that indicates that for every dollar spent on prevention, $30 is spent on treatment. Yet, we know from many of our studies that if that dollar is spent on prevention, treatment dollars can be reduced very, very dramatically. So, I ask you to look at prevention as a major task and responsibility of yours.

Also, I encourage you to think of health care delivery as delivery by a team. I don't think that we in this state or any state in the country will ever be in a position where adequate health care can be delivered by physicians only. But I think a health care team composed of physicians, nurse practitioners, midwives, and other health care providers is the best strategy for making quality health care accessible to all Pennsylvanians and all Americans. You are the logical choice to head that team, and I ask for your help in trying to develop that health care team strategy.

[Finally,] I'd like to thank you for the leadership role you've played in Pennsylvania so far...physicians are still the key to good health in the population.

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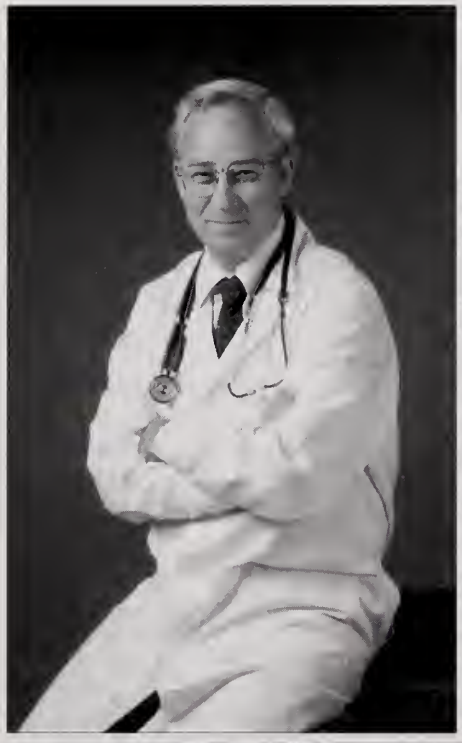

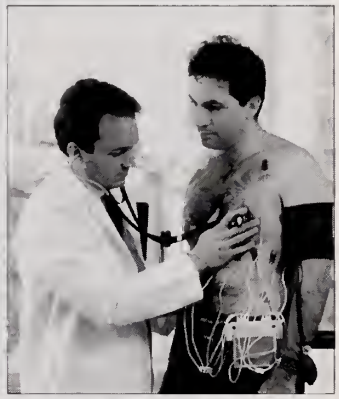

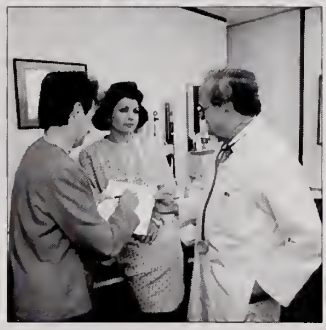

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SAFE KIDS Are No Accident™

Juli C. McGreevy

In response to the growing need for coordination of public health initiatives, the board of the Society's Educational and Scientific Trust initiated a project entitled "Keystones of Public Health." The aim of this grassroots coalition is to disseminate information about health and safety projects among the groups promoting them. This article is the first in a series of articles that will appear in PENNSYLVANIA MEDICINE in 1993 on physicians working in their communities to improve public health. For information on Keystones of Public Health, contact the author at (800) 228-7823.

Albert C. Price, MD, a Lancaster County pediatrician, has a mission to prevent childhood injuries. His Lancaster County SAFE KIDS Coalition strives to do that by promoting education, community activities, and public policy to prevent unintentional childhood injuries through county and group efforts.

Dr. Price joined the Roseville Pediatric Clinic in Lancaster after leaving the U.S. Navy in 1972, where he specialized in pediatric cardiology. "I'm or-iginally from Philadelphia," he says, "and I was amazed by the number of children in Lancaster injured in farming accidents."

His efforts to generate enthusiasm for a farm injury prevention program went without success until last year, when he founded the Lancaster affiliate of the National SAFE KIDS Campaign, the nationwide program for preventing injuries to children. Dr. Price added farm safety to the local coalition's agenda.

Lancaster pediatrician Albert Price, MD, often talks with his patients and their parents about safety. Here Dr. Price examines patient Abigale Diffenbach.

According to National SAFE KIDS—sponsored by Children's National Medical Center and primarily funded by Johnson & Johnson Consumer Products, Inc.—more children die each year from preventable, unintentional injuries than from diseases. This year, one child in four in the U.S. will suffer a preventable injury serious enough to require medical attention.

Teaming up with SAFE KIDS was a natural: Dr. Price has a long-standing practice of talking with his patients and their parents about safety during office visits. They can even borrow videos about health and safety. He finds that patients are good about seat belts and bike helmets, now, but he still sees a lot of falls and burns. "I started buckling up," says Dr. Price, "because I was afraid the kids would see me without a belt!"

In late 1991, he and his wife, Beverly, an emergency room nurse, went to a meeting of the Pennsylvania SAFE KIDS Coalition. "We were totally surprised by the enthusiasm of a bunch of people from all different walks of life," says Dr. Price. "I decided to use SAFE KIDS as a vehicle for a whole program on preventing injury instead of focusing on just one cause of injury, farming."

He is delighted by the encouragement Lancaster SAFE KIDS receives from other Pennsylvania coalitions, particularly the ones in Allentown and Allegheny County. Dr. Price left the first meeting of the local

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's new endeavor to address public health needs, called Keystones of Public Health.

coalition thinking, what am I going to do next? "My answer," he says, "[was] just wait, and let the coalition grow."

Since there is no funding, Dr. Price is investigating ways to finance the program, such as grants or in-kind donations. Several organizations support the coalition, but the lead organization is the Lancaster City and County Medical Society. Additional help comes from the Lancaster Automobile Club, the U.S. Postal Service, firefighters' associations, and local and state police, among others. Dr. Price would like to involve more organizations that are already doing programs for children, by bringing them into the coalition, so that everyone's efforts are maximized.

Although the Lancaster coalition is just starting, it has already initiated a smoke detector program. National SAFE KIDS donated 100 smoke detectors, and Lancaster General Hospital matched that number. The detectors were given to families with children at the hospital during National Fire Prevention Week in October and are currently being given to families with children in the Head Start program.

The coalition has begun working with leaders in the Amish and Mennonite communities who are finding that an injury prevention program for children fits nicely with their community philosophies, and Dr. Price has also enlisted the families of patients in coalition efforts.

This spring the coalition is planning a bike derby spearheaded by one of the parents. Dr. Price—who has twisted the arm of a local printer, father of a patient, tapping him for future printing needs—encourages other physicians to become involved, "Come and be part of this. The door is open to everyone."

Bring SAFE KIDS to your community

SAFE KIDS AMERICA is a major national campaign for childhood injury prevention to be held in May. It is sponsored by the National SAFE KIDS Campaign and Johnson & Johnson Consumer Products, Inc. For more information about Pennsylvania activities and this year's national campaign, contact Jeanne Floyd, PA SAFE KIDS Coalition coordinator, at (717) 657-1222.

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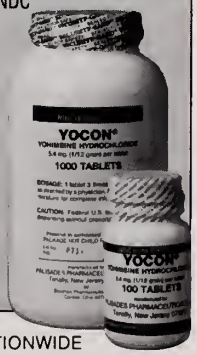

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AIDS SURVEY SHOWS NEED FOR MORE EDUCATION

Pennsylvania family physicians need to be more aware of state and community resources available to treat and counsel persons with AIDS, and better educated on related legal issues, according to results of a survey of more than 2,000 family physicians in Pennsylvania. Though most respondents thought they knew enough about AIDS to adequately deal with patients, what they said they knew, and what they did, frequently did not match.

Between January and March 1990, a team of researchers at Penn State's Milton S. Hershey Medical Center asked 2,177 members of the Pennsylvania Academy of Family Physicians about their experiences in dealing with AIDS and their knowledge of the disease and its treatments. Nearly three-quarters of the physicians answered the survey.

Family physicians said they were comfortable recognizing persons at risk, counseling, and using tests to diagnose HIV infection and AIDS. Yet, more than half of the respondents reported some practices at odds with guidelines established by the federal Centers for Disease Control and Prevention.

For example, more than half said they routinely recommended HIV testing for all homosexual men and intravenous drug abusers, and for patients who considered themselves at risk. Fewer than one-third, however, routinely recommended HIV testing to other high-risk groups, such as patients with sexually transmitted diseases or with many sex partners.

Researchers also found that, of those physicians who responded:

- One-third had HIV-positive patients.
- Forty-one percent of those with AIDS patients did not take part in their patients' care but instead referred them to specialists.
- Most felt they weren't familiar enough with the legal issues involved in dealing with AIDS patients.
- Nearly one-half weren't comfortable with their knowledge of state and community resources for patients with HIV and AIDS.

Also, at least one-quarter of responding physicians were uncomfortable with their knowledge in one or more of several areas: medical follow-up of HIV-positive patients; procedures for reporting AIDS; care of AIDS patients with symptoms; legal issues; and location of state and community counseling and testing sites, and resources for HIV-positive individuals.

Findings, along with researchers' recommendations for better efforts to educate community physicians about developments in patient care and available resources, were reported in a national family practice journal late last year. A follow-up study on treatment barriers is being planned, and then researchers hope to develop strategies to aid community physicians in delivering proper health care for AIDS.

DOH TO STUDY VEHICLE CRASH OUTCOMES

Pennsylvania is one of six states nationwide whose Department of Health (DOH) has received a research grant from the National Highway Traffic Safety Administration, U.S. Department of Transportation, to assess the effectiveness of passive and active restraints in reducing mortality and morbidity in traffic accidents.

With the $785,000 grant, DOH will collect, through a linked database, information about victims of motor vehicle trauma from police, emergency medical service, hospital, rehabilitation facility, and long-term care records, as well as data provided by treating physicians. That information will then be used to evaluate the impact of the various devices with regard to degree of injury, medical treatment, outcomes, and charges/reimbursement.

DOH has gathered a team of professionals representing: many fields of expertise; many organizations, including the Pennsylvania Medical Society; and many areas of responsibility. The group, which will guide and assist the department throughout the project, held its first meeting in November.

The initial study is expected to be completed early in 1994, and then maintained and regularly updated to support additional research work. DOH hopes to expand the linkage to include other types of trauma, and ultimately envisions using the project as a model for linking key databases of medical diagnoses and conditions to facilitate policy studies, treatment effectiveness comparisons, cost studies, provider utilization studies, and disease tracking.

MATERNAL/CHILD GROUP DISCUSSES 1993 PRIORITIES

A coalition of organizations and individuals concerned with maternal and child health in Pennsylvania held its quarterly meeting in December to discuss priorities for this year.

The top priority of the Maternal/Child Health Group will be to monitor the implementation of the Children's Health Care Act, a comprehensive plan for health care for uninsured children from infancy to age 19, signed into law in December. According to one coalition member, "We want to make sure implementation of the act doesn't get lost in the system."

Other priority concerns relate to: Medical Assistance and WIC (Women, Infants, and Children) program applications; managed care; health care reform; universal maternity care; the availability of medical services to pregnant women and children, and the availability of transportation to the services, especially in rural areas; and prevention and reproduction health.

The coalition—including representation from the State Society—was formed in the mid-1980s as an information-sharing group and political entity.

OLDER ADULTS URGED TO RECEIVE VACCINE

Adults 65 years and older should receive a pneumococcal pneumonia vaccine before the onset of the winter pneumonia season, urges the National Council on the Aging with the support of Lederle-Praxis Biologicals.

Older persons are particularly vulnerable to the disease which afflicts nearly 500,000 Americans every year and is a leading cause of death in the U.S., claiming an estimated 50,000 lives annually.

The vaccine provides protection against the 23 types of pneumococcal bacteria that cause approximately 90 percent of serious cases in the U.S. Most people require only one dose of the vaccine, and side effects are usually minor. The vaccine is reimbursable by Medicare.

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HCFA RELEASES 1993 RBRVS FINAL RULE

The Health Care Financing Administration (HCFA) on November 25, 1992, released the final rule on the 1993 resource based relative value scale (RBRVS). The document details changes in the RBRVS for the second year of the phase-in of the new Medicare payment system and contains the updated 1993 relative value units (RVUs), along with a description of the methodology used to adjust existing RVUs.

HCFA's refinement effort was largely due to American Medical Association (AMA)/Specialty Society RVS Update Committee and national specialty society involvement. There are approximately 250 new or revised Current Procedural Technology (CPT) codes for 1993 and approximately 600 RVU changes to existing codes.

At the same time, HCFA released the 1993 Medicare Volume Performance Standard (MVPS) and conversion factor update, as well as a change in the methodology for calculating the Medicare Economic Index (MEI). The 1993 conversion factors are $31.96 for surgical services and $31.25 for practically everything else. The 1993 MVPS is 8.4 percent for surgical services and 10.8 percent for non-surgical services.

To request a copy of the *Federal Register* which contains this information, send a check for $4.50, payable to the Superintendent of Documents, to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. Specify stock #069-001-00047-5. For credit card orders, call (202) 783-3238. To request free booklets describing the CPT editorial process and the RVS updating process, call the AMA's Division of Payment Policy and Programs at (312) 464-4731.

REIMBURSEMENT CHANGED FOR FOLEY CATHETERS

As a result of recommendations made to the Health Care Financing Administration (HCFA) by Medicare carrier medical directors, the following changes have been made in the reimbursement of foley catheters.

If the physician is billing for the insertion of the foley catheter (i.e., procedure codes 53670 or 53675), the foley catheter is considered part of the practice expense and is not separately reimbursable. Also, the foley catheter used to obtain a urine specimen, and used after surgery or to treat an acute obstruction, would not be paid separately because it is treating a temporary condition.

If the physician is providing the Medicare patient with additional foley catheters for use at home due to permanent incontinence, the foley catheters are separately reimbursable.

Physicians identified by Pennsylvania Blue Shield as having billed for foley catheters in the past will be issued via letter a supplier provider number, which must be used to bill the additional foley catheters. If a supplier number has *not* been received by the physician, the additional foley catheters can be billed on the same claim as the medical treatment.

The physician should indicate additional foley catheters so it is clear that the initial foley catheter was included with the insertion procedure code. This is done by indicating "additional foley catheters" in field 24D of the HCFA-1500 claim form. This will enable the claim to process more expeditiously by providing documentation. The claim will be split by the Medicare carrier between the medical services and the foley catheters.

The first time a foley catheter is billed on the same claim as medical treatment, the physician will be assigned a supplier number which should be used in the future to bill for foley catheters. The physician will be notified of the supplier number on the Explanation of Medical Benefits (EOMB) which is received with the foley catheter payment. The physician will also be sent a letter from Medicare confirming the issuance of a supplier provider number.

MEDICAL ASSISTANCE TELEPHONES CONVERTED

Effective November 1992, the Office of Medical Assistance converted its established telephone system to a Centrex system through Bell of Pennsylvania. The toll-free telephone number, 1-800-537-8862, remains; however, the local telephone number used by providers has changed.

The new local number for accessing the Division of Outpatient Programs Practitioner Services Inquiry Unit is (717) 772-6340. For providers requesting enrollment materials, the telephone number is (717) 772-6456. This telephone number is only for those providers who have a touch-tone phone and wish to leave a message.

Dennis L. Olmstead, the State Society's director of medical economics, and Sandra K. Patterson, medical economics analyst, contributed to this page.

Results of Medicare's ECR Effort

State	# Requests Mailed	% Response Rate	# Correctly Coded	% Correctly Coded
Pennsylvania	507	88.8	347	77.1
Delaware	215	94.9	174	85.3
New Jersey	507	86.8	335	76.1
District of Columbia	401	87.8	268	76.1

REVIEW EFFORT COMPLETE: The results of Medicore's Eorly Cloims Review (ECR) educotional effort ore complete. Finol results of the process in each of Pennsylvonia Blue Shield's service oreas ore shown obove. The notionol overoge for correctly coded claims—bosed on informotion for the period Jonuory 13 through Morch 31, 1992—wos 59.5 percent. As the stotistics indicate, Pennsylvanio physicions not only fored well in regord to Blue Shield service oreas, but also notionolly. The "problem" procedure codes identified in the final analysis were 99214 ond 99215 for outpatient visits, ond 99223 ond 99233 for inpotient visits. The "problem" codes correspond to the "problem" codes identified in the other Blue Shield service oreas. For a description of the ECR process, see PENNSYLVANIA MEDICINE, October 1992, poge 28.

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Wednesday, February 3, 1993

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Moderator: Mariell Jessup, M.D.

3:00-3:30	Modification and reduction of risk factors: A clinical reality?	*Steven A. Silber, M.D.*
3:30-4:00	What drugs reverse left ventricular hypertrophy in patients with hypertension?	*Diane Jorkasky, M.D.*
4:00-5:00	Case Presentations	*Bennett D. Schalet, D.O.*
	Panel Discussion	*Norman Feinsmith, M.D.*
	Diane Jorkasky, M.D.	*Steven A. Silber, M.D.*

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Staff Training for Practice in the '90s

The Health Care Group

In today's climate of declining reimbursements and increasing costs, many physicians are making efforts to streamline their office's management routines by scheduling patients as efficiently as possible, delegating tasks to paraprofessionals when possible, and depending on their office staff to help run a cost-effective practice.

In the past, staff training typically consisted of having another employee or office manager "walk the new employee through" the tasks necessary to do the job. Today, employees need to be formally trained to perform their jobs with excellence, as well as understand how their jobs relate to others and how they contribute to the overall function of the practice.

Schedule engineering

There are many areas in which staff training is of special importance for medical practices. Effective scheduling, for example, has always been the cornerstone for a successful, profitable practice. But in today's competitive environment, scheduling has also become a way to maximize revenues.

While scheduling traditionally has been dictated by patient requests and patient convenience, the trend today is to focus on utilizing equipment and rooms. This type of "schedule engineering" involves prioritizing patients so the practice's resources—doctors, therapists, physical therapy equipment, etc.—are used most efficiently.

To effectively implement the new approach to scheduling, office assistants will need a deeper understanding of how the practice operates. The receptionist, or whoever is responsible for scheduling, will need some degree of clinical understanding of the practice to introduce the appropriate business slant to scheduling. For example, knowing what is involved in physical therapy, which equipment is needed, and how long each modality will take, is integral to effective scheduling. To do this, the receptionist needs to be updated on the terminology of the practice and familiarized with the meaning of many procedures and diagnostic terms. As physicians delegate more responsibility to their assistants, training cannot be overemphasized.

The ABCs of training for scheduling

In light of the changes taking place in the practice, employees need to understand why their role in scheduling is so valuable. Once they understand the challenge, they also need to be informed of the practice's goals. Many physicians make a common mistake of thinking that showing an employee what to do takes the place of teaching.

To organize effective training sessions, first choose a single employee to train new employees. This individual, depending on the practice's size, may be the office manager or another employee. Ideally, the trainer should attend seminars to learn teaching techniques. The trainer should create a training manual that will standardize training of new staff. A reference manual, listing the kinds of problems and solutions faced during the job, should serve as a guide throughout the training and as a support tool following the training.

Reference manuals are most effective when designed for easy access. One approach is to write the manual as a series of questions and answers, walking employees through case studies or real-life examples of how to triage phone calls or how to identify reasonable action to be taken in scheduling patients.

The training should emphasize simulations of the actual work so that employees can make mistakes and learn from them during the training sessions. Prepare a sample appointment sheet with a flowchart of the various types of appointments encountered in the practice. Review the questions to ask patients for each type of appointment and the appropriate times to schedule. Let the employee run through a few situations with the trainer acting as a patient. This type of role playing offers the advantage of providing observation and interaction in a "calm" setting. The employee can learn strategies for problem situations and discuss appropriate solutions with confidence.

Coding and reimbursements

Educating staff in clinical and management issues will also prove valuable in avoiding difficulties in coding and reimbursements. A number of problems arise if a practice's billing staff has not received sufficient training or has not been able to keep up with the frequent changes in rules and regulations. Routine incorrect coding for Medicare or Medicaid patients can be deemed fraudulent or an abuse of regulations, and result in serious fines and/or exclusion from these programs. If private insurers determine a practice has been coding a procedure incorrectly and receiving a higher reimbursement, they can ask for immediate return of all overpayment and may pursue the matter in a suit claiming insurance fraud. Any of these situations can have an enormous negative impact on a practice.

Effective training for coding and billing personnel entails more than subscribing to newsletters. It means supporting them with the appropriate reference materials, including coding manuals, all carrier manuals and bulletins (these should be organized into binders in designated areas for easy access), and a telephone directory of carrier representatives and contacts (especially if the practice has a high percentage of managed care plans).

Annual training and review sessions for a practice's coding staff is a good foundation. The rest of the staff also needs to be educated in these areas to ensure good communication flow in the office.

Although staff members may understand the "basics" of coding—for example, how to look up a code

and the meaning of certain definitions and/or modifiers—they may not be familiar with coding a body site or system. Preparing a picture or illustration of the anatomy of the particular body site and attaching a list of the common procedures performed is a good way to begin enhancing staff understanding. Give a description of "what" and "how" the procedure is done, and explain the instrument used. The employee will then understand what to look for in the documentation or know what questions to ask when choosing the appropriate codes.

It is also beneficial for employees to review actual patient chart notes for a particular diagnosis and the levels of service provided. Explain why various levels are chosen and what was the "presenting problem and level of decision making." If possible, give examples of other situations and when these require higher levels of care. In doing this, the staff member becomes familiar with diseases/problems encountered, and how to accurately identify the primary diagnosis and/or signs and symptoms.

The training sessions should cover how to complete the new Health Care Financing Administration (HCFA) 1500 claim form, and review previous Explanation of Benefits from major carriers. If a claim is rejected, the trainer should illustrate why the claim required further attention and what steps need to be taken to rectify the problem, as well as how to prevent the same problem in the future.

Internal marketing

Communications with patients is another area for special training attention. A well-skilled, trained staff can be a physician's most powerful marketing tool. Every practice needs to develop an "internal marketing" strategy and establish periodic "customer service" sessions for the staff involved.

Training session topics could include effectively handling the telephone, developing a consumer-oriented mentality, and enhancing the staff's patient education abilities. Training clinical staff to provide patient education and answer patient questions will not only enhance care, but free the physician to see more patients.

Role playing is usually an effective way to train staff in communication skills, as well as a way to test an employee's technical and personal skills in a "neutral" atmosphere. Simulations can focus on everyday tasks performed in the practice, or how to handle difficult or elderly patients. The training could include inviting an outsider to speak to the staff about relevant work issues, such as appropriate business attire or phone courtesies.

Retention and promotion

Given the increasing difficulty of finding good employees for a medical practice, retention is an essential goal. Not surprisingly, training is one of the key elements of a comprehensive retention effort. Ongoing training is one of the best ways for physicians to show their interest in the staff's professional development. It also reduces the possibility that they will become bored and leave the practice solely to find new challenges.

Training, in its broadest sense, begins the moment an employee begins working. Without proper training, perfectly capable assistants get confused and dissatisfied, and soon either quit or get fired—and the physician often doesn't understand what went wrong. Such an unpleasant experience can be avoided simply by implementing a training plan to introduce a new assistant into the practice's daily routines.

Training can also be a hedge against the need to hire new skilled staffers. With an ongoing training effort established, the physicians can promote people or move them laterally, and bring in lower-level staffers who can, in turn, be trained and developed to grow with the practice's needs.

Training employees to become more skillful schedulers, coders, and marketers, and more knowledgeable about the practice, pays off in enhanced productivity and revenues. Over time, employees will better understand what goes into patient care decisions and appreciate more fully their involvement in what the physician does. With this variety of goals and approaches to staff training, the key is to review the practice's concerns and objectives, and look at ways staff can contribute to solving problems and achieving goals.

The contributing authors, Geoffrey T. Anders, JD, CPA, CPBC, and Dorothy R. Sweeney, are consultants with The Health Care Group, Plymouth Meeting.

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TEEN PREGNANCY: THE PROBLEM AND HOW TO ADDRESS IT

Pennsylvania Medical Society Commission on Public Health

OBJECTIVE: Nationally, 1.1 million teenagers become pregnant every year; yet, teen pregnancy remains a controversial subject. Many peripheral issues impact: "pro-life" versus "pro-choice," the place of "sex education," the rights of minors versus parental consent, the use of contraceptive devices, etc. This study was conducted to examine teen pregnancy in order to recommend to the Society's Board of Trustees how to address the problem definitively and sensitively.

METHODS: Using a number of scientific resources, the commission compiled trends and statistics related to teen pregnancy, as well as policies about Family Life Education programs in use in schools across the nation.

RESULTS: In spite of changes in society which have led teens into increased sexual contact, raising the risks of sexually transmitted diseases and unwanted pregnancy, inroads have been made by various cities and school districts in changing the pattern. However, the results of sex education seem to vary depending upon the involvement of parents in curriculum development, the quality of the teacher, support from the family and religious community, and the time spent in the classroom. Though 17 states, including the District of Columbia, have mandated sex education curriculum and no state prohibits it, existing policies on Family Life Education across the nation show little evidence of strong commitment by state legislature or educational boards or agencies.

CONCLUSION: Family Life Education through the Pennsylvania school system is necessary for the successful growth and development of today's youth. The recommended program is a three-pronged approach through the family, the schools, and religious teachings. The ultimate goal is a healthier society and better citizenry.

For additional information or a copy of the complete study, contact Morgan T. Smith Jr., MD, (215) 866-0234.

HIV SEROPREVALENCE AMONG INTRAVENOUS DRUG USERS RECRUITED FROM STREET SETTINGS IN NORTH PHILADELPHIA

Cindy Thomas, Nina Mulia, Jon Liebman

OBJECTIVE: Intravenous drug users (IVDUs) represent one of the fastest growing risk groups for HIV infection and AIDS. Little data are available on the spread of HIV infection in IVDUs who are not in drug treatment or other clinical settings. This study examines HIV seroprevalence among IVDUs recruited from street settings and the relationships between HIV infection, risk behavior, and demographic characteristics.

METHODS: IVDUs were recruited in North Philadelphia as part of an ongoing AIDS prevention and research project. Blood samples and self-report information on risk behavior were obtained from 107 IVDUs between December 1988 and May 1990.

RESULTS: One-fifth (20.6 %) of IVDUs were HIV seropositive. Increased risk of seropositivity was significantly associated with frequency of injection, number of years injecting, and sharing needles. Although not statistically significant, all other injection-related behaviors were related to seropositivity in the expected directions. No statistically significant associations were found between sexual behavior and HIV seropositivity.

CONCLUSION: Rates of HIV seropositivity observed in this study are high, and substantially greater than those reported from Philadelphia's drug treatment programs or public STD clinics. Observed relationships between HIV seropositivity, demographic characteristics, and risk behavior were as expected.

For additional information or a copy of the complete study, contact Cindy Thomas at Philadelphia Health Management Corporation, (215) 790-7219.

HEALTH INFORMATION AVAILABILITY: A PENNSYLVANIA LIBRARIES SURVEY

Esther Y. Dell, AMLS; Suzanne M. Shultz

OBJECTIVE: This study was conducted to assess the current availability of library facilities and information services to health care professionals. The sample population included the state of Pennsylvania.

METHODS: The "1990 American Hospital Association Guide to the Health Care Field" was used to identify the survey sample, and questionnaires were sent in January 1991 to 297 health care institutions throughout the state. Information on the individual locations provided by the AHA guide was also used in the analysis. The A5 designation was used to differentiate academic vs. non-academic libraries for comparisons in some of the areas examined.

RESULTS: Of the 209 institutions that responded (70% response rate), 200 indicated having some degree of library service for their staff. Various aspects of these libraries were analyzed, including organizational structure, staffing, services, etc. Although only nine institutions are without services, the survey showed 23 libraries that do not have a professional librarian on staff and 17 others that are not staffed at all.

CONCLUSION: The survey response indicates that library and information services are accessible to a large percentage of health care workers in Pennsylvania. However, it must be noted that the 88 institutions that did not respond to the survey can alter the overall picture considerably. This analysis will provide a basis for future follow-up studies to establish trends and progress.

For additional information or a copy of the complete study, contact Esther Y. Dell at Penn State's Milton S. Hershey Medical Center Library, (717) 531-8633.

The editors of PENNSYLVANIA MEDICINE encourage submission of scientific articles for publication consideration; however, abstracts of those articles not published in full are printed as a reference for readers. Please send submissions to: Medical Editor, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820. Full scientific articles are published at the discretion of the medical editor as consistent with the editorial schedule and are subject to revision.

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Hepatitis Markers — M. Black
Complications of Lap. Chol. — S. Gordon
Interferon Rx for Hepatitis — L. Friedman
Transplant Update — C. Brass

10:30-10:45 **Coffee**

10:45-12:15 **Peptic Ulcer Disease** — Moderator: Walter Rubin, MD
Long Term Rx Gerd.— D. Castell
Stubborn ulcer — A. J. DiMarino
H. Pylori-status — H. Clearfield
Non Ulcer Dyspepsia — C. Maxson

12:15-1:15 **Lunch**

1:15-2:45 **Colon** — Moderatior: Robert S. Fisher, MD
Surveillance for polyps and Ca. — W. M. Battle
Management of Constipation — B. Krevsky
Diverticular Disease — J. Deren
Inheritance of Colon Ca — W. Lipshutz

2:45-3:00 **Coffee and Coke**

3:00-4:30 **Nutrition** — Moderator: Gary M. Levine, MD
Nutritional Management of Common Problems — F. Goldstein
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PRO Ponders Dilemma Posed by "Social Factors"

Donald E. Harrop, MD

Since the early years of Medicare, physicians have been reminded that Medicare is an insurance program, not a social program. Because social factors come into play in reviewing cases, the author finds himself wondering, "Is change needed? Would it help?"

I often look back on those days prior to the advent of the Medicare program and try to remember what we physicians did when elderly patients required some type of care for their own protection but did not require intense medical services. I suppose we all admitted a few patients to the hospital for a few days for safety reasons, but times were different then. Hospital costs were not exorbitant, and there were very few nursing homes where a patient could be placed until other arrangements could be made.

Some of this continued during the early years of Medicare, but then the Social Security Administration, which managed the program before the Health Care Financing Administration (HCFA), clamped down. We were often reminded that Medicare is an insurance program, not a social program. However, all of this doesn't mean much to a physician who is faced with a situation which requires a decision about an elderly patient who needs immediate care.

Many of the letters the Keystone Peer Review Organization (KePRO) receives in response to pending denials of admission often cite numerous social factors, and we can readily see that the physician has been placed in a quandary and sometimes has been pressured by family members to admit a patient. Trying to determine if there are medical reasons for admission when there are many social aspects to consider during review of these cases is difficult, and these are emotionally hard on the reviewers who have to deny them. But we must keep reminding ourselves that Medicare is an insurance program.

A few months ago, HCFA issued a clarification letter regarding Medicare coverage and social factors. In effect, the letter said that there are no regulations which specifically exclude coverage for adult protective services or patient safety reasons.

However, the letter went on, and I quote, "Medicare coverage depends upon the level of care required by, and rendered to, the patient. For Medicare to make payment for inpatient care, the patient must demonstrate symptoms severe enough to warrant intensive medical care and must require services of such complexity that they can only be rendered safely and effectively on an inpatient basis. In other words, the patient must be in need of the constant availability of a physician and complex medical equipment."

"If, on the other hand, the services needed to treat the patient can be provided safely and effectively in an alternate setting, a hospital admission to provide such services would not be reasonable or necessary."

The letter also went on to say, "Social factors must be considered in conjunction with medical necessity to determine the appropriateness of an inpatient hospitalization. Social factors (adult protective services) without associated medical necessity are not covered by Medicare."

I guess this does help to clarify the HCFA position, but it's still a tough call each time. While I have no problem accepting the fact that Medicare is an insurance program, I keep thinking that there should be some other program to handle such cases and fill this void in delivery of care.

"While I have no problem accepting the fact that Medicare is an insurance program, I keep thinking that there should be some other program to handle such cases and fill this void in delivery of care."

Dr. Harrop is president of the Keystone Peer Review Organization.

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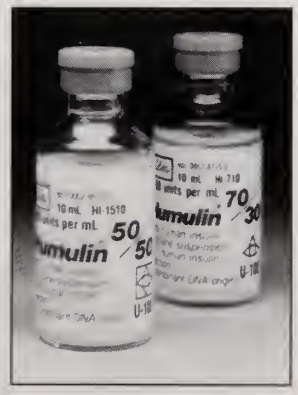

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"THE BREAST TEST" FINDS SUCCESS STATEWIDE

A live, one-hour television special simulcast on seven public television stations across Pennsylvania is being flagged as "one of the most successful campaigns for a health issue ever undertaken in the commonwealth."

"The Breast Test," an outreach effort to heighten awareness of breast cancer in women, aired October 26, 1992. Each of the seven public television stations had a local hotline number for viewers to phone in questions.

County medical societies in each station area provided oncology surgeons, gynecologists, radiologists, plastic surgeons, and other cancer specialists, such as oncology nurses and insurance representatives, to answer viewer questions. More than 2,000 phone calls were received, and the phone lines remained open an hour and a half after the show ended. Maureen Saunders, visiting professor of journalism, New York University, and past CBS news correspondent, hosted the program. Guests included a women's activist, a Philadelphia news reporter, cancer researchers, and a breast cancer survivor and therapist.

Pittsburgh's WQED-TV developed the program earlier this year and, finding success in Allegheny County, worked to expand the program statewide. Public television stations in the Philadelphia, Erie, Harrisburg, University Park, Wilkes-Barre/Scranton, and Bethlehem/Allentown/Easton areas connected to WQED for the statewide broadcast through the Pennsylvania Public Television Network.

The project was underwritten by the Medical College of Pennsylvania and supported by the Pennsylvania Medical Society, the Pennsylvania Department of Health/Cancer Control Group, the Pennsylvania Department of Aging, YWCAs of Pennsylvania, and the American Cancer Society.

For information about on-going efforts of "The Breast Test," call Ricki Wertz, WQED project director, at (412) 622-1491.

More than 40 physicians of the Allegheny County Medical Society volunteered to answer viewers' questions during "The Breast Test," a live, one-hour, statewide broadcast on breast cancer detection and treatment.

COUNTY NEWS

PHILADELPHIA SOCIETY HONORS STATE PHYSICIANS

The Philadelphia County Medical Society (PCMS) honored outstanding members of the Philadelphia medical community during its annual "Awards Night," November 22, 1992.

The highest honor of the evening, the Strittmatter Award, was presented to John Young Templeton III, MD, for his commitment and outstanding contribution to Philadelphia medicine.

Dr. Templeton spent most of his career at Jefferson Medical College and was professor of surgery there until retiring as professor emeritus in 1987. In recognition of his vast experience, the Jefferson Alumni Association has since elected him an alumni trustee.

Dr.Templeton

Dr. Templeton has published more than 70 scientific papers and book chapters, been active in organized medicine, and received numerous awards during his professional life. According to Philip Nimoityn, MD, Philadelphia specialist in cardiovascular diseases, "Dr. Templeton personifies the ideal physician."

The Cristol Award for contributions to the county society's educational, scientific, and charitable goals was presented to Albert J. Finestone, MD, who holds a number of positions at Temple University School of Medicine, including professor of medicine and associate dean for St. Christopher's Hospital for Children. Dr. Finestone has been a national leader in continuing medical education for the past 20 years and is an active member of PCMS and the State Society.

Several other physicians and community members were also honored:

- Penelope P. Ziegler, MD, medical director of the Physicians' Health Programs of the State Society's Educational and Scientific Trust, received the C. Nelson Davis Award for excellence in research devoted to educating physicians regarding addictive disorders afflicting physicians.
- Louis H. Castor, MD, clinical assistant professor of medicine of the Ambulatory Medicine Section at Hahnemann University, received the Krasnoff Award for the Practitioner of the Year for dedication in the area of patient care and community service.
- BEBASHI—Blacks Educating Blacks About Sexual Health Issues, a nonprofit community-based organization that provides sexual health education, service, and advocacy to communities of color, received a Benjamin Rush Award for outstanding voluntary contributions to the health and welfare of the people of Philadelphia County.

• Ruth W. Hayre, PhD, president of the Philadelphia Board of Education, also received a Benjamin Rush Award for her commitment to education in Philadelphia.

• Kelly Slaybaugh Felins, MD, a Scranton specialist in the dynamic psychotherapeutic treatment of adults and adolescents in both individual and group settings, received the Kenneth Appel Award, presented to the author who submits the best paper on clinical psychiatry relating to an experience in therapy or research. Dr. Felins was honored for her paper, "An Existential Crisis: A Case Report of the Search for Meaning When Facing Probable Death," which tells the story of one young woman's courageous struggle to live with the consequences of a devastating, probably fatal illness.

• Michael D. Cirigliano, MD, senior medical resident and assistant instructor in medicine at the University of Pennsylvania, received the Humaneness in Medicine Award for Resident Physicians for skill in working with people, and his understanding of human and clinical needs.

• Forty-two Philadelphia physicians were honored with recognition awards for 50 years of medical service to the community.

AMA President John Lee Clowe, MD, was the keynote speaker at the annual dinner of the Montgomery County Medical Society (MCMS) and the Montgomery County Bar Association held in Valley Forge. Pictured are (left to right): Donald G. Ferguson, MD, State Society president; Robert N. Moyers, MD, Society immediate past president; Dr. Clowe; Roberta L. Schneider, MD, MCMS president; and John H. Hobart, MD, Society vice president.

MEDICAL SCHOOL NEWS

TEMPLE DEVELOPS SERVICE PROGRAM

First- and second-year Temple University medical students are providing tutorial, social, and medical support to inner-city residents through Temple's Community Service.Outreach (CSO) program. The program was developed by the school to give its students the opportunity to work first-hand with real patients while also providing a valuable service to the community.

In the program students choose from among 10 programs in which to serve, ranging from social-support programs like the Adopt-a-Grandparent program, to educating the community about AIDS awareness. Other programs allow students to provide tutoring and mentoring to elementary-aged children, care for new mothers and their infants, volunteer in Temple's emergency room, teach breast self-examinations, and assist in community health screening. Students can participate in one or several of the programs.

For information, call (215) 221-4839 or (215) 787-4674.

HAHNEMANN, DREXEL FORM RESEARCH ALLIANCE

Hahnemann and Drexel universities have formed a unique alliance to share resources and cosponsor educational programs. According to officials at both Philadelphia-based schools, the alliance was made in an effort to pool resources and keep both institutions competitive.

The agreement paves the way for important research partnerships in biomedical engineering and biomechanics, health care information services, and hospital administration, among other fields. In initial stages of the alliance, graduate students from schools may take courses at either institution; both will sponsor joint lectures, workshops, and seminars. The alliance may also lead to the initiation of joint PhD and MD/PhD programs.

MEDICAL SCHOOLS RECEIVE RWJF GRANTS

Eighteen U.S. medical schools received a total of $2.7 million in grants from the Robert Wood Johnson Foundation (RWJF), Princeton, New Jersey, as part of the foundation's $32 million Generalist Physician Initiative. Pennsylvania recipients include Hahnemann University School of Medicine, Philadelphia, and Penn State's College of Medicine at The Milton S. Hershey Medical Center, Hershey.

Each school received an 18-month grant of up to $150,000 to plan new ways to select and train students who will become family practitioners, general internists, and pediatricians. The schools will work cooperatively with state governments, health maintenance organizations, private insurers, and others to formulate their program strategies, which will alter medical school admissions policies and undergraduate medical education curricula, improve residency training programs, and strengthen the practice environment for practicing generalist physicians.

After the 18-month developmental phase, up to 12 of the schools will be awarded six-year grants averaging $2.5 million each to implement their plans.

BLUES' SUBSIDIARY EARNS NATIONAL ACCREDITATION

The Precertification Center, a subsidiary of Capital Blue Cross and

Pennsylvania Blue Shield, has earned national accreditation by the Utilization Review Accreditation Commission (URAC). The accreditation formally recognizes the center's success in adhering to national standards developed by the URAC for quality performance and relationships with providers, customers, and third-party payors.

The Precertification Center, a managed care organization that conducts health care reviews, serves more than 700,000 individuals nationwide. Pre-treatment screening services and related managed care programs offered include: pre-admission review, pre-procedure review, concurrent review and discharge planning, individual case management, retrospective utilization review, and disability certification.

FOUNDATION ANNOUNCES AIDS RESEARCH FELLOWSHIP

The National Foundation for Infectious Diseases (NFID) has joined with Astra Pharmaceutical Products, Inc., to establish the foundation's first fellowship program in viral research related to AIDS.

The Postdoctoral Fellowship in Infectious Disease Training and Herpes Virus Research was developed to encourage and assist qualified physician researchers to become specialists and investigators in the field of viral infections, specifically those due to herpes viruses. Two fellowships, each including a stipend of $24,000 for the first year, will be awarded in April 1993; funding will begin in July.

For further information and application instructions, write to NFID, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814.

Applications must be postmarked no later than *February 15, 1993*; selection criteria will include, but not be limited to: scholarship performance and professional qualifications; scientific merit of research project proposed; validity of research rationale; and adequacy of facilities available to the applicant, host department, and host institution.

Physician volunteers provided free immunizations to children at the "Every Grandchild By Two" clinic, kicked off in Philadelphia late last year. The program—one of several Society projects linking physician volunteers to public health medical service areas of need in Southeastern Pennsylvania—is designed to encourage higher immunization levels at earlier ages, and features two-day clinics in cooperation with local and state departments of health and the Philadelphia County Medical Society. Above: Larry Derry, Philadelphia, looks on as his three-month-old daughter, Lisamarie, is immunized at the Philadelphia clinic.

The Pennsylvania Medical Society 1993 Leadership Conference

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Nationally recognized joint replacement surgeon, **Arnold T. Berman, MD, FACS,** Philadelphia, was elected president of the Pennsylvania Orthopedic Society.

Dr. Moster

Mark L. Moster, MD, Merion, has been appointed chairman, Department of Neurological and Sensory Sciences, Albert Einstein Medical Center, Philadelphia. Also, **Allan M. Arbeter, MD,** Merion, has been appointed chairman, Department of Pediatrics.

Dr. Brady

Luther W. Brady, MD, chairman, Department of Radiation Oncology and Nuclear Medicine, Hahnemann University, Philadelphia, was awarded the Cancer Control Award by the American Cancer Society for his continuing contribution and dedication to the fight against cancer.

Lila Stein Kroser, MD, newly elected director of the northeast branch of the Philadelphia County Medical Society and a member of the faculty, Medical College of Pennsylvania, was selected chair of the Committee for Women in Family Medicine of the American Academy of Family Physicians.

A. Richard Kendall, MD, professor of urology, Temple University School of Medicine, Philadelphia, was elected to the board of directors of Philadelphia Geriatric Center.

Mark Joffe, MD, director of emergency services, St. Christopher's Hospital for Children, Philadelphia, and **Fred Henretig, MD,** chief of the Division of Pediatric Emergency Medicine, the Medical College of Pennsylvania, Philadelphia, have been named program directors of the Pediatric Emergency Medicine Program, sponsored by their two hospitals.

George P. Heyrich, MD, chief resident, Department of Medicine, Thomas Jefferson University Hospital, Philadelphia, received the first place award in the regional Associates Division for Clinical Investigation for the American College of Physicians for his research, "Adenosine Perfusion Imaging for Assessing Cardiac Risk of Noncardiac Surgery." Collaborators included: **William D. Keen, MD; Joel S. Raichlen, MD; Richard M. Rosenbaum, MD;** and **Howard H. Weitz, MD.**

Robert Poole III, MD, member, Section of Family Practice, Department of Medicine, Chester County Hospital, West Chester, was named Pennsylvania Family Physician of the Year by his local chapter of the Pennsylvania Academy of Family Physicians.

W. Allen Hogge, MD, has been appointed medical director of genetics and director of reproductive genetics, Magee-Womens Hospital, Pittsburgh. Also at Magee, **Sivam Ramanathan, MD,** has been appointed chief of anesthesiology, as well as chief of anesthesiology and critical care, University of Pittsburgh School of Medicine.

Dr. Bloom

Peter B. Bloom, MD, senior attending psychiatrist, Institute of Pennsylvania Hospital, Philadelphia, was elected president elect of the International Society of Hypnosis.

Charles Gregg, MD, chairman, Anesthesiology Department, Chestnut Hill Hospital, Philadelphia, received the hospital's Service Excellence Award for professional performance exceeding the organization's service excellence expectations.

Peter J. Meyer, MD, Bala Cynwyd, was appointed medical director at the Westmeade Center at Wyndmoor.

Frederique P. Delhaye, MD, psychiatrist, was named unit medical director, Dissociative Disorders Program, Northwestern Institute, Fort Washington.

Lyle Back, MD, plastic surgeon and associate director, Stuart J. Hulnick Burn Center at St. Christopher's Hospital for Children, Philadelphia, was one of 43 medical professionals of Operation Smile, an American medical team which travelled to Haipong, Vietnam, for three weeks in November. The team surgically corrected cleft lip and cleft palate problems, and performed reconstructive surgery on young burn victims in an effort to help more than 150 children speak and eat more easily, and have a more normal appearance.

Dr. Levine

Frederick H. Levine, MD, Penn Valley, has been appointed chairman of the Division of Cardiothoracic Surgery, Albert Einstein Medical Center, Philadelphia.

Lawrence D. Blum, MD, attending physician, The Institute of Pennsylvania Hospital, Philadelphia, was appointed director of the Philadelphia Psychotherapy Training Program.

Gerald S. Golden, MD, internationally recognized developmental child neurologist, has been appointed vice president for medical school liaison, National Board of Medical Examiners, Philadelphia.

Carl Sharer, DO, medical oncologist, Norristown Regional Cancer Center, was awarded the Professional Education Award by the Norristown Unit of the American Cancer Society for his continuing contribution to the fight against cancer.

Bernard Fisher, MD, distinguished service professor of surgery, University of Pittsburgh Medical Center, received the 1992 Brinker International Breast Cancer Award for clinical research from the Susan G. Komen Breast Cancer Foundation, Dallas, Texas.

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143ND ANNUAL MEETING OF THE HOUSE OF DELEGATES

Opening Session

October 23, 1992

Jonathan E. Rhoads Jr., MD, Speaker of the House, called the opening session of the House of Delegates to order at 10:07 a.m. in the Exhibit Center of the Adam's Mark Hotel, Philadelphia.

Invocation

The Reverend Margaret Anne Fohl of The Bryn Mawr Presbyterian Church offered the invocation.

Pledge of Allegiance

Dr. Rhoads led the House of Delegates in the Pledge of Allegiance.

Credentials Committee

James A. Morris Jr., MD, chairman, presented the following report:

Mr. Speaker, there is a quorum of 161 delegates registered and in attendance today. In addition, there is no representation in the House of Delegates from Butler, Carbon, Greene, Indiana, McKean, Mifflin-Juniata, Perry, Susquehanna, Warren, Washington, and Wyoming counties, and from the specialties of allergy and immunology, emergency medicine, gastroenterology, infectious diseases, internal medicine, nephrology, nuclear medicine, obstetrics/gynecology, colon and rectal surgery, plastic surgery, cardiovascular disease, endocrinology, otolaryngology, and cardiovascular surgery.

Committee on Rules

Presented by: Robert D. Reinecke, MD

Mr. Speaker, members of the House of Delegates, the Committee on Rules met and reviewed Standing Rules 1, 2, 3, 4, 5, 6, 8, 9 and 10 of the House of Delegates of the Pennsylvania Medical Society as published in the 1992 *Official Reports Book*. (Standing Rule No. 7 will be addressed in the second report of the Rules Committee.)

Mr. Speaker, your Committee on Rules recommends that Standing Rules 1, 3, 4, 5, 6, 8, 9, 10 be adopted.

The House adopted Standing Rules 1, 3, 4, 5, 6, 8, 9, and 10.

Mr. Speaker, your Committee on Rules further recommends that Standing Rule 2 be changed to read as follows: (lines 28-29)

Any resolution submitted after the Rules Committee has [convened] *adjourned* will require a three-fourths favorable vote of the members of the House present and voting to become the business of the House.

The Speaker brought to the attention of the committee that a late resolution could be brought to the Committee on Rules and considered while it is in session which would require the resolution to receive a two-thirds vote of approval by the House. Any resolution brought forward after adjournment of the committee will require a three-fourths vote of the House for consideration.

The House adopted as amended Standing Rule 2.

Presentation of Memorial Resolution

Frank D. Kresock, MD, Columbia County, presented the following memorial resolution for the late D. Ernest Witt, MD, which was adopted:

WHEREAS, D. Ernest Witt, MD worked as a family physician for over 35 years in Bloomsburg, Pennsylvania, serving his patients with thoughtfulness, gentleness, concern, and kindness, delivering over 3,500 infants; and

WHEREAS, Dr. Witt served his community as team physician for Central Columbia High School, Parent-Teachers Association President, chaired many local charity fundraisers; and

WHEREAS, Dr. Witt also served on the staff of The Bloomsburg Hospital with a term as Chief of Staff and performed many medical staff committee assignments; and

WHEREAS, Dr. Witt served his fellow physicians locally as President of the Columbia County Medical Society and long-time delegate to the Pennsylvania Medical Society; and

WHEREAS, Dr. Witt served medicine nationally through many Pennsylvania Medical Society committees, delegate from the Pennsylvania Academy of Family Physicians to the National Board, and finally President of the Pennsylvania Medical Society; and

WHEREAS, Dr. Witt passed away suddenly in March 1992, after an acute short-term illness, but will be remembered by us for his concern for local, state, and national health care issues including the underinsured and uninsured, respect for family, and genuine friendliness; therefore be it,

RESOLVED, That the Pennsylvania Medical Society House of Delegates pause for a moment to reflect on this resolution; and be it further,

RESOLVED, To enter these remarks in our minutes and a copy thereof be sent to the surviving family members.

Presentation of eulogy

William R. Beltz, MD (Lycoming County), presented a eulogy for the late James L. Harrison, MD.

Approval of proceedings

The proceedings of the 142nd Annual Business Meeting of the Pennsylvania Medical Society, held in Philadelphia October 18-20, 1991, and found on pages 34-56 of the January 1992 issue of PENNSYLVANIA MEDICINE, were approved.

Address of the president

Robert N. Moyers, MD, Crawford County, addressed the House, during which he made the following recommendations:

1. The Society create a task force to identify in detail the makeup of the Society's changing constituency, to identify the needs of that constituency, and to identify meaningful ways to meet those needs. This would include, but not be limited to, a reallocation of the Society's resources, where appropriate. Further, this task force include participation from physicians in group practice, young physicians, medical school faculty, women, graduates of international medical schools, physicians in private practice and managed care, and finally, both members and non-members. Further, that members of the task force be appointed jointly by the President, Chairman of the Board, and Speaker of the House of Delegates. Finally, that this task force be charged with reporting its findings and recommendations to the House in 1993. (Reference Committee F).

2. The Society embark upon a feasibility study to determine whether the Society should create a for-profit subsidiary for physician services and other projects that will create new sources of revenue. (Reference Committee F).

3. A task force be created with representatives from the Society and Pennsylvania's medical schools to explore and recommend collaborative activities that would be mutually beneficial. (Reference Committee B).

4. The Society take a strong and active role in studying the implications of managed care so that we can make clear and definite recommendations to our members about how to deal with managed care programs. (Reference Committee E).

Welcoming remarks

Richard Gash, MD, Philadelphia County, introduced The Honorable Edward G. Rendell, Mayor of Philadelphia, who presented brief welcoming remarks.

Address of the president elect

Donald G. Ferguson, MD, Allegheny County, addressed the House, during which he made the following recommendations:

1. The House of Delegates work with the entire Society to strengthen our legislative program by increasing the membership in our Legislative Action Teams, increasing the support of our state Political Action Committee, and together with the American Medical Association and AMPAC, build on Pennsylvania's current participation in our federal efforts. (Reference Committee D).

2. The Society continue to support the work of the Joint Pennsylvania Medical Society-Pennsylvania Bar Association Task Force on Child Abuse and consider appropriate ways to expand this cooperation into other areas of family violence and neglect. (Reference Committee G).

3. The Pennsylvania Medical Society search out other opportunities to form alliances, political and otherwise, to continue the Society's work of advocating for the health and well-being of the people of Pennsylvania. (Reference Committee F).

Announcements
Howard A. Richter, MD, Vice Speaker of the House, called to the attention of the delegates the Ultra Suede sale and Golden Image Jewelry sale sponsored by the Auxiliary. Dr. Richter announced that the Auxiliary was also holding a Silent Celebrity Auction to benefit AMA-ERF, which would end with a bid-off auction conducted by Dr. and Mrs. Victor Greco on Sunday, October 25, upon the adjournment of the House of Delegates.

Dr. Richter also announced that there were copies on the tables in the Exhibit Center of a Joint Committee newsletter and Physicians' Analysis and Summary paper which were sent to all hospital medical staff presidents, Hospital Medical Staff Section representatives, and cardiovascular surgery groups. This material provided information on the Coronary Artery Bypass Graft Report soon to be released by the Pennsylvania Health Care Cost Containment Council. Dr. Richter stated that a flyer, announcing three regional meetings to assist hospitals and physicians in preparing for media and patient inquiries, was also on the tables.

Official Reports Book
The *Official Reports Book*, containing the 1992 annual reports and Resolutions 92-1 through 92-57, was accepted as business of the House. Please refer to the index of these proceedings for the subject, author, introducer, and referral of all resolutions.

Referral of business items
Dr. Richter announced that Resolution 92-34 had been corrected; Resolution 92-11 had been re-referred from Reference Committee E to Reference Committee D; Resolution 92-29 had been re-referred from Reference Committee E to Reference Committee D and had also been revised; Resolution 92-49 had been editorially revised; and Resolution 92-35 had been corrected.

Additional business items
Dr. Richter announced that the following additional reports had been received for consideration: Board Report M, Board Report X, and Board Report II.

Presentation by Chairman of the Finance Committee
Robert L. Lasher, MD, chairman of the Finance Committee, presented the report.

Late Resolutions
Late Resolutions 92-58, 59, and 60 were received after the mailing of the *Official Reports Book* and required a two-thirds vote to become business of the House. Standing Rule 2, revised by the 1981 House of Delegates, requires that the Rules Committee review each late resolution and make a recommendation to the House as to whether it should be accepted or rejected as business of the House. Standing Rule 2, as revised by the 1987 House of Delegates, states that resolutions emanating from a business meeting of an officially recognized section of the Pennsylvania Medical Society may be presented for consideration by the House of Delegates at any time before the close of business at the opening session of the House and therefore does not require review by the Rules Committee. Resolutions 92-61 through 92-66 were submitted by special sections. In addition, Standing Rule 2, as revised by the 1990 House of Delegates and amended by the 1992 House of Delegates, states that any resolution submitted after the Rules Committee has adjourned will require a three-fourths favorable vote to become business of the House.

Committee on Rules

Presented by: Robert D. Reinecke, MD
Mr. Speaker, the Committee on Rules has considered all of the items in the index.

REPORT A, AD HOC COMMITTEE TO STUDY PROPOSED STANDING RULE NO. 11
Mr. Speaker, your Committee on Rules recommends that Report A, Ad Hoc Committee to Study Proposed Standing Rule No. 11, be adopted.

Mr. Speaker, your Committee on Rules further recommends that the present system of voting be continued until 1996 and that an ad hoc committee be appointed in 1995 to reevaluate the system and present its findings for consideration at the 1996 meeting of the House.

Report A recommends that the current election rules for multiple-candidate elections be maintained in lieu of instituting a new voting system that mandates delegates rank their selected candidates.

The Committee on Rules heard extensive testimony on the pros and cons of the present system. Inasmuch as the new system is just underway, the committee is recommending that it should have a suitable time to test its effectiveness, but that further evaluation is appropriate after three years.

The House adopted Report A.

The House approved the recommendation that the present system of voting be continued until 1996 and that an ad hoc committee be appointed in 1995 to reevaluate the system and present its findings for consideration at the 1996 meeting of the House.

RESOLUTION 92-58: Child Safety Restraints in Commerical Aircrafts
Mr. Speaker your Committee on Rules recommends that Resolution 92-58 not be accepted as business of the House.

The intent of this resolution is already AMA policy (Policy 45.989). In the opinion of your Committee on Rules there is no urgency in the matter since the AMA policy fully covers the subject in an identical fashion to the resolution.

The House did not accept Resolution 92-58 as business.

RESOLUTION 92-59: Referendum Institution
Mr. Speaker, your Committee on Rules recommends that Resolution 92-59 not be accepted as business of the House.

The Committee on Rules heard no positive testimony for inclusion of this resolution. We further note that the Society does not prohibit referendums deemed appropriate by the House or Board of Trustees.

The House did not accept Resolution 92-59 as business.

RESOLUTION 92-60: Pennsylvania Medigap Insurance
Mr. Speaker, your Committee on Rules recommends that Resolution 92-60 be accepted as business of the House.

The Committee on Rules heard testimony that this issue is cogent and timely, and that action by the House could be important for the citizens of Pennsylvania.

The House accepted as business Resolution 92-60.

Address of the Pennsylvania Medical Society Auxiliary President
Dr. Rhoads introduced Mrs. Victor F. Greco, President of the State Society Auxiliary. Mrs. Greco briefly addressed the House, and her report was referred to Reference Committee F.

Mrs. Greco introduced Mrs. S. Bruce Gerber, AMA Auxiliary President, who also briefly addressed the House.

Remarks by Chairman, Pennsylvania Delegation to the AMA
Dr. Richter, chairman of the Pennsylvania Delegation to the AMA, briefly addressed the House.

Special presentation
Evelyn Malakoff, Sandoz Pharmaceutical Representative, presented to John W. Mills, MD, Editor of PENNSYLVANIA MEDICINE, the first prize award in the category of state medical publications in the 17th annual medical journalism competition conducted by Sandoz Pharmaceuticals.

Reference Committees
Reference committees for the 1992 Annual Business Meeting of the House of Delegates are listed below:

Reference Committee A (Bylaws): Ronald J. Clearfield, MD (Radiology), chairman; Mary B. Allan, MD (Chester); Lewis T. Patterson, MD (Thoracic Surgery); Frank J. Santora Jr., MD (Allegheny); Paul D. Siegel, MD (Philadelphia); Nicholas R. Rorick, MD (Montgomery), alternate.

Reference Committee B (Education and Science): Anne N. Woods, MD (York), chairman; William D. Calley, MD

(Clearfield); Louis Gerstley, MD (Philadelphia); Richard P. Kennedy, MD (Monroe); Harry P. Palkovitz, MD (Allegheny); Mary J. Kinosian, MD (Jefferson), alternate.

Reference Committee C (Facilities/ Peer Review): R.L. Furigay, MD (Cambria), chairman; Rocco F. Chirieleison, MD (Berks); Robert M. Pilewski, MD (Venango); Barbara A. Shelton, MD (Philadelphia); Richard R. Soricelli, MD (Delaware); Ernest M. Wood, MD (Lancaster), alternate.

Reference Committee D (Legislation/ Regulation/Professional Liability): John Helwig Jr., MD (Philadelphia), chairman; Jitendra M. DeSai, MD (Allegheny); Ranjit S. Dhaliwal, MD (Erie); Virginia E. Hall, MD (Dauphin); John S. Parker, MD (Westmoreland); John D. Lane, MD (Bucks), alternate.

Reference Committee E (Medical Economics): James J. Houser, MD (Venango), chairman; Keith I. Adams, MD (Clinton); Richard T. Bell, MD (Pulmonary Diseases); Wilma C. Light, MD (Westmoreland); Leland F. Patterson, MD (Dauphin); Bernard A. Eskin, MD (Philadelphia), alternate.

Reference Committee F (Membership/Reports of Officers): Edward J. Owens, DO (Crawford), chairman; James L. Cristol, MD (Philadelphia); Augusto N. Delerme, MD (Blair); Thomas F. Freenock Jr., MD (Resident Physician Section); Alan H. Schragger, MD (Lehigh); Susan A. Henriksen, MD (Resident Physician Section), alternate.

Reference Committee G (Public Health): Leo M. Hartz, MD (Lycoming), chairman; Robert E. Burke, MD (Clearfield); Harry Gotlieb, MD (Philadelphia); Surendra V. Pawar, MD (Allegheny); Carol E. Rose, MD (Allegheny).

Rules: Robert D. Reinecke, MD (Ophthalmology), chairman; Robert J. Carroll, MD (Allegheny); Elmer H. Funk Jr., MD (Philadelphia); William S. Lovrinic, MD (Chester); Edward V. Twiggar II, MD (Northumberland); Irving G. Shaffer, MD (Berks), alternate.

Credentials: James A. Morris Jr., MD (Delaware), chairman; Phillip Friedman, MD (Bucks); H. Tom Tamaki, MD (Montgomery); Charles Tourtellotte, MD (Rheumatology); Thomas J. Weida, MD (Family Practice); Samuel G. Woodings, MD (Mercer).

Tellers: Phillip R. Levine, MD (Allegheny), chief teller; Alan P. Berg, MD (Philadelphia); Earl K. Connors Jr., MD (Bucks); Rocco J. DeMasi, MD (York); Abram M. Hostetter, MD (Lebanon); William W. Lander, MD (Montgomery); Deborah L. Sommer, MD (Allegheny); Gil M. Taylor-Tyree, MD (Adams).

Second Session

October 24, 1992

The second session of the House of Delegates was called to order at 1:03 p.m. in the Exhibit Center of the Adam's Mark Hotel, Philadelphia.

Credentials Committee

James A. Morris Jr., MD, chairman, presented the following report:

Mr. Speaker, there is a quorum of 249 delegates registered and in attendance today.

In addition, there is no representation in the House of Delegates from Bedford, Butler, Carbon, Greene, Indiana, McKean, Mifflin-Juniata, Perry, Susquehanna, Warren, Washington, and Wyoming counties, and from the specialties of emergency medicine, gastroenterology, infectious diseases, nephrology, nuclear medicine, colon and rectal surgery, plastic surgery, endocrinology, otolaryngology, and cardiovascular surgery.

Reference Committee A

Presented by: Ronald J. Clearfield, MD

Mr. Speaker, members of the House of Delegates, Reference Committee A has considered all of the items in the index.

REPORT A, COMMITTEE ON BYLAWS SUBJECT 1: Board Redistricting

REPORT J, BOARD OF TRUSTEES RESOLUTION 92-21: Restructuring of the Pennsylvania Medical Society

RESOLVED, That a study be undertaken to determine the optimal size and composition of the Pennsylvania Medical Society Board of Trustees; and be it further

RESOLVED, That any further restructuring or redistricting proposals be deferred until this study is completed.

RESOLUTION 92-52: Redistricting

RESOLVED, That the number of districts be reduced with the maximum number not to exceed 10; and be it further

RESOLVED, That redistricting be achieved to reflect equitably the membership population; and be it further

RESOLVED, That there is no objection to designating Allegheny County as a separate district; and be it further

RESOLVED, That all resolves above be acted upon simultaneously.

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 1, Board Redistricting, (1-A) be adopted in lieu of (1-B) & (1-C).

Mr. Speaker, your reference committee recommends that Board of Trustees Report J be filed.

Mr. Speaker your reference committee also recommends that the following substitute Resolution 92-21 be adopted in lieu of Resolution 92-21 and Resolution 92-52.

Your reference committee heard positive testimony regarding the adoption of the Board's redistricting plan, including support from both Allegheny County and representatives of the Tenth District. The committee feels that the number of members residing in Allegheny County supports the formation of a 13th Trustee District. Testimony before the committee was in favor of establishing this 13th District regardless of any other suggested structure.

The Bylaws change, proposal 1-B, recommends redistricting the state into six trustee districts with approximately 3,000 members per district. The committee feels that this structure would be unwieldy and heard little testimony in favor of its adoption.

The Bylaws change, proposal 1-C, recommends redistricting Pennsylvania into 10 trustee districts so that the distribution of members in each district would be more equitable than under the current structure. Your reference committee feels this concept has some merit; however, we believe that a more detailed analysis would be necessary before recommending adoption of this specific plan. While reducing the number of districts might make the board function more efficiently, we note that the percentage of regional representatives would be diminished while other trustees representing "special constituencies" would be stable thus changing the percentage of trustees representing the districts vis-a-vis the other trustees. We believe the ramifications of this proposal need further study. We also feel that this study could explore with the affected counties their consent or resistance to any proposed change in alignment.

Resolution 92-21 as originally submitted, requests that a study be undertaken. Your reference committee wishes to add language, however, recommending that the Speaker of the House of Delegates be designated to appoint the committee members to conduct this study.

Resolution 92-52 proposes language that corresponds to amendment 1-C requesting the number of districts be reduced, not to exceed 10, in an equitable fashion. Your reference committee would like to incorporate this suggestion into Substitute Resolution 92-21, requesting further study.

The House adopted the Bylaws change as presented in Subject 1-A.

The House approved filing Board Report J.

The House adopted substitute Resolution 92-21.

REPORT A, COMMITTEE ON BYLAWS, SUBJECT 2: Society Leadership

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 2-A not be adopted.,

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 2-B not be adopted.

Amendment 2-A, suggests language that the President also serve as Chairman of the Board of Trustees. Amendment 2-B, suggests language that the President

either serve as the Chairperson of the Board of Trustees or appoint someone to serve in that capacity. Your reference committee heard testimony for and against both proposed amendments. We were impressed with testimony regarding the amount of time needed to fulfill each role as constituted. The committee is also aware that the House of Delegates in 1991 voted in favor of Report A from the Special Committee to Study Combining the Office of President and Chairman, which recommended maintaining the separation and powers of the President and Chairman of the Board. We are also aware that the majority of former Presidents and Chairmen solicited by that committee favored the committee's recommendation. The reference committee did not hear any testimony that would make that report invalid.

The House did not adopt the Bylaws change as presented in Subject 2-A.

The House did not adopt the Bylaws change as presented in Subject 2-B.

REPORT A, COMMITTEE ON BYLAWS, SUBJECT 3: Selection of Members of Subsidiary Boards

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 3-A not be adopted.

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 3-B not be adopted.

Amendment 3-A, proposes language mandating that nominations for directors of any subsidiary organization, owned directly or indirectly by the Society, be made by a Committee to Nominate Directors of Subsidiary Boards. Under this proposal, said committee would consist of five members elected by the House of Delegates to serve a term of three years. Amendment 3-B, recommends language that four directors of each subsidiary board be elected by the House of Delegates following nomination by the Committee to Nominate Directors of Subsidiaries.

The reference committee heard considerable testimony opposed to both of these proposed Bylaws changes. We recognize the necessity of the Board of Trustees to have control over the subsidiary boards and further recognize the fact that members of subsidiary boards need special expertise and may be appointed to fulfill a particular need. The committee feels the mechanisms set forth in these proposals are unnecessary and could possibly be counter productive.

The House did not adopt the Bylaws change as presented in Subject 3-A.

The House did not adopt the Bylaws change as presented in Subject 3-B.

REPORT A, COMMITTEE ON BYLAWS, SUBJECT 4: One Person, One Job Rule

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 4 be referred to a committee to be appointed by the Speaker of the House of Delegates.

Your reference committee heard considerable testimony regarding the need for more members of the Society to become actively involved in leadership positions. We feel that this is a desirable aspiration which could also serve to make the Society more effective and more responsive to its members. The committee does not feel, however, that a "one person, one job" rule, as proposed, would accomplish that goal. We believe that this proposed Bylaws change, if adopted at this meeting, would prove to be chaotic.

The committee does feel that there is some merit in restricting the number of positions a member in a position of leadership could occupy. The committee is also aware certain positions are mandated by the Society's Bylaws. The committee therefore is in favor of a study of this matter and suggests that the committee to investigate redistricting, as proposed in substitute resolution 92-21, also evaluate this situation.

The House approved referring the Bylaws change as presented in Subject 4.

REPORT A, COMMITTEE ON BYLAWS, SUBJECT 5: Voting Status of the Speaker and Vice Speaker of the House of Delegates

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 5 not be adopted.

This Bylaws change would require that the Speaker and Vice-Speaker of the House of Delegates no longer have the right to vote as ex-officio members of the Board of Trustees. Your reference committee is aware that the Speaker and Vice-Speaker at one time did not have the right to vote and believes that their effectiveness has subsequently been enhanced by having the right to vote. Your committee realizes that their vote should reflect the wishes of the House of Delegates and believes, in certain issues, that their vote could be a deciding factor.

It was moved and seconded from the floor of the House to vote by written ballot; the House rejected this motion. The House did not adopt the Bylaws change as presented in Subject 5.

REPORT A, COMMITTEE ON BYLAWS, SUBJECT 6: Change in Pennsylvania Medical Society Board Structures to Limit Trustees to Two Three-Year Terms

Mr. Speaker, your reference committee recommends that the Bylaws change appearing in the Official Call under Subject 6 not be adopted.

The committee heard testimony both for and against this proposed Bylaws change. Although the committee sees some potential merit in a shortened term for trustees, it believes that the current Bylaws provision for terms of office is appropriate given the associated responsibilities and the need for trustees to be able to acquire a considerable level of knowledge and expertise on a broad range of issues. The committee also realizes that three consecutive three-year terms are not mandated and that all elected officers can be "peer reviewed" each time they stand for election. Your committee therefore feels that the de facto term limitations already exist.

The committee also feels it is desirable that any newly elected Chairman of the Board have more experience than would be the case if the trustee position were limited to a six-year term. The committee wishes to note that council membership is limited to six years and feels such a limitation provides adequate turnover for those aspiring to leadership positions. Further limiting the terms of trustees would not significantly enhance leadership opportunities in the Society given the relatively small number of trustee positions.

The House did not adopt the Bylaws change as presented in Subject 6.

REPORT S, BOARD OF TRUSTEES, RECOMMENDATION OF THE PRESIDENT TO FOCUS THE DECISION-MAKING PROCESS IN THE OFFICE OF THE PRESIDENT

Mr. Speaker, your reference committee recommends that Report S of the Board of *Trustees be adopted.*

Your reference committee heard very little testimony on this report which deals with focusing the decision-making process in the Office of the President. However, we believe the report is an appropriate response to the recommendation of the President in 1991 which requested that the decision making process be focused in the Presidency.

The House adopted Board Report S.

Dr. Rhoads introduced O. Fred Miller II, MD (Montour County), outgoing Chairman of the Council on Membership, who briefly addressed the House on member recruitment.

Reference Committee F

Presented By: Edward J. Owens, DO

Mr. Speaker, members of the House of Delegates, Reference Committee F has considered all of the items in the index.

REPORT G, BOARD OF TRUSTEES: Resolution 91-59, Number of Pennsylvania Medical Society Young Physician Section

Mr. Speaker, your reference committee recommends that Report G, Board of Trustees be adopted.

Report G, Board of Trustees asked for an additional three young physician delegates and alternates to the Pennsylvania Medical Society House of Delegates, giving the section a total of four delegates and four alternate delegates.

There was no discussion associated with this issue but your reference

committee is in favor of increasing the number of young physician delegates in the House of Delegates.

The House adopted Board Report G.

REPORT DD, BOARD OF TRUSTEES: Resolution 89-9, Ten-Year Sunset Provision for Pennsylvania Medical Society Policy

Mr. Speaker, your reference committee recommends that the actions indicated for each policy in the policy chart referenced in Report DD, Board of Trustees, be adopted.

Report DD, Board of Trustees, complies with Resolution 89-9, which directed that all Pennsylvania Medical Society policies adopted prior to 1981, be reviewed and presented to the House of Delegates for retention, recession, or retention in part.

There was testimony suggesting further change be made in item 1 of the 1972 Society policy. However, your reference committee was not in favor of such change because it was limited to family practitioners rather than all primary care physicians.

It was moved and seconded from the floor of the House to extract Resolution 82-18, Electromyography as the Practice of Medicine, from the policy list attached to Board Report DD. The House approved the motion. It was moved and seconded from the floor of the House that Resolution 92-18 be retained rather than rescinded. The House approved the motion.

It was moved and seconded from the floor of the House to extract the report of the Committee on Family Medicine regarding five recommendations concerning medical schools from the policy list attached to Board Report DD. The House approved the motion. It was moved and seconded from the floor of the House to amend #3 in the report by rewording it to state, "Pennsylvania Medical Society advocates that all Pennsylvania medical schools offer family practice tracks and maintain departments of family practice." rather than "Efforts should be made to encourage all Pennsylvania medical schools to offer primary care and to maintain departments of family practice." The House approved the motion. It was moved and seconded to amend #5 in the report by rewording it to state, "The medical schools of Pennsylvania should be encouraged to accept a higher proportion of students from rural areas, urban inner city areas, and minority backgrounds who express interest in family practice." rather than "The medical schools of Pennsylvania should be encouraged to accept a higher proportion of students from rural areas who express interest in primary care specialties." It was moved and seconded from the floor of the House to further amend #5 by replacing the words, "family practice" with the words, "primary care." It was moved and seconded from the floor of the House to refer for further study the report of the Committee on Family Medicine, along with the proposed amendments. The House rejected the motion to refer. The House rejected the motion to amend #5 by changing the words, "family practice" to "primary care." The House adopted #5 as amended. The House adopted the action indicated for all other policies in the policy chart referenced in Board Report DD.

REPORT HH, BOARD OF TRUSTEES: Allocation to Support Student Loan Programs

REPORT A, COMMITTEE ON AID TO EDUCATION

Mr. Speaker, your reference committee recommends that Report HH, Board of Trustees, and Report A, Committee on Aid to Education, be adopted.

Report HH, Board of Trustees, called on the House of Delegates to allocate $10 of the dues to the Educational Fund of The Educational and Scientific Trust. Report A, Committee on Education, supports the $10 allocation but also asks that during the 1993 billing cycle, the dues statement contain an additional voluntary contribution to the medical student fund of $10.

Your reference committee is in favor of the addition of a $10 voluntary contribution being added to the 1993 dues statement. It should be understood by the House that this amount will appear on all dues statements but that the individual member can decline payment.

The House adopted Board Report HH.

RESOLUTION 92-17: Pennsylvania Medical Society Auxiliary Unification

RESOLVED, That all physicians encourage their spouse to become members of the county, state, and national medical auxiliaries; and be it further

RESOLVED, That county medical societies urge their respective auxiliary to require that all members be spouses of physicians who hold membership in the county medical society, and unify membership with the Pennsylvania Medical Society Auxiliary and the American Medical Association Auxiliary.

Mr. Speaker, your reference committee recommends that Resolution 92-17 not be adopted.

Resolution 92-17 calls on all physicians to encourage their spouses to become members of the county, state, and national medical auxiliaries and that this membership be available only to spouses of physician members.

The preponderance of testimony was in opposition to Resolution 92-17. Your reference committee feels that this resolution should be defeated and the Auxiliary should be commended for supporting the Pennsylvania Medical Society.

The House did not adopt Resolution 92-17.

RESOLUTION 92-18: Pennsylvania Medical Society Funding of Auxiliary

RESOLVED, That the Pennsylvania Medical Society discontinue preferential funding to this physician's spouse organization, the Pennsylvania Medical Society Auxiliary; and be it further

RESOLVED, That the Pennsylvania Medical Society work to develop an auxiliary whose membership consists only of the spouses of physicians who are, or had been at the time of their retirement, death, or disability, members of the Pennsylvania Medical Society.

Mr. Speaker, your reference committee recommends that Resolution 92-18 not be adopted.

Resolution 92-18 calls on the State Society to discontinue funding of the Pennsylvania Medical Society Auxiliary.

Your reference committee heard testimony which was mostly opposed to this resolution. The amount of money that the Auxiliary receives from the Society is returned many times over in positive public relations from voluntary community efforts.

The House did not adopt Resolution 92-18.

RESOLUTION 92-26: Standardized Membership Transfer Process

RESOLVED, That the Pennsylvania Medical Society initiate, through the AMA, an effort to standardize the process of members transferring membership between state and county societies nationwide; and be it further

RESOLVED, That the Pennsylvania Medical Society request that the AMA launch an effort to grant a dues exemption to any member transferring his/her membership to any state or county society provided his/her dues have been previously paid in another state or county.

Mr. Speaker, your reference committee recommends that Resolution 92-26 not be adopted.

Resolution 92-26 calls on the state medical society to initiate through the AMA an effort to standardize the process of members transferring membership between state and county medical societies.

Your reference committee learned that the intent of this resolution was already policy of the AMA. Therefore, it was felt that this House should not direct the AMA delegation to submit a similar resolution on this issue.

It was moved and seconded from the floor of the House to refer Resolution 92-26 to the Board of Trustees. The House approved referring Resolution 92-26.

RESOLUTION 92-27: Quarterly Report on House Actions

RESOLVED, That the quarterly report on House actions continue to be compiled and made available at the same time intervals as called for in Resolution 87-10; and be it further

RESOLVED, That the three interim reports on House actions no longer be mailed as in the past; and be it further

RESOLVED, That proper notice of the availability of the three interim reports on House actions be made in PENNSYLVANIA MEDICINE, along with notification of an easy mechanism for obtaining said reports; and be it further

RESOLVED, That the annual report on House actions continue to be included in the delegate's handbook as in the past.

Mr. Speaker, your reference committee recommends that the third resolved of Resolution 92-27 be amended by addition as follows:

RESOLVED, That copies be sent to county medical societies and proper notice of the availability of the three interim reports on House actions be made in PENNSYLVANIA MEDICINE, along with notification of an easy mechanism for obtaining said reports; and be it further

Mr. Speaker, your reference recommends that Resolution 92-27 be adopted as amended.

Resolution 92-27 urges the State Society to continue to prepare the quarterly report on House actions and asks that it not be routinely sent to all members of the House of Delegates but rather make it available on request.

Your reference committee heard testimony in favor of the intent of the resolution but also felt that county medical societies should receive completed copies each quarter to inform their members as appropriate.

It was moved and seconded from the floor of the House to adopt Resolution 92-27 as originally written. It was moved and seconded from the floor of the House that the reference committee's amendment to the third resolved be further amended by adding the words, "and specialty society representatives" after the words, "RESOLVED, That copies be sent to county medical societies"; the House approved the amendment. The House adopted as amended Resolution 92-27.

RESOLUTION 92-65: Medical Student Membership Fee

RESOLVED, That the Pennsylvania Medical Society offer medical students the option of paying a one-time, multiple-year Pennsylvania Medical Society medical student membership fee.

Mr. Speaker, your reference committee recommends that Resolution 92-65 be adopted,

Resolution 92-65 recommends the Society offer one-time, multiple year dues for medical student members.

Your reference committee heard testimony in favor of Resolution 92-65. It is understood that this issue requires a Bylaws change and will require approval at the 1993 House of Delegates. Once implemented, this should eliminate the necessity for multiple dues mailing during the training years of student members.

The House adopted Resolution 92-65.

Waiver of debate list

The following items have been grouped together in a waiver of debate list; little or no testimony was heard, and the committee feels that the items are of a noncontroversial nature.

Mr. Speaker, your reference committee recommends adoption:

REPORT EE, BOARD OF TRUSTEES: Annual Assessment for Students

REPORT E, BOARD OF TRUSTEES: Resolution 91-26, Honoring a Physician Member for Community Volunteer Service

RESOLUTION 92-24: Study the Effect of Participation in the Young Physicians Section

RESOLVED, That the Pennsylvania Medical Society study the participation in the Young Physicians Section and report back to the House; and be it further

RESOLVED, That the Pennsylvania Medical Society initiate efforts for these young physicians to be included at the county level and brought into the House as delegates, alternate delegates, and officers.

REPORT I, BOARD OF TRUSTEES: Resolution 91-65, National Scholarship Fund

REPORT U, BOARD OF TRUSTEES: Recommendation 3 of the President Elect, Strengthen Professionalism

REPORT A, JUDICIAL COUNCIL: Recommendation 1 of the President Elect, 1991 House of Delegates

RESOLUTION 92-9: Identification of Organizations and Coalitions in Which the Pennsylvania Medical Society is a Member

RESOLVED, That the Pennsylvania Medical Society provide the House of Delegates with an annual summary or list of:

1. all organizations or coalitions outside the corporate structure of Pennsylvania Medical Society of which the Pennsylvania Medical Society is a member;
2. the status or degree of membership involvement in these organizations, such as founder, participating member, or observer;
3. other members of the organization or coalition;
4. an outline of the goals and objectives of the organization or coalition;
5. the accomplishments of the organization or coalition; and
6. the financial contribution of Pennsylvania Medical Society to the organization; and be it further

RESOLVED, That a similar resolution be submitted to the American Medical Association, outlining the AMA participation in such organizations.

RESOLUTION 92-25: Newly Licensed Physician Status for Dues Payment

RESOLVED, That the Pennsylvania Medical Society consider a Bylaws change which will enable a physician to be recognized in the newly licensed status if their license is received within the same year as completion of the residency program provided they have not received a free year as a resident.

RESOLUTION 92-31: Pilot Program to Increase Membership by Reducing American Medical Association, Pennsylvania Medical Society, and County Medical Society Dues

RESOLVED, That the Pennsylvania Medical Society request the AMA to conduct a pilot program membership drive based on dues reduction in select counties. The pilot program would:

- last for two years;
- be implemented in a county medical society(ies) in a state(s) where no more than 50% of physicians are members;
- involve a significant reduction in dues (for example: 50% of AMA, state, and county medical society dues);
- involve an agreement whereby the AMA would reimburse the state and county medical societies for any loss of dues in the two-year period; and
- be funded from current AMA monies allocated to membership so that the pilot program does not incur additional costs to the AMA.

RESOLUTION 92-32: Dues Freeze and Prioritization of Society Activities

RESOLVED, That there be no increase in dues for the Pennsylvania Medical Society in 1993; and be it further

RESOLVED, That the Pennsylvania Medical Society House of Delegates mandate the Pennsylvania Medical Society Board of Trustees to prioritize all activities of the Society and to fund only the activities which can be afforded within the current dues income and any available nondues income; and be it further

RESOLVED, That the Pennsylvania Medical Society Board of Trustees keep the Pennsylvania Medical Society House of Delegates informed of their decisions.

ADDRESS OF THE PRESIDENT, ROBERT N. MOYERS, MD: Recommendation 1

ADDRESS OF THE PRESIDENT, ROBERT N. MOYERS, MD: Recommendation 2

ADDRESS OF THE PRESIDENT ELECT, DONALD G. FERGUSON, MD: Recommendation 3

The House adopted the waiver of debate items.

Mr. Speaker, your reference committee recommends not for adoption:

RESOLUTION 92-10: Establishment of a Registry for Physicians

RESOLVED, That the Pennsylvania Medical Society establish a registry for physicians to include the listing of complaints and grievances that have been received about specific attorneys in their communities; and be it further

RESOLVED, That this registry function as a clearinghouse to provide an inquiring physician with the name(s) of other physician(s) who have also encountered problems in dealing with an individual attorney.

The House did not adopt the waiver of debate item.

Mr. Speaker, your reference committee recommends for referral to the Board of Trustees for report back to the House of Delegates:

RESOLUTION 92-33: Installment Payment of Dues

RESOLVED, That the Pennsylvania Medical Society take the necessary legal and administrative steps to offer physicians the option of paying dues on at least a quarterly installment basis; and be it further

RESOLVED, That the Pennsylvania Medical Society offer installment payment of dues through its own resources and not that of a subsidiary, financial institution, or other entity; and be it further

RESOLVED, That the option of this installment payment of dues process be made available to physicians on all billing statements and membership solicitations; and be it further

RESOLVED, That the Pennsylvania Medical Society present the installment payment of dues as the expected and preferred choice of physicians.

It was moved and seconded from the floor of the House to adopt Resolution 92-33. It was moved and seconded to table action on Resolution 92-33 until Sunday morning, October 25, 1992; the House approved the motion.

Mr. Speaker, your reference committee recommends filing:

NECROLOGY REPORT, BOARD OF TRUSTEES

REPORT A, BOARD OF TRUSTEES

REPORT R, BOARD OF TRUSTEES

REPORT V, BOARD OF TRUSTEES

REPORT A, COUNCIL ON MEMBERSHIP

REPORT B, COUNCIL ON MEMBERSHIP

REPORT C, COUNCIL ON MEMBERSHIP

REPORT D, COUNCIL ON MEMBERSHIP

REPORT A, COMMITTEE ON MEDICAL BENEVOLENCE

REPORT A, ADVISORY COMMITTEE ON PROFESSIONALISM

REPORT A, YOUNG PHYSICIANS SECTION

REPORT A, RESIDENT PHYSICIAN SECTION

REPORT A, MEDICAL STUDENT SECTION

REPORT A, SECRETARY

REPORT A, TREASURER

REPORT A, PENNSYLVANIA DELEGATION TO THE AMA

REPORT A, THE EDUCATIONAL AND SCIENTIFIC TRUST

REPORT A, AUDITOR

REPORT A, EXECUTIVE VICE PRESIDENT

TRUSTEE REPORTS: FIRST THROUGH TWELFTH DISTRICT, SPECIALTY, HOSPITAL MEDICAL STAFF, YOUNG PHYSICIAN, RESIDENT PHYSICIAN, AND MEDICAL STUDENT

REPORT OF THE PENNSYLVANIA MEDICAL SOCIETY AUXILIARY, MRS. VICTOR F. GRECO, PRESIDENT

ADDRESS OF THE PRESIDENT, ROBERT N. MOYERS, MD

ADDRESS OF THE PRESIDENT ELECT, DONALD G. FERGUSON, MD

The House approved filing the waiver of debate items.

Remarks of AMA Representative

John H. Hobart, MD, chairman of the Board of Trustees, introduced Raymond Scalettar, MD, chairman of the AMA Board of Trustees, who briefly addressed the House.

Recognition of Dr. Edmiston

Dr. Hobart recognized Robert B. Edmiston, MD, Senior Vice President for Professional Affairs at Blue Shield, who is retiring at the end of the year after 19 years with Blue Shield.

Nominations and Elections

In accordance with Standing Rule 10 (adopted October 22, 1982), nominations of delegates to the AMA were held Friday morning, October 23, 1992, and elections were held Saturday morning, October 24, 1992. Nominations for vice president were also held Friday morning, October 23, 1992. Nominations for all other offices were held on Saturday, October 24, 1992, and voting for those offices contested was held Sunday morning,

October 25, 1992. As mandated by Resolution 89-2, Publishing the Results of Elections, the following is an account of those elections.

The new officers for 1992-93 are:

President: Donald G. Ferguson, MD (Allegheny), was installed as the president.

President Elect: Martin A. Murcek, MD (Westmoreland), acceded to the office of president elect.

Vice President: John H. Hobart, MD (Lackawanna), was elected by acclamation as vice president.

Speaker: Jonathan E. Rhoads Jr., MD (York), was elected by acclamation as speaker.

Vice Speaker: Howard A. Richter, MD (Delaware), was elected by acclamation as vice speaker.

The following trustees were elected by acclamation:

First District: George R. Fisher III, MD (Philadelphia)

Third District: John J. McAndrew, MD (Lackawanna)

Eighth District: Robert L. Lasher, MD (Erie)

Ninth District: John W. Mills, MD (Indiana)

New Thirteenth District: Carol E. Rose, MD (Allegheny)

Hospital Medical Staff: Lee H. McCormick, MD

Young Physicians: Richard J. Greco, MD

Medical Students: Rebecca Kunkel

Wilma C. Light, MD (Westmoreland) was reelected by acclamation to serve a three-year term on the Committee to Nominate Delegates and Alternates to the AMA.

Betty L. Cottle, MD (Blair), was elected to a three-year term on the Society's Judicial Council with 122 votes; Thomas J. Kardish, MD (Bucks), received 68 votes; and Charles A. Laubach Jr., MD (Montour), received 31 votes. Henry H. Fetterman, MD (Lehigh), was elected to a one-year term on the Society's Judicial Council with 102 votes; Ernest L. Abernathy, MD (Washington), received 42 votes; and David L. Miller, MD (Clarion), received 77 votes.

Report of the Committee to Nominate Delegates and Alternates to the AMA

The nominations of the Committee to Nominate Delegates and Alternates to the American Medical Association were published on pages 1 and 2 of the *Official Reports Book*. The following were elected for 12 two-year AMA delegate positions beginning January 1, 1993, and expiring December 31, 1994: R. William Alexander, MD (Berks—221 votes); Richard D. Baltz, MD (Dauphin—173 votes); Doris G. Bartuska, MD (Philadelphia—208 votes); Joseph B. Blood Jr., MD (Bradford—195 votes); Betty L. Cottle, MD (Blair—212 votes); James B. Donaldson, MD (Philadelphia—211 votes); Victor F. Greco, MD (Luzerne—196 votes); Lee H. McCormick, MD (Allegheny—230 votes); John S. Parker, MD (Westmoreland—199 votes); Howard A. Richter, MD (Delaware —233 votes); Roberta L. Schneider, MD (Montgomery—224 votes); and Donald H. Smith, MD (Northampton—232 votes). The following is an account of the votes received by those not elected to AMA delegate positions: George F. Buerger Jr., MD (Allegheny—161 votes); Jay L. Funkhouser, MD (Beaver—106 votes); and Alan H. Schragger, MD (Lehigh—139 votes).

The following were elected for 11 two-year AMA alternate delegate positions beginning January 1, 1993, and expiring December 31, 1994: Elias Abrutyn, MD (Philadelphia—199 votes); George F.

Buerger Jr., MD (Allegheny—191 votes); Charles J. Cattano, MD (Allegheny—208 votes); Robert G. Doe, MD (Lancaster—179 votes); Thomas F. Freenock Jr., MD (Delaware—175 votes); Mark S. Friedlander, MD (York—195 votes); Jay L. Funkhouser, MD (Beaver—161 votes); Robert M. Kemp, MD (Lancaster—217 votes); John A. Malcolm Jr., MD (Union—212 votes); Carl A. Sirio, MD (Dauphin—197 votes); and Ferdinand L. Soisson Jr., MD (Cambria—164 votes). The following were elected for 3 one-year AMA alternate delegate positions beginning January 1, 1993, and expiring December 31, 1993: Isadore Brodsky, MD (Philadelphia—132 votes); Julian Katz, MD (Philadelphia—118 votes); and John D. Lane, MD (Bucks—127 votes).

James M. Brian was reelected by acclamation to the slotted AMA alternate delegate position for a medical student for a one-year term beginning January 1, 1993, and expiring December 31, 1993. Michael P. Moulton, MD, was elected by acclamation to the slotted AMA alternate delegate position for a resident physician for a one-year term beginning January 1, 1993, and expiring December 31, 1993.

Reference Committee C

Presented by: R.L. Furigay, MD

Mr. Speaker, members of the House of Delegates, Reference Committee C has considered all of the items in the index.

RESOLUTION 92-6: Guidelines for Certifiction of Home Health Care

RESOLVED, That the Pennsylvania Medical Society and the American Medical Association review the guidelines for the extension of health care beyond hospitalization, including:

1. the timeliness of treatment plans to physicians for certification;

2. the timeliness of status reports of patient progress and recertification in acute and chronic illnesses and the quality of information in these status reports; and be it further

RESOLVED, That the Pennsylvania Medical Society and the American Medical Association make such information available to its membership with appropriate recommendations for improvement.

Mr. Speaker, your reference committee recommends that Resolution 92-6 be referred for study.

Resolution 92-6 calls on the Society and the AMA to review the guidelines for the extension of health care beyond hospitalization, including:

• the timeliness of treatment plans to physicians for certification;

• the timeliness of status reports of patient progress and recertification in acute and chronic illnesses and the quality of information in these status reports; and further asks the Society and the AMA to make such information available to its membership with appropriate recommendations for improvement.

Your reference committee heard minimal testimony and the issue of reimbursement was questioned. After consulting with the author, your reference committee recommends that this resolution be referred for study.

The House approved referring Resolution 92-6.

RESOLUTION 92-28: Change in KePRO Criteria for Rejection of Payment

RESOLVED, That the Pennsylvania Medical Society urge KePRO to notify affected physicians no less than 90 days in advance of implementation of changed criteria likely to result in denial of Medicare reimbursement.

Mr. Speaker, your reference committee recommends that Resolution 92-28 be amended by addition as follows:

RESOLVED, That the Pennsylvania Medical Society urge KePRO to notify affected physicians no less than 90 days in advance of implementation of *new or* changed criteria likely to result in denial of Medicare reimbursement; and be it further

RESOLVED, That the Pennsylvania Medical Society request HCFA to provide PROs with timely notification of new or changed criteria to allow for 90-day advance notification to physicians.

Mr. Speaker, your reference committee recommends that Resolution 92-28 be adopted as amended.

Resolution 92-28 calls on the Society to urge KePRO to notify affected physicians no less than 90 days in advance of implementation of changed criteria likely to result in denial of Medicare reimbursement.

Your reference committee heard considerable testimony in support of this resolution. KePRO supports this resolution as well and testified that HCFA establishes timeframes for implementation of changed criteria which generally does not allow for 90 days advance notice to physicians. Your reference committee is aware that a similar resolution was adopted by the Pennsylvania Medical Society House a year ago and subsequently adopted by the AMA House. Your reference committee, however, feels this issue merits reaffirmation with HCFA as well as KePRO.

The House adopted as amended Resolution 92-28.

RESOLUTION 92-53: KePRO Response Information

RESOLVED, That KePRO include a description of the proper sequence of response to quality issues in each communication which involves a potential level 2 or level 3 penalty (such as the quality issue guidelines which should be continually updated as regulations change); and be it further

RESOLVED, That the Pennsylvania Medical Society have an ombudsman who will assist members in properly responding to KePRO upon request.

Mr. Speaker, your reference committee recommends that the second resolved of Resolution 92-53 be amended by deletion and addition as follows:

RESOLVED, That the Pennsylvania Medical Society [have a] *study the issue of providing* an ombudsman who will assist members in properly responding to KePRO upon request.

Mr. Speaker, your reference committee recommends that Resolution 92-53 be adopted as amended.

Resolution 92-53 requests that KePRO include a description of the proper sequence of response to quality issues in each communication which involves a potential level II or level III penalty and further requests the Society to have available an ombudsman who could assist members in properly responding to KePRO upon request.

Your reference committee heard considerable testimony in support of this resolution. KePRO supports this resolution as well. The type of individual required to fill the role of an ombudsman was unclear; and therefore, this issue warrants further study.

It was moved and seconded from the floor of the House to adopt Resolution 92-53 as originally written. It was moved and seconded from the floor of the House to amend the second resolved by deleting the word, "have," and inserting the words, "endorse the concept of providing" after the words, "RESOLVED, That the Pennsylvania Medical Society. . ."; and by inserting the following words at the end of the second resolved, "and that the mechanics of providing the ombudsman be decided jointly by the Boards of Pennsylvania Medical Society and KePRO." The House approved the amendment.

It was moved and seconded from the floor of the House to further amend Resolution 92-53 by the addition of the following additional third resolved, "RESOLVED, That the Pennsylvania Medical Society recommend to hospital medical staffs that members of their staffs responding to KePRO quality concerns have their written responses reviewed by the hospital medical staff utilization review committee chairman or an equivalent individual prior to sending them to KePRO." The House approved the amendment. The House adopted Resolution 92-53 as amended.

RESOLUTION 92-37: Physician Referrals

RESOLVED, That the Pennsylvania Medical Society support the physician's use of any facility providing procedural services, laboratory, diagnostic and other testing services which the physician determines to be in the best interest of the

patient's health and well-being; and be it further

RESOLVED, That if a physician has a financial interest in the facility, that financial interest should be disclosed and alternate facilities offered.

Mr. Speaker, your reference committee recommends that Resolution 92-37 be adopted.

Resolution 92-37 calls on the Society to support the physician's use of any facility providing procedural services, laboratory, diagnostic, and other testing services which the physician determines to be in the best interest of the patient's health and well-being; and further, if a physician has a financial interest in the facility, that financial interest should be disclosed and alternate facilities offered.

It was moved and seconded from the floor of the House to refer Resolution 92-37 for study. An editorial revision was offered from the floor of the House to refer Resolution 92-37 for decision. The House rejected the motion. The House adopted Resolution 92-37.

RESOLUTION 92-54: National Physican Credentials Verification Service

RESOLVED, That the Pennsylvania Medical Society encourage physicians to utilize the National Physician Credentials Verification Service (NCVS) to facilitate hospital and other related credentialing.

RESOLUTION 92-56: Acceptance of National Physician Credentials Verification Service for Completion of Licensure

RESOLVED, That the Pennsylvania Medical Society work with the State Medical Board to accept the National Physician Credentials Verification Service (NCVS) for completion of licensure. (Note: National Practitioner Data Bank letters of references and report of state board disciplinary actions would not be included and would still require separate covers).

Mr. Speaker, your reference committee recommends that the following substitute Resolution 92-54 be adopted in lieu of Resolutions 92-54 and 92-56.

RESOLVED, That the Pennsylvania Medical Society encourage physicians to utilize the National Physician Credentials Verification Service to facilitate hospital and other related credentialing; and be it further

RESOLVED, That the Pennsylvania Medical Society work with the State Board of Medicine to accept the National Physician Credentials Verification Service for completion of licensure.

Resolution 92-54 calls on the Society to encourage physicians to utilize the National Physician Credentials Verification Service to facilitate hospital and other related credentialing. Resolution 92-56 calls on the Society to work with the State Board of Medicine to accept the National Physician Credentials Verification Service for completion of licensure.

Your reference committee heard no testimony regarding these two resolutions. Because these two resolutions address specific utilization of the National Physician Credentials Verification Service in both hospital credentialing and licensure by the State Board of Medicine, your reference committee has combined them for your consideration.

Your reference committee wishes to note that the National Practitioner Data Bank letters of reference and reports of state board disciplinary actions would not be included and would still require separate covers.

It was moved and seconded from the floor of the House to amend the second resolved of substitute Resolution 92-54 by inserting the words, "enact legislation if necessary" after the words, "RESOLVED, That the Pennsylvania Medical Society work with the State Board of Medicine to"; the House approved the amendment. It was moved and seconded from the floor of the House to further amend the second resolved by changing the words "State Board of Medicine" to "Bureau of Professional and Occupational Affairs"; the House approved the amendment. It was moved and seconded from the floor of the House to further amend the substitute resolution by the addition of the following third resolved: "RESOLVED, That the House instruct the AMA delegation to work in facilitating JCAHO acceptance of the NCVS in lieu of required multiple primary verification sources." The House adopted as amended substitute Resolution 92-54.

REPORT O, BOARD OF TRUSTEES: Report T, Resolution 90-48: Reporting of Pennsylvania Hospitals' Annual Advertising Cost to the Pennsylvania Health Care Cost Containment Council (PHC4)

Mr. Speaker, your reference committee recommends that Report O be amended by deletion as follows:

Lines 39 and 40: [The above information was conveyed to the author of Resolution 90-48. The Task Force and the author agreed that this issue, under the circumstances, was not going to be addressed by the PHC4.]

Line 41: [It was also agreed, however, that]

Mr. Speaker, your reference committee recommends that Report O be adopted as amended.

Report T, 1991, Board of Trustees was referred back to the Board for additional study. Resolution 90-48 called for the reporting of hospital advertising cost to the PHC4. As Report O indicates, reporting of these advertising costs is not feasible at this time for reasons as outlined in the report.

Your reference committee heard minimal testimony in support of Report O. It was felt that by deletion of lines 39, 40, and part of 41 the report more clearly indicates the Society's intent to raise the issue of publication of hospital advertising costs with the PHC4 should they continue beyond sunset.

The House adopted as amended Board Report O.

REPORT CC, BOARD OF TRUSTEES: Society Policy on Certificate of Need

Mr. Speaker, your reference committee recommends that Report CC be adopted.

Report CC calls on the Society to approve the position statement on Certificate of Need as outlined in the attachment to Report CC.

Your reference committee heard no testimony regarding Report CC and therefore recommends Report CC be adopted.

The House adopted Board Report CC.

Waiver of debate list

The following items have been grouped together in a waiver of debate list; little or no testimony was heard, and the committee feels that the items are of noncontroversial nature.

Mr. Speaker, your reference committee recommends that the following three items be filed:

REPORT A, COUNCIL ON MEDICAL PRACTICE

REPORT A, HOSPITAL MEDICAL STAFF SECTION (HMSS)

REPORT A, KEYSTONE PEER REVIEW ORGANIZATION (KePRO)

The House approved filing the waiver of debate items.

Dr. Rhoads recognized Lewis T. Patterson, MD (Dauphin), who briefly addressed the House regarding the Pennsylvania Medical Political Action Committee (PaMPAC), which he chairs.

Reference Committee D

Presented by: John Helwig Jr., MD

Mr. Speaker, members of the House of Delegates, Reference Committee D has considered all of the items in the index.

REPORT T, BOARD OF TRUSTEES: Resolution 91-24, Pennsylvania Medical Society Legislative Lobbying Process

Mr. Speaker, your reference committee recommends that Board of Trustees Report T be adopted in lieu of amended Resolution 91-24.

This report details Society activity aimed at improving legislative and regulatory lobbying efforts.

We did hear discussion on the availability of the weekly legislative updates prepared by the Division on Governmental Affairs when the General Assembly is in session. Although there is no mandate in this report, we certainly believe that this information can be made available to county and specialty society presidents on request. We should be mindful that any large-scale dissemination of such a report should be coordinated

with the operations of the Communications Division.

The House adopted Board Report T.

RESOLUTION 92-63: Workers' Compensation Reform

RESOLVED, That the Pennsylvania Medical Society oppose any tie-in to the Medicare payment system for the workers' compensation bills pending in the Pennsylvania legislature.

Mr. Speaker, your reference committee recommends that Resolution 92-63 be amended by addition and deletion as follows:

RESOLVED, That the Pennsylvania Medical Society [abandon support] oppose a permanent tie-in to the Medicare payment system for the workers' compensation bills pending in the Pennsylvania legislature.

Mr. Speaker, your reference committee recommends that Resolution 92-63 be adopted as amended.

The original language of this resolution would have re-directed the current policy position of the Society on the important issue of workers' compensation reform.

We heard extensive testimony and received clarification from the author regarding the intent of this resolution. We believe that the amended resolve reflects the true intent of the author and also concurs with our current lobbying activity. We also heard strong commendations for the valuable work of Society President Robert N. Moyers, MD, and the Quick Response Committee on this issue.

The House adopted as amended Resolution 92-63.

RESOLUTION 92-11: Adequate Reimbursement for Medical Services in Accident Cases Involving Medical Assistance and Settlement or Trial Awards

RESOLVED, That the Pennsylvania Medical Society work toward the introduction of legislation that would allow physicians to collect appropriate fees for their services until settlement of a legal case and reimburse Medical Assistance for payment previously made.

Mr. Speaker, your reference committee recommends that Resolution 92-11 be adopted.

This resolution directs the Society to seek legislation allowing physicians to collect appropriate fees for treatment of Medical Assistance patients when legal subrogation activity provides the patient with reimbursement at a rate higher than the Medical Assistance allowance.

There was only favorable testimony on this resolution.

The House adopted Resolution 92-11.

RESOLUTION 92-13: Tort Reform

RESOLVED, That the Pennsylvania Medical Society continue its high priority efforts to promote meaningful tort reform in Pennsylvania and encourage all possible efforts to introduce legislation to achieve this end.

Mr. Speaker, your reference committee recommends that Resolution 92-13 be adopted.

This resolution advocates continued activity to achieve meaningful tort reform in Pennsylvania.

Your reference committee heard an update on activity over the past year with regard to the medical liability reform issue and many pleas for continued efforts on this issue. We noted with appreciation the work done by the Council on Governmental Relations and the Quick Response Committee on this critically important issue. We are further encouraged by the fact that the Board of Trustees has included tort reform as a priority issue for 1993.

The House adopted Resolution 92-13.

RESOLUTION 92-23: Requirement for Annual Medical Evaluations—Clients of County MH/MR Offices and Service Agencies

RESOLVED, That the Pennsylvania Medical Society promulgate consultation and coordination between governmental units that issue health care regulations so that said regulations conform to sound and uniform medical standards, and so that government sets an example in controlling health care costs; and be it further

RESOLVED, That the resulting regulations are distributed to individual agencies and county MH/MR offices are clear, explicit, and unequivocal directives, not open to individual interpretation; and be it further

RESOLVED, That the Pennsylvania Medical Society expand the scope of PROJECT PENNSYLVANIA so that physicians could aid the MH/MR offices and service agencies in monitoring this process without adding a burden to their operating costs.

Mr. Speaker, your reference committee recommends that Resolution 92-23 be referred to the Board of Trustees.

This resolution calls for the Society to facilitate the implementation of government regulations regarding the medical evaluation of clients of county MH/MR offices and service agencies. It also recommends expanding the scope of PROJECT PENNSYLVANIA.

Your reference committee believes that study is necessary to specify the appropriate changes needed in the current system and to develop a proposal which will maximize possible cost containment aspects while assuring conformance with uniform medical standards as noted in the resolution.

The House approved referring Resolution 92-23.

RESOLUTION 92-29: Managed Care Plans—Patient's Acceptance Requirement

RESOLVED, That the Pennsylvania Medical Society seek regulatory or legislative action opposing provisions in HMO physicians' contracts that prohibit the physician from discontinuing acceptance of that HMO's members.

Mr. Speaker, your reference committee recommends that Resolution 92-29 be referred to the Board of Trustees.

This resolution seeks action to prohibit HMO physician contracts from including language which would limit the right of physicians to close their practice to new patients.

After hearing supportive testimony, we recommend further study to review the legality of both current actions and possible remedies to this situation.

It was moved and seconded from the floor of the House to adopt Resolution 92-29. The House approved the motion. The House adopted Resolution 92-29.

RESOLUTION 92-36: CLIA '88 Act

RESOLVED, That the Pennsylvania Medical Society oppose any regulatory or legislative action at the state level to adopt more stringent laboratory standards than those incorporated in the final regulations to CLIA '88.

Mr. Speaker, your reference committee recommends that Resolution 92-36 be adopted.

Resolution 92-36 recommends that the Society oppose any effort at the state level to adopt clinical laboratory standards which may be more stringent than CLIA '88.

The author testified in support of this resolution. While there is no present legislation pending in Pennsylvania, we are in agreement with the objective of having this policy in place before the introduction of such a bill.

The House adopted Resolution 92-36.

RESOLUTION 92-40: Provider-Specific Taxes

RESOLVED, That the Pennsylvania Medical Society oppose any attempt to levy taxes on professional physician and other health care providers' services, whether to fund specific health care programs or as a general revenue fund enhancement.

Mr. Speaker, your reference committee recommends that Resolution 92-40 be adopted.

This resolution would create a proactive and definitive policy against the levying of taxes on physician and other health care providers' services.

We believe that adoption of this policy will be well served as the debate on health care evolves.

The House adopted Resolution 92-40.

Waiver of debate list

The following items have been grouped together in a waiver of debate list; no testimony was heard, and the committee believes that the items are of a noncontroversial nature.

Mr. Speaker, your reference committee recommends that the following two items be adopted.

RECOMMENDATION 1, ADDRESS OF THE PRESIDENT ELECT, DONALD G. FERGUSON, MD: Strengthen Legislative Program

REPORT AA, BOARD OF TRUSTEES: Report F, Resolution 89-60: Advertisement Encouraging the Filing of Malpractice Lawsuits

The House adopted the waiver of debate items.

Mr. Speaker, your reference committee recommends that the following four items be filed.

REPORT Y, BOARD OF TRUSTEES: Workers' Compensation Legislation

REPORT II, BOARD OF TRUSTEES: Workers' Compensation Legislation

REPORT A, COUNCIL ON GOVERNMENTAL RELATIONS

REPORT A, PENNSYLVANIA MEDICAL POLITICAL ACTION COMMITTEE

The House approved filing the waiver of debate items.

Dr. Moyers briefly addressed the delegates regarding the workers' compensation issue. The delegates thanked Dr. Moyers for all his work on this issue.

Reference Committee E

Presented by: James J. Houser, MD

Mr. Speaker, members of the House of Delegates, Reference Committee E has considered all of the items in the index.

REPORT D, BOARD OF TRUSTEES: Medical Assistance Participation

Mr. Speaker, your reference committee recommends that Board of Trustees Report D be adopted.

Your reference committee heard testimony requesting the rate of participation of physicians as a result of modifications to the Medical Assistance Program. We believe periodic monitoring of the changes in participation should be reported to the House of Delegates.

It was moved and seconded from the floor of the House to amend Report D by the addition of the above paragraph. The House approved the motion. The House adopted as amended Board Report D.

REPORT P, BOARD OF TRUSTEES: 1991 Report N, Board of Trustees, Standards of Care

Mr. Speaker, your reference committee recommends that Board of Trustees Report P be adopted.

During the testimony, representatives of the Blue Cross/Blue Shield Association noted the differences in the use of the term "experimental" versus "investigational". It was noted that there should be consistency in the definitions applied to such procedures.

It was moved and seconded from the floor of the House to refer Report P back to the Board. The House approved the motion. The House approved referring Board Report P.

RESOLUTION 92-7: Physician Fee and Service Review

RESOLVED, That the Pennsylvania Medical Society resume peer review of physician fees and services, and implement this mechanism as soon as possible; and be it further

RESOLVED, That the Pennsylvania Medical Society disseminate appropriate information to county medical societies who wish to undertake peer review of physician fees and services at the county level.

Mr. Speaker, your reference committee recommends that Resolution 92-7 be amended by deletion of the first resolved.

Mr. Speaker, your reference committee recommends Resolution 92-7 be adopted as amended.

Resolution 92-7 asks the Society to conduct peer review of physicians' fees and services, and to develop a procedure which could be used by county medical societies to conduct such reviews.

Report Q of the Board of Trustees reported the chronology of Society activities in the area of peer and utilization review, and indicated the Society rationale for discontinuation of such activities. Nothing in that report or in the discussion of the resolution provided additional information that would warrant resumption of such activities at the state level. Information was provided on activities currently ongoing within the state and out of state to deal with the appropriateness of physician fees and services. It was felt that the Society could be of service to county medical societies on these services through grievance procedures.

It was moved and seconded from the floor of the House that original Resolution 92-7 be referred to the Board. The House approved the motion. The House approved referring Resolution 92-7.

RESOLUTION 92-64: Projected Physician Reimbursement Schedule for RBRVS

RESOLVED, That the Pennsylvania Medical Society ask the AMA to write a report outlining the specific RBRVS payment schedule for each year, for each physician category and for each section of the country until RBRVS is fully implemented; and be it further

RESOLVED, That a report be written excluding AMA's attempts to change portions of RBRVS; and be it further

RESOLVED, That these reports be written so that each physician can calculate for themselves their percentage change or actual reimbursement so that they can make appropriate financial plans for their future.

Mr. Speaker, your reference committee recommends that Resolution 92-64 not be adopted.

Resolution 92-64 directs the Society to ask the AMA to outline the RBRVS payment schedules for future years by physician category.

While testimony indicated sympathy for the concept embodied by this resolution, practical implementation appears impossible due to the many changes anticipated to occur related to the RBRVS payment system and their impact on future calculations.

It was moved and seconded from the floor of the House to refer Resolution 92-64. The House approved the motion. The House approved referring Resolution 92-64.

RESOLUTION 92-8: Opposition to the American Hospital Association Policy on Health Care Reform

RESOLVED, That the Pennsylvania Medical Society withhold support for community health care network demonstration projects and oppose the American Hospital Association policy for health care reform until the American Hospital Association revises its policy to restore the rights of physicians to professional and financial independence in any proposed system of health care reform.

Mr. Speaker, your reference committee recommends that Resolution 92-8 be amended by deletion and addition as follows:

RESOLVED, That the Pennsylvania Medical Society [withhold support for] continue to monitor community health care network demonstration projects; and be it further

RESOLVED, That the Society oppose the American Hospital Association policy for health care reform until the American Hospital Association revises its policy to restore the rights of physicians to professional and financial independence in any proposed system of health care reform.

Resolution 92-8 directs the Society to withhold support for community health care network demonstration projects and to oppose the American Hospital Association health care policy until it is revised to restore the rights of physicians to professional and financial independence in the proposed system for health care.

Testimony indicated that the Society is currently supporting certain health care demonstration projects related to the Medical Assistance program.

It was moved and seconded to amend the second resolved of Resolution 92-8 to read as follows: "RESOLVED, That the Pennsylvania Medical Society oppose the current American Hospital Association policy for health care reform and commit to ongoing efforts to work towards health care reform, including ongoing dialogue with the American Hospital Association." The House approved the motion. The House approved the reference committee's proposed amended first resolved. The House adopted as amended Resolution 92-8.

RESOLUTION 92-51: Medicare Statewide Charge Class

RESOLVED, That the Pennsylvania Medical Society petition HCFA for a

single statewide charge class for determination of Medicare payments to physicians.

Mr. Speaker, your reference committee recommends that Resolution 92-51 not be adopted.

Resolution 92-51 directs the Society to petition the Health Care Financing Administration for a single statewide charge class for determination of payment for Medicare services.

Considerable testimony indicated that this proposal would not receive the overwhelming physician support necessary for consideration of such change by HCFA. Testimony did point to the need for the Society to remain active in ways to promote access to health care to the Medicare patient in rural areas of the state as defined by HCFA.

The House did not adopt Resolution 92-51 by a vote of 76 to 94.

RESOLUTION 92-3: Arbitary and Unfair Differential Payment of Physicians

RESOLVED, That the Pennsylvania Medical Society work toward repeal of such laws which direct such arbitrary and unfair differential payment of physicians, utilizing its staff and any other legal and appropriate means at its disposal to accomplish this task; and be it further

RESOLVED, That the Pennsylvania Medical Society work toward legislation to make such arbitrary, unfair, and differential payment unlawful.

Mr. Speaker, your reference committee recommends that the first resolved be amended by substitution as follows:

RESOLVED, That the Pennsylvania Medical Society direct communication to the Governor and all Pennsylvania Legislators that the Automobile Insurance Reform Act (Act 6) is arbitrary and promotes unfair differential payment of physicians, and that this law acts as a deterrent to the recruitment and retention of physicians and contribute to earlier retirement, and be it further

Mr. Speaker, your reference committee recommends that Resolution 92-3 be adopted as amended.

Resolution 92-3 directs the Society work to repeal laws, such as the Automobile Insurance Reform Act (Act 6), which permit the arbitrary differential payment of physicians for the same services, and to make such practices unlawful.

Your reference committee heard testimony indicating that a more positive approach to the goal of this resolution would be to bring to the attention of state legislators and others the possible impediments to patient access and care caused by these discriminatory practices.

The House adopted as amended Resolution 92-3.

RESOLUTION 92-30: Continuity of Care

RESOLVED, That the Pennsylvania Medical Society strongly endorse the provision of adequate transition periods at times of provider organization change in order to reduce the potential for harm to patients; and be it further

RESOLVED, That the Pennsylvania Department of Insurance require such transition periods when patients are forced to change physicians due to provider organization or insurance company changes.

Mr. Speaker, your reference committee recommends that Resolution 92-30 be adopted.

Resolution 92-30 asks that the Society endorse the principle of an adequate transition period be provided when patients are forced to change physicians due to a provider organization or insurance plan change and work to make that principle a requirement of the state Insurance Department.

Your reference committee heard testimony which supported the concept of providing a reasonable opportunity for physician services to be continued when transition occurs from insurance plans or insurance carriers.

The House adopted Resolution 92-30.

RESOLUTION 92-41: Laboratory Panels

RESOLVED, That organ oriented panels for laboratory studies should be maintained in the *CPT* code manual and should be reconstructed through the use of consultants who have extensive experience utilizing such laboratory studies for the evaluation of disease states; and be it further

RESOLVED, That the Pennsylvania Medical Society work with the local carriers so that appropriate reimbursement be continued without interruption.

Mr. Speaker, your reference committee recommends that Resolution 92-41 be adopted.

Resolution 92-41 asks that the Society work to revise and maintain organ oriented laboratory panels in the *Current Procedural Terminology* manual for use by physicians.

Testimony heard indicated that, while some change has taken place related to these panels, ongoing monitoring of this issue is required.

The House adopted Resolution 92-41.

RESOLUTION 92-43: Reimbursement for Concurrent Care

RESOLVED, That concurrent care provided by a medical subspecialist, as requested by the attending physician, be reimbursed when medically necessary; and be it further

RESOLVED, That the Pennsylvania Medical Society interact with HCFA to obtain a clear definition of concurrent care and help that organization in the development of appropriate medical-medical concurrent care guidelines; and be it further

RESOLVED, That the Pennsylvania Medical Society urge HCFA to direct its Medicare carriers to follow this nationally uniform reimbursement definition for concurrent care and that the interpretation of concurrent care is not left to the local carrier.

RESOLUTION 92-44: Concurrent Care

RESOLVED, That the Pennsylvania Medical Society pursue actions to assure that reimbursement for providing daily care is rendered to the attending physician.

Mr. Speaker, your reference committee recommends that the following substitute Resolution 92-43 be adopted in lieu of Resolutions 92-43 and 92-44.

RESOLVED, That concurrent care provided by a physician, as requested by the attending physician, be reimbursed when medically necessary; and be it further

RESOLVED, That the Pennsylvania Medical Society interact with HCFA to obtain a clear definition of concurrent care and help that organization in the development of appropriate intraspecialty concurrent care guidelines; and be it further

RESOLVED, That the Pennsylvania Medical Society urge HCFA to direct its Medicare carriers to follow this nationally uniform reimbursement definition for concurrent care and that the interpretation of concurrent care is not left to the local carrier; and be it further

RESOLVED, That the Pennsylvania Medical Society pursue actions to assure that reimbursement for providing daily care is rendered to the attending physician.

Resolution 92-43 asks the Society to seek a clear definition of concurrent care and uniform guidelines for the use and reimbursement of such care under Medicare. Resolution 92-44 calls for the Society to pursue actions to ensure reimbursement for daily care rendered by the attending physician.

Because these two resolutions address similar issues, your reference committee has combined them for your consideration. Both resolutions deal with the medical necessity and appropriateness of reimbursement for various forms of care provided to patients concurrently.

It was moved and seconded from the floor of the House to amend the second resolved of substitute Resolution 92-43 by inserting the words, "interspecialty and" before the word, "intraspecialty"; the House approved the amendment. It was moved and seconded from the floor of the House to further amend substitute Resolution 92-43 by the addition of the following resolved: "RESOLVED, That this issue also be referred to the American Medical Association." The House approved the amendment. The House adopted as amended substitute Resolution 92-43.

RESOLUTION 92-45: Tax Exemption of Health Care Expenses

RESOLVED, That the Pennsylvania Medical Society endorse the concept of

equal tax exemption for all health care expenses, regardless of the form of employment, and regardless of whether health insurance is used to pay for it; and be it further

RESOLVED, That the Pennsylvania Medial Society work for the adoption of this policy at the AMA and work to execute legislative implementation to the best of its ability.

Mr. Speaker, your reference committee recommends that Resolution 92-45 be adopted.

Resolution 92-45 asks the Society to endorse the concept of equal tax exemption for all health care expenses regardless of method of payment and to work for adoption of the policy at the national level.

Testimony indicated that the intent of this resolution would be consistent with the Society's efforts in health care reform.

The House adopted Resolution 92-45.

RESOLUTION 92-48: Electronic Billing

RESOLVED, That the Pennsylvania Medical Society seek through HCFA to insure that for electronic billing, hardware be a matter of personal choice or preference for physician users; that software packages provided by carriers be compatible with multiple operating systems and user friendly; that third parties provide updates of software to physicians operating within their system; and that a consistency of quality be maintained in software development and use for all; and be it further

RESOLVED, That the Pennsylvania Medical Society urge the AMA to take similar action.

Mr. Speaker, your reference committee recommends that Resolution 92-48 be adopted.

Resolution 92-48 asks the Society to seek to have the Health Care Financing Administration allow physicians to select their own computer hardware for use in electronic billing and insure that the necessary software is compatible and available for use.

Your reference committee heard testimony regarding the existence of current standards which would provide for the consistency of software for computerized billing. We would encourage investigation of these standards for use by third-party payors.

The House adopted Resolution 92-48.

RESOLUTION 92-50: Telephone Services

RESOLVED, That the Pennsylvania Medical Society support efforts to secure reimbursement for telephone management services.

Mr. Speaker, your reference committee recommends that Resolution 92-50 be adopted.

Resolution 92-50 asks the Society to support efforts to obtain reimbursement for telephone management services.

Testimony indicated that the AMA Council on Medical Service is currently working to develop definitions and guidelines for the appropriate use and reimbursement for such services.

It was moved and seconded from the floor of the House to amend Resolution 92-50 by deleting the word, "secure" and replacing it with the words, "remove any legal or contractual barriers to"; the House did not approve the amendment. The House adopted Resolution 92-50.

RESOLUTION 92-60: Pennsylvania Medigap Insurance

RESOLVED, That the Pennsylvania Medical Society lobby the Insurance Department to permit the sale of all 10 Medigap plans in Pennsylvania, including Plans F, G, and I.

Mr. Speaker, your reference committee recommends that Resolution 92-60 be adopted.

This resolution calls for the Pennsylvania Insurance Department to permit the sale of all 10 Medigap policies allowed by federal statute in the Commonwealth.

Your reference committee heard testimony that, in spite of current Insurance Department policy, Medicare recipients should have the opportunity to obtain coverage for Medicare excess charges for care received out-of-state.

The House adopted Resolution 92-60.

Waiver of debate list

The following items have been grouped together in a waiver of debate list; no testimony was heard, and the committee feels that the items are of a noncontroversial nature.

Mr. Speaker, your reference committee recommends for adoption.

REPORT C, BOARD OF TRUSTEES: Geriatrics as Valid Medical Specialty for Medicare

REPORT X, BOARD OF TRUSTEES: Tax Exempt Status of Blue Cross/Blue Sheild

The House adopted the waiver of debate items.

Mr. Speaker, your reference committee recommends for filing.

REPORT Q, BOARD OF TRUSTEES: 1991 Report Q, Board of Trustees, Third-Party Utilization Review

REPORT W, BOARD OF TRUSTEES: RBRVS Activities

REPORT BB, BOARD OF TRUSTEES: Society Policy on Health Care Reform

REPORT GG, BOARD OF TRUSTEES: Medicare Statewide Charge Class Option

REPORT A, COUNCIL ON MEDICAL ECONOMICS: Referrals From 1991 House of Delegates

RECOMMENDATION 4, ADDRESS OF THE PRESIDENT, ROBERT N. MOYERS, MD: Society Managed Care Initiative

The House approved filing the waiver of debate items.

Recess

The House of Delegates recessed at 4:47 p.m. for the inaugural program and reception.

Inaugural program and reception

The inaugural program was held at 6:30 p.m. in Exhibit Center of the Adam's Mark Hotel, Philadelphia.

Opening Remarks—Jonathan E. Rhoads Jr., MD, Speaker of the House of Delegates, presented opening remarks.

Master of Ceremonies—John H. Hobart, MD, Chairman of the Pennsylvania Medical Society Board of Trustees, presided as the master of ceremonies.

Invocation—The invocation was presented by The Very Reverend Jerome Michael Vereb, CP, of the Holy Family Monastery, West Hartford, Connecticut.

Pledge of Allegiance—John H. Hobart, MD, led the attendees in the pledge of allegiance.

Singing of "The National Anthem"—The National Anthem was sung by Dr. and Mrs. Edward L. Pan.

Introductions—John H. Hobart, MD, made the following introductions: Pennsylvania Medical Society officers and trustees; Pennsylvania Medical Society past presidents; Pennsylvania Medical Society Auxiliary president and immediate past president; and visiting dignitaries.

Presentation of Plaque to a Retiring Leader—Robert N. Moyers, MD, presented a plaque to John H. Hobart, MD.

Presentation of Past President's Medallion—John H. Hobart, MD, presented the president's medallion to Robert N. Moyers, MD, as the 142nd president.

Installation of the President—John H. Hobart, MD, installed Donald G. Ferguson, MD, as the 143rd President of the Pennsylvania Medical Society. After taking the oath of office, Dr. Ferguson delivered brief remarks.

Closing Remarks—Jonathan E. Rhoads Jr., MD presented closing remarks. Following the program, a reception was held in Grand Ballrooms A-F.

Final Session

October 25, 1992

The final session of the 1992 House of Delegates was called to order at 9:08 a.m. in the Exhibit Center of the Adam's Mark Hotel, Philadelphia.

Credentials Committee

James A. Morris Jr., MD, chairman, presented the following report.

Mr. Speaker, there is a quorum of 254 delegates registered and in attendance today. In addition, there is no representation in the House of Delegates from Bedford, Butler, Carbon, Greene, Indiana, McKean, Mifflin-Juniata, Perry, Susquehanna, Warren, Washington, and

Wyoming counties, and from the specialties of emergency medicine, gastroenterology, infectious diseases, nephrology, nuclear medicine, colon and rectal surgery, plastic surgery, endocrinology, otolaryngology, and cardiovascular surgery.

Reference Committee F

Presented by: Edward J. Owens, DO

Waiver of debate list

Mr. Speaker, your reference committee recommends for referral to the Board of Trustees for report back to the House of Delegates:

RESOLUTION 92-33: Installment Payment of Dues

RESOLVED, That the Pennsylvania Medical Society take the necessary legal and administrative steps to offer physicians the option of paying dues on at least a quarterly installment basis; and be it further

RESOLVED, That the Pennsylvania Medical Society offer installment payment of dues through its own resources and not that of a subsidiary, financial institution, or other entity; and be it further

RESOLVED, That the option of this installment payment of dues process be made available to physicians on all billing statements and membership solicitations; and be it further

RESOLVED, That the Pennsylvania Medical Society present the installment payment of dues as the expected and preferred choice of physicians.

It was moved and seconded from the floor of the House to refer Resolution 92-33 to the Board of Trustees. The House approved referring Resolution 92-33.

Reference Committee G

Presented by: Leo M. Hartz, MD

Mr. Speaker, members of the House of Delegates, Reference Committee G has considered all of the items in the index.

REPORT Z, BOARD OF TRUSTEES: Electromagnetic Fields (EMF)

Mr. Speaker, your reference committee recommends that Report Z be adopted.

This report reviews the evidence from theoretical, experimental, and epidemiologic sources that suggest a health hazard from EMF. The report concludes that this evidence is not conclusive. It suggests that physicians may wish to counsel concerned patients to adopt a strategy of "prudent avoidance" in order to reduce exposure without losing the benefits of electricity.

Your reference committee believes that this report addresses the issue in a reasonable manner and presents a rational strategy for dealing with patient concerns.

The House adopted Board Report Z.

RESOLUTION 92-5: Incinertion of Hazardous Waste

RESOLVED, That the Pennsylvania Medical Society seek a moratorium on the granting of any additional permits or extension of permits for hazardous waste incineration in Pennsylvania until the following public health concerns are adequately addressed by an independent study of hazardous waste incineration and its effect on the public health of the residents of Pennsylvania:

1. the use of cement kilns for incineration and effect of hazardous waste incineration in kilns;
2. the discharge of heavy metal atmospheric pollutants by incineration;
3. circulation of these heavy metal pollutants within the atmosphere, and the contamination of environmental life cycles in densely populated areas;
4. other carcinogenic emissions; and
5. protection of public from hazardous waste during transpiration and storage prior to incineration.

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Resolution 92-5.

RESOLVED, That the Pennsylvania Medical Society study the use of cement kilns for incineration of hazardous waste and the effect of hazardous waste incineration in cement kilns on public health and the environment.

Resolution 92-5 calls upon the Pennsylvania Medical Society to seek a moratorium on the granting of any hazardous waste incinerator permits or extension of any existing permits. The moratorium would only be lifted when public health concerns are adequately addressed by an independent study on incineration of hazardous waste.

Your reference committee heard much testimony expressing concerns about the incineration of hazardous waste. While your reference committee is sympathetic to these concerns, the moratorium called for by the resolution could prove to be counterproductive. Your reference committee also heard testimony stating that the moratorium would limit options for the disposal of hazardous waste while the waste would continue to be generated. In addition, much of this waste is generated by the medical community so the Society might be limiting its own members' options for disposal of waste by endorsing the moratorium.

Your reference committee understands that the Council on Education and Science is currently studying this issue. Your reference committee believes that the important issue of concern to the resolution's author is the use of cement kilns for incineration. Your reference committee wishes to have the Council study this form of incineration as a part of its effort.

It was moved and seconded from the floor of the House to refer Resolution 92-5 to the Board of Trustees for study. The House approved referring Resolution 92-5.

RESOLUTION 92-16: Appeals Process for Health Decisions

RESOLVED, That the Pennsylvania Medical Society work with the Pennsylvania Health Department to establish an appeals process for local public health decisions.

Mr. Speaker, your reference committee recommends that Resolution 92-16 be referred to the Board of Trustees for study.

The resolution calls for the Society to work with the Pennsylvania Department of Health in creating an appeals mechanism for decisions made by a county health department.

Your reference committee was sympathetic to this resolution but wishes to have the Society study the issue in order to create a uniform process for appeals. In addition, your reference committee wishes to see the Society recommend a timeframe for response to these appeals.

The House approved referring Resolution 92-16.

RESOLUTION 92-20: Pennsylvania Medical Society Policy on Abortion

RESOLVED, That the Pennsylvania Medical Society recognize the following three positions exist among its membership:

A. Those who believe that the pregnant woman, when concurred with by her physician, herself shall determine that abortion is necessitated in her case; this is sometimes referred to as the "pro-choice" position.

B. Those who believe that fetal life has intrinsic individual value, but this can be overridden by specific grave medical risks and by specific socially undesirable conditions facing the mother and/or child.

C. Those who believe that the unborn child, from the moment of fertilization, has absolute intrinsic value to that of any child already born and equal to the mother herself. Sometimes called the "pro-life" ethic, this position places a responsibility on the physician to counsel and advise against induced abortion on demand, and to provide positive alternatives for women with socially undesirable pregnancies; and be it further

RESOLVED, That the Pennsylvania Medical Society not endorse a single position on abortion to the exclusion of the others; and be it further

RESOLVED, That the Pennsylvania Medical Society ask the AMA to adopt the aforementioned policies.

Mr. Speaker, your reference committee recommends that Resolution 92-20 not be adopted.

The author of this resolution wishes to see the Pennsylvania Medical Society clarify its policy of having no policy on abortion to include no support for any of the positions listed in the resolution. The

resolution also asks the Society to call upon the AMA to adopt the position consistent with this resolution in its definition of the various positions on the abortion controversy.

Your reference committee believes that the Society should continue its policy of no position on abortion.

The House did not adopt Resolution 92-20.

RESOLUTION 92-34: Pesticide-Herbicide Toxicity Instruction

RESOLVED, That the Pennsylvania Medical Society encourage all medical schools and hospitals to provide educational courses in pesticide-herbicide toxicity; and be it further

RESOLVED, That the Pennsylvania Medical Society recommend to the AMA that the above resolved be promulgated nationally.

Mr. Speaker, your reference committee recommends that the first resolved of Resolution 92-34 be amended by deletion as follows:

RESOLVED, That the Pennsylvania Medical Society encourage all medical schools and hospitals to provide education[al courses] in pesticide-herbicide toxicity.

Mr. Speaker, your reference committee recommends that Resolution 92-34 be adopted as amended.

The resolution calls upon the Society to encourage hospitals and medical schools to provide courses on pesticide/herbicide toxicity. It also would obligate the Society to ask the AMA to seek this action nationally.

Your reference committee heard testimony from the Medical School Section suggesting this amendment. The author of Resolution 92-34 agreed to the amendment and your reference committee believes that it will satisfy all parties.

The House adopted as amended Resolution 92-34.

RESOLUTION 92-38: OSHA Regulations

RESOLVED, That the Pennsylvania Medical Society engage in a discourse with the Centers for Disease Control and the Occupational Safety and Health Administration to reach more reasonable requirements for implementation of OSHA regulations; and be it further

RESOLVED, That the Pennsylvania Medical Society urge the AMA to take similar action.

Mr. Speaker, your reference committee recommends that the following substitute resolution be adopted in lieu of Resolution 92-38.

RESOLVED, That the Pennsylvania Medical Society urge the AMA to engage in a discourse with the Centers for Disease Control and the Occupational Safety and Health Administration to reach more reasonable requirements for implementation of OSHA's bloodborne pathogens regulations.

This resolution would have the Pennsylvania Medical Society engage in negotiations with the Occupational Safety and Health Administration aimed at liberalizing its bloodborne pathogens regulations. The resolution does not specify any portion of the regulations which should be changed or how they should be changed. It also asks the Society to call upon the AMA to take the same action.

Your reference committee understands that the AMA has established communications with OSHA in order to have some influence upon these regulations. Your reference committee believes that the AMA is the appropriate body to address this issue. It is better for all state medical societies to use the AMA to determine what changes should be made to the standards and then push for those changes rather than having each state do so individually.

The House adopted substitute Resolution 92-38.

RESOLUTION 92-39: Drug Resistant Tuberculosis

RESOLVED, That the Pennsylvania Medical Society seek appropriate recognition of the seriousness of the evolving health care problem of drug-resistant tuberculosis; and be it further

RESOLVED, That the Pennsylvania Medical Society seek appropriate actions to decrease the risks of the exposure of health care workers and noninfected patients by the institution of isolation methods and air quality/control; and be it further

RESOLVED, That the Pennsylvania Medical Society urge that federal funding be increased to support research to develop new pharmaceuticals to treat drug-resistant tuberculosis.

Mr. Speaker, your reference committee recommends that the second resolved of Resolution 92-39 be amended by deletion and addition as follows:

RESOLVED, That the Pennsylvania Medical Society [seek] study appropriate actions to decrease the risks of the exposure of health care workers and noninfected patients [by the institution of isolation methods and air quality control].

Mr. Speaker, your reference committee recommends that Resolution 92-39 be adopted as amended.

The resolution asks the Society to seek appropriate recognition of drug-resistant tuberculosis as a threat to public health. It also calls for action to seek measures to protect health care workers and uninfected persons from this disease. Finally, it asks for the Society to seek increased federal funding to develop pharmaceuticals to treat the disease.

Your reference committee sees much merit in this resolution but believes that the second resolved is not clear as written since it does not specify what actions are to be taken. Your reference committee believes that the best way to handle the concerns expressed in the second resolved is to study the issue in order to formulate specific actions.

The House adopted as amended Resolution 92-39.

RESOLUTION 92-49: Tobacco and Smoking

RESOLVED, That the Pennsylvania Medical Society:

1. encourage reimbursement for smoking cessation efforts; and
2. seek support from state-level pharmaceutical organizations in order to generate (and to maintain) a list of all pharmacies which have voluntarily banned the sale of tobacco, for distribution to its membership; and be it further

RESOLVED, That the Pennsylvania Medical Society urge the AMA to:

1. encourage reimbursement for smoking cessation efforts;
2. seek, perhaps through its state-level component societies, support from state-level pharmaceutical organizations in order to generate (and to maintain) a list of all pharmacies which have voluntarily banned the sale of tobacco, for distribution to its membership; and
3. review the California state advertising campaign and issue a report regarding the advisability to recommend its nationwide use.

Mr. Speaker, your reference committee recommends that Resolution 92-49 be referred to the Board of Trustees for study.

This resolution asks the Society to encourage reimbursement for smoking cessation efforts and distribute a list of pharmacies which do not sell tobacco products. It also calls upon the Society to urge the AMA to adopt the same concepts and adds a study of the California anti-tobacco advertising initiative.

Your reference committee reviewed Report W of the Board of Trustees which was adopted by the 1991 House of Delegates. Much of what is called for in this resolution is contained within that report and is already being addressed by the Society. The Society should study those elements of the resolution not currently being undertaken in order to determine their merits.

The House approved referring Resolution 92-49.

RESOLUTION 92-57: Physician Living Will Information Kit

RESOLVED, That the Society publish a physician information kit regarding the withholding and withdrawing of life-sustaining medical care; and be it further

RESOLVED, That the living will information kit discuss the pertinent law and explain how physicians can use our patient brochure to help their patients prepare a living will and better communicate with their patients regarding end-of-life decisions in a compassionate and timely fashion; and be it further

RESOLVED, That the availability of the living will information kit be

communicated to our members in our publications; and be it further

RESOLVED, That the living will information kit be provided to our members upon their request as a member benefit free of charge; and be it further

RESOLVED, That the living will information kit be provided to nonmembers upon their request at the market price.

Mr. Speaker, your reference committee recommends that Resolution 92-57 be adopted.

This resolution calls for the Pennsylvania Medical Society to create a living will kit containing relevant information concerning withholding or withdrawal of life-sustaining medical care. The kit would be publicized and offered free-of-charge to members. Non-members would be charged "market price" for the kit.

Your reference committee believes that this resolution is quite clear and that the effort it seeks will be of great assistance to practicing physicians.

The House adopted Resolution 92-57.

RESOLUTION 92-61: Limitations of Terminal Patient Care

RESOLVED, That the Pennsylvania Medical Society work in a timely manner in establishing guidelines for limitations on invasive or heroic treatment options in the terminally ill.

Mr. Speaker, your reference committee recommends that Resolution 92-61 not be adopted.

The purpose of the resolution is to have the Society develop guidelines for limitations on invasive or heroic treatment options for the terminally ill.

Your reference committee believes that Report A of the Council on Education and Science already addresses this issue. Consequently, this resolution is redundant.

It was moved and seconded from the floor of the House to refer Resolution 92-61 to the Board of Trustees. The House approved referring Resolution 92-61.

Waiver of debate list

The following items have been grouped together in a waiver of debate list; no testimony was heard, and the committee feels that the items are of a noncontroversial nature.

Mr. Speaker, your reference committee recommends that the following items be adopted:

RESOLUTION 92-4: AIDS/HIV Testing and Reporting

RESOLVED, That the Pennsylvania Medical Society again approve the principles of early unencumbered testing for HIV so that our patients can benefit from early, non-toxic, and cheaper anti-viral therapy, thus allowing the Department of Health to function in the best interests of all of our citizens; and be it further

RESOLVED, That the Pennsylvania legislature be requested to make the above principles law in the Commonwealth of Pennsylvania, thus assisting all persons involved within the health care system to better serve our patients and all citizens of the Commonwealth.

RESOLUTION 92-46: Confirmed HIV Positivity

RESOLVED, That the Pennsylvania Medical Society develop and adopt such policies that:

1. help protect its physician members from discrimination based on their HIV status;
2. reinforce the need for confidentiality in HIV-testing;
3. promote active involvement in the legislative arena regarding the issue of the HIV-positive physician;
4. help develop disability guidelines that assist the HIV-positive physician in procuring the appropriate fiscal support; and
5. aid the HIV-positive physician in placement in alternate career tracks in such instances where their HIV status impacts on his or her practice; and be it further

RESOLVED, That the Pennsylvania Medical Society urge the AMA to take similar action.

RESOLUTION 92-66: Management of HIV-Infected Medical Students

RESOLVED, That the Pennsylvania Medical Society assess the guidelines of each Pennsylvania medical school concerning the management of HIV-infected students with regard to the completion of the medical degree requirements; and be it further

RESOLVED, That the Pennsylvania Medical Society encourage each Pennsylvania medical school to adopt policy that permits an HIV-infected medical student to complete courses and clerkship requirements, and receive a medical degree.

RESOLUTION 92-12: Family Violence

RESOLVED, That the Pennsylvania Medical Society continue to prioritize the education of physicians on the subject of family violence through the development of CME programs in conjunction with county and state child welfare agency professionals and domestic violence training professionals; and be it further

RESOLVED, That these CME programs include model programs for hospital staffs and/or county medical societies.

RECOMMENDATION 2 OF THE PRESIDENT ELECT: Child Abuse and Family Violence

The House adopted the waiver of debate items.

Miscellaneous

Mr. Mecum thanked everyone for their patience during the power outage the previous evening; provided further information as to why the outage occurred; and expressed his appreciation to the Society staff for their hard work in making the meeting a success. Mr. Mecum also thanked the following staff persons for their assistance in setting up the Exhibit Center for the Sunday morning session of the House of Delegates, after the power had been restored at approximately 2:00 a.m., since the hotel had no staff available to do so: Stacy Bolden, Russ Bricker, Ed Brown, Cheryl Dentler, Scott Harder, Gigi Speese, and Beth Weibley. The House responded with a standing ovation.

Reference Committee B

Presented by: Anne M. Woods, MD

Mr. Speaker, members of the House of Delegates, Reference Committee B has considered all of the items in the index.

RESOLUTION 92-1: Prison Health Care

RESOLVED, That the Pennsylvania Medical Society go on record as supporting the concept that all prisoners transferred from one correction facility to another be accompanied by medical information including but not limited to:

1. a list of major diagnoses;
2. a list of drugs and other allergies;
3. a list of current medication and dosages;
4. the results of tests for tuberculosis, HIV, and other communicable diseases;
5. the results of recent abnormal lab, x-ray, ECG, and other test findings; and
6. a one-day supply of necessary medications; and be it further

RESOLVED, That the Pennsylvania Medical Society support the transmission of medical information between correction facilities to be done in a manner consistent with protection of confidentiality; and be it further

RESOLVED, That the Pennsylvania Medical Society communicate the information in this resolution to the Pennsylvania Department of Corrections, the office of the Governor, and appropriate legislative committees.

Mr. Speaker, your reference committee recommends that Resolution 92-1 be adopted.

Resolution 92-1 calls on the Society to support the concept that medical records should accompany prisoners transferred between correction facilities and defines the minimum information required in those records. It also calls for the protection of confidentiality in the transfer process.

Your reference committee heard testimony that although the Pennsylvania Department of Corrections has written policies on the transfer of medical records, in practice this does not always occur. The problem seems to be especially prevalent at the county and municipality level and in the transfer of prisoners between these levels.

It was moved and seconded from the floor of the House to amend Resolution 92-1 by changing #6 in the first resolved

from "one-day" to "three days" supply of necessary medications; the House approved the amendment. It was moved and seconded from the floor of the House to further amend Resolution 92-1 by inserting in the first resolved after the words, "That the Pennsylvania Medical Society go on record as supporting the concept that all prisoners transferred from one correction facility to another," the words, "and from one correction facility to a hospital"; the House approved the amendment. The House adopted as amended Resolution 92-1.

RESOLUTION 92-2: Cost of Medical School and Educational Loan Interest

RESOLVED, That the Pennsylvania Medical Society support a recommendation that the AMA encourage legislation to return the school loan interest deduction for income tax to primary care providers in an effort to provide incentive for recent graduates to enter the primary care fields.

Mr. Speaker, your reference committee recommends that Resolution 92-2 be adopted.

Resolution 92-2 recommends that the Society urge the AMA to encourage legislation to restore the tax deductibility of educational loan interest for primary care providers.

Considerable testimony was heard in support of this resolution. Some speakers, however, did note possible difficulties in its implementation.

It was moved and seconded from the floor of the House to adopt the following substitute Resolution 92-2: "RESOLVED, That the Pennsylvania Medical Society support a recommendation that the AMA encourage legislation to restore the tax deductibility of student loan interest." It was moved and seconded to refer Resolution 92-2 to the Board of Trustees. The House did not approve the motion. The House adopted substitute Resolution 92-2.

RESOLUTION 92-14: Information on Generic Drugs

RESOLVED, That the Pennsylvania Medical Society and the American Medical Association work with the Food and Drug Administration and generic pharmaceutical manufacturing companies to provide specific data on the bioavailability and bioassay of generic drugs to physicians.

Mr. Speaker, your reference committee recommends that Resolution 92-14 be referred to the Board of Trustees for study.

Resolution 92-14 requests that the Society and the AMA work with the Food and Drug Administration and generic drug manufacturers to ensure that data on the bioavailability and bioassay of generic drugs are made available to physicians.

The reference committee heard much testimony questioning the quality of generic drugs and the Food and Drug Administration's approval process for generics. This testimony indicated that the Society should review the entire issue of generic substitution.

It was moved and seconded from the floor of the House to amend Resolution 92-14 by the addition of the following third resolved: "RESOLVED, That the Pennsylvania Medical Society develop a registry through which physicians can report unfavorable and ineffective results with generic drugs to accumulate appropriate data." The House did not approve the motion. The House approved referring Resolution 92-14.

RESOLUTION 92-15: PACE Requirements for Prescribing

RESOLVED, That the Pennsylvania Medical Society urge a reform of the PACE Program's prescribing requirements to a shorter period, such as 60 days.

Mr. Speaker, your reference committee recommends that Resolution 92-15 be referred to the Board of Trustees for study.

Resolution 92-15 urges that PACE and other third-party prescription plans allow physicians to prescribe for less than a three-month period. Many such plans require prescriptions to be written for longer periods to permit bulk purchase and subsequent cost savings.

While the reference committee heard much testimony in support of the resolution, one speaker noted that a similar resolution passed in 1990 has yet to have any effect on the situation. The committee believes, therefore, that referral may result in more effective ideas to implement the basic intent of the resolution. We also note that PACE will only reimburse for 30 days and should not be included in this referral.

The House approved referring Resolution 92-15.

RESOLUTION 92-22: Costs for Pharmaceuticals

RESOLVED, That the Pennsylvania Medical Society lend its full support toward whatever measures can be instituted for substantial price reductions on prescription drugs, including support of legislative measures wherever possible.

Mr. Speaker, your reference committee recommends that Resolution 92-22 be amended by deletion and addition as follows:

RESOLVED, That the Pennsylvania Medical Society lend its full support toward [whatever] *appropriate* measures *which* can be instituted for substantial price reductions on prescription drugs, including support of legislative measures wherever possible.

Mr. Speaker, your reference committee recommends that Resolution 92-22 be adopted as amended.

Resolution 92-22 calls on the Society to support any measures that would result in significant reductions in the price of prescription drugs.

While testimony was unanimous in opposition to the high cost of prescription drugs, the reference committee believes that there may be certain proposals to reduce drug prices that could be unacceptable for other reasons.

It was moved and seconded from the floor of the House to further amend Resolution 92-22 by deleting the words, "including support of legislative measures wherever possible."; the House approved the amendment. The House adopted as amended Resolution 92-22.

RESOLUTION 92-35: Misuse of Hypnosis and Other Techniques of "Memory Enhancement"

RESOLVED, That the Pennsylvania Medical Society ask the American Medical Association to study the uses and misuses of hypnosis and other techniques of "memory enhancement," to inform its members of the risks of "memory enhancement" through hypnosis by inadequately trained people, and to use its influence to protect the public from the misapplication of hypnosis.

Mr. Speaker, your reference committee recommends that Resolution 92-35 be adopted.

Resolution 92-35 requests the Society to ask the AMA to conduct a study on the use of hypnosis in "memory enhancement," to inform the membership of the risks involved, and to take measures to protect the public from the abuse of hypnosis and other such techniques.

The reference committee heard considerable testimony concerning the seriousness of the problem raised by the use of hypnosis in memory enhancement.

The House adopted Resolution 92-35.

RESOLUTION 92-42: Student Loan Repayment

RESOLVED, That the Pennsylvania Medical Society support legislation to insure residents-in-training are afforded forbearance of loan principal without accumulated interest at the option of the borrower for the duration of the borrower's medical residency; and be it further

RESOLVED, That deferment of the student loans be extended for three additional years for those medical students who suffer economic hardship, are disabled, or are in school.

Mr. Speaker, your reference committee recommends that the first resolved of Resolution 92-42 be amended by addition as follows:

RESOLVED, That the Pennsylvania Medical Society join the AMA in support of legislation to insure residents-in-training are afforded forbearance of loan principal without accumulated interest at the option of the borrower for the duration of the borrower's medical residency; and be it further

Mr. Speaker, your reference committee recommends that Resolution 92-42 be adopted as amended.

Resolution 92-42 calls on the Society to support legislation to ensure that residents-in-training will continue to have the option of deferment and forbearance of repayment of student loans throughout their residency and for an additional 3 years in the event of hardship.

The reference committee heard overwhelming testimony in support of this resolution. However, several speakers and members of the reference committee expressed concern that beneficiaries understand and fulfill their financial obligation to repay these loans.

Following discussion on the floor of the House, it was agreed to editorially revise the amendment by stating, "for the duration of the borrower's postgraduate medical education." The House adopted as amended Resolution 92-42.

RESOLUTION 92-62: State Funding for all Commonwealth Medical Schools

RESOLVED, That the Pennsylvania Medial Society urge the Governor and legislature of the Commonwealth of Pennsylvania to reinstate full funding of the appropriations to all Commonwealth medical schools

Mr. Speaker, your reference committee recommends that Resolution 92-62 be adopted.

Resolution 92-62 calls for the Pennsylvania Medical Society to urge the Governor and the State Legislature to restore full funding for all Pennsylvania medical schools.

Testimony heard by the reference committee outlined the problems facing state medical schools in light of the Governor's budget cuts, and suggested that organized medicine and academia must speak with one voice on this issue since these cuts ultimately will affect the overall status of health care in Pennsylvania.

The House adopted Resolution 92-62.

REPORT N, BOARD OF TRUSTEES: Prioritization of Health Care Resources (1991 Report S, Board of Trustees)

Mr. Speaker, your reference committee recommends that Report N be adopted.

Report N recommends that the Society adopt a policy statement on the prioritization of health care that was developed by an ad hoc task force of the Council on Education and Science. The statement reflects the belief that physicians should be involved in the prioritization of health care and draws a clear distinction between prioritization and rationing.

The reference committee heard considerable testimony in support of and, to a lesser degree, in opposition to this resolution. Supporters of the resolution argued that there are not enough resources to pay for all the medical care that society demands and that physicians must become involved in the prioritization process rather than letting the government set priorities. Opponents claimed that prioritization is rationing which would be inherently unfair to the poor and minorities, and which would project a negative image of the Society. Your reference committee believes that the policy statement is relatively general in nature and could serve as a useful guide for the Society as the health care reform debate evolves.

The House adopted Board Report N.

RECOMMENDATION 3 OF THE PRESIDENT: Medical School and Medical School Task Force

Mr. Speaker, your reference committee recommends that Recommendation 3 be adopted.

Recommendation 3 calls for the creation of a task force of representatives from the Society and the Commonwealth's medical schools to explore and recommend collaborative, mutually beneficial activities.

While testimony was generally in favor of such collaborative efforts, several speakers warned that collaboration must be a two-way street, especially regarding faculty membership in the Society. Based on other testimony, the reference committee suggests that residency program representatives also be included on the task force.

The House adopted Recommendation 3.

Waiver of debate list

The following items have been grouped together in a waiver of debate list; no testimony was heard, and the committee feels that the items are of a noncontroversial nature.

Mr. Speaker, your reference committee recommends that the following items be adopted:

RESOLUTION 92-47: Amphetamine Usage

RESOLVED, That the Pennsylvania Medical Society obtain information from the Pennsylvania Department of State as to the effectiveness of the program of mandatory drug reporting for the prescribing of amphetamine and amphetamine-like drugs on decreasing the inappropriate use/prescribing of these agents in Pennsylvania.

RESOLUTION 92-55: Temporary License

RESOLVED, That a temporary license for physicians fully licensed in other states and commonwealths be established in Pennsylvania while full licensure inquiries are completed.

REPORT B, BOARD OF TRUSTEES: Access to Health Care (Resolution 91-4) and "Doctor Drain" from Rural and Inner City Areas (Recommendation 2C of the President Elect)

REPORT H, BOARD OF TRUSTEES: Sexual Harassment (Resolution 91-62)

REPORT K, BOARD OF TRUSTEES: Right to Die Legislation (Resolution 90-20)

REPORT L, BOARD OF TRUSTEES: Dispensing of Medication (Resolution 90-66 and 1991 Report EE, Board of Trustees)

REPORT M, BOARD OF TRUSTEES: Expert Witness Policy for all Salaried and Volunteer Staff

It was moved and seconded to extract Resolution 92-55. The House approved the motion. It was moved and seconded from the floor of the House to adopt the following substitute Resolution 92-55: "WHEREAS, The Commonwealth of Pennsylvania currently issues full licensure to physicians in a time period of eight weeks or more; and

WHEREAS, Pennsylvania licensure requirements vary from those of many other states precluding the safe issuance of temporary licensure; and

WHEREAS, The delay of licensure has negative impact on the practice of medicine both in clinical and educational areas; therefore be it

RESOLVED, That the Pennsylvania Medical Society require that licensure be completed in a period of no more than one month from receipt of a completed application."

It was moved and seconded to refer Resolution 92-55 to the Board of Trustees. The House approved referring Resolution 92-55. The House adopted the remainder of the waiver of debate items.

Mr. Speaker, your reference committee recommends that the following items be filed:

REPORT F, BOARD OF TRUSTEES: Adverse Experience Survey Regarding Dangerous Cults (Resolution 91-27) and Cults: A Medical Issue (Resolution 91-29)

REPORT FF, BOARD OF TRUSTEES: Drug Utilization Review

REPORT A, COUNCIL ON EDUCATION AND SCIENCE

It was moved and seconded from the floor of the House to extract Report A of the Council on Education and Science. The House approved the motion. It was moved and seconded from the floor of the House to amend the third paragraph of page 1 of Appendix B of Report A of the Council on Education and Science by the addition of the following sentence: "The council shall continue to move forward with implementation of phases 3 and 4, and will report back to the House of Delegates in 1993." The House approved the amendment. The House filed as amended Report A of the Council on Education and Science. The House approved filing the remainder of the waiver of debate items.

Annual Assessment

Robert L. Lasher, MD, chairman of the Finance Committee of the Board of Trustees, presented the following report containing the recommendation that the annual assessment for dues-paying members for 1993 remain at $430.

Mr. Speaker and members of the House of Delegates, at the first session of this House, I presented a report on the 1993 budget which included a recommendation of no dues increase. In that report, I stated that the actions of this House could have an effect on the 1993 budget. House actions have not resulted in a significant change in the budget from that presented Friday.

Consequently, the Board of Trustees recommends that the regular dues for 1993 be $430 for each full dues-paying member and a proportionate share thereof in other dues-paying categories.

Further, the House has approved a recommendation from the Board of Trustees setting student dues at $5 and a report from the Board recommending that $10 from the 1993 annual assessment be allocated to The Educational and Scientific Trust.

It was moved and seconded from the floor of the House to approve the recommendation of the Finance Committee that the 1993 annual assessment be $430 per active member. The House approved the motion.

Special Presentation

Dr. Rhoads introduced Senator Arlen Specter, who briefly addressed the House.

Adjournment

Dr. Rhoads recognized Kay A. Barrett, Director of House Operations, who reported that there was no new business before the House.

The House of Delegates adjourned at 10:47 a.m.

Respectfully submitted,
Jonathan E. Rhoads Jr., MD, Speaker
Howard A. Richter, MD, Vice Speaker,
Ferdinand L. Soisson Jr., MD, Secretary
Kay A. Barrett, Assistant Secretary

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59 92-1 (Reference Committee B), Subject: Prison Health Care; Introduced by: Leo M. Hartz, MD, Lycoming County Medical Society; Author: Leo M. Hartz, MD

60 92-2 (Reference Committee B); Subject: Cost of Medical School and Educational Loan Interest; Introduced by: Mark A. Swartz, MD, Franklin County Medical Society; Author: Mark A. Swartz, MD

55 92-3 (Reference Committee E), Subject: Arbitrary and Unfair Differential Payment of Physicians; Introduced by: James C. Barton, MD, Franklin County Medical Society;

Author: Cal Early, MD, Franklin County Medical Society

59 92-4 (Reference Committee G), Subject: AIDS/HIV Testing and Reporting; Introduced by: Leo M. Hartz, MD, on behalf of the Lycoming County Medical Society; Author: James L. Harrison, MD, FACS, Lycoming County Medical Society

57 92-5 (Reference Committee G), Subject: Incineration of Hazardous Waste; Introduced by: Donald H. Smith, MD, on behalf of the Northampton County Medical Society; Author: Donald H. Smith, MD

51 92-6 (Reference Committee C), Subject: Guidelines for Certification of Home Health Care; Introduced by: Donald H. Smith, MD, on behalf of the Northampton County Medical Society; Author: Donald H. Smith, MD

54 92-7 (Reference Committee E), Subject: Physician Fee and Service Review; Introduced by: Donald H. Smith, MD, on behalf of the Northampton County Medical Society; Author: Donald H. Smith, MD

54 92-8 (Reference Committee E), Subject: Pennsylvania Medical Society Opposition to the American Hospital Association Policy for Health Care Reform; Introduced by: Donald H. Smith, MD, on behalf of the Northampton County Medical Society; Author: Donald H. Smith, MD

49 92-9 (Reference Committee F), Subject: Identification of Organizations and Coalitions of Which the Pennsylvania Medical Society is a Member; Introduced by: Donald H. Smith, MD, on behalf of the Northampton County Medical Society; Author: Donald H. Smith, MD

49 92-10 (Reference Committee F), Subject: Establishment of a Registry for Physicians; Introduced by: Charles D. Hummer Jr., MD, Delaware County Medical Society; Author: Delaware County Medical Society Board of Directors

53 92-11 (Reference Committee D), Subject: Adequate Reimbursement for Medical Services in Accident Cases Involving Medical Assistance and Settlement or Trial Awards; Introduced by: Charles D. Hummer Jr., MD, Delaware County Medical Society; Author: Delaware County Medical Society Board of Directors

59 92-12 (Reference Committee G), Subject: Family Violence; Introduced by: Mark W. Shulkin, MD, President, Delaware County Medical Society; Author: Delaware County Medical Society Board of Directors

53 92-13 (Reference Committee D), Subject: Tort Reform; Introduced by: James A. Morris Jr., MD, Secretary, Delaware County Medical Society; Author: Delaware County Medical Society Board of Directors

60 92-14 (Reference Committee B), Subject: Information on Generic Drugs; Introduced by: Mandell J. Much, DO, Delaware County Medical Society; Author: Richard R. Ratner, MD, Delaware County Medical Society

60 92-15 (Reference Committee B), Subject: PACE Requirements for Prescribing; Introduced by: Mandell J. Much, DO, Delaware County Medical Society; Author: Richard R. Ratner, MD, Delaware County Medical Society

57 92-16 (Reference Committee G), Subject: Appeals Process for Public Health Decisions; Introduced by: James A. Morris Jr., MD, Secretary, Delaware County Medical Society; Author: Delaware County Medical Society Board of Directors

48 92-17 (Reference Committee F), Subject: Pennsylvania Medical Society Auxiliary Unification; Introduced by: Rocco DeMasi, MD, York County Medical Society; Author: Rocco DeMasi, MD

48 92-18 (Reference Committee F), Subject: Pennsylvania Medical Society Funding of Auxiliary; Introduced by: Rocco DeMasi, MD, York County Medical Society; Author: Rocco DeMasi, MD

92-19 (Reference Committee E), Subject: Physician Fee Posting; Introduced by: John D. Lane, MD, on behalf of the Bucks County Medical Society; Authors: Enrico J. DiRienzo, MD, and John D. Lane, MD, Bucks County Medical Society (Withdrawn)

57 92-20 (Reference Committee G), Subject: Pennsylvania Medical Society Policy on Abortion; Introduced by: John D. Lane, MD, on behalf of the Bucks County Medical Society; Author: John D. Lane, MD

46 92-21 (Reference Committee A), Subject: Restructuring or Redistricting of the Pennsylvania Medical Society; Introduced by: Roberta L. Schneider, MD, President, on behalf of the Montgomery County Medical Society; Author: Martin N. Trichtinger, MD, Montgomery County Medical Society

60 92-22 (Reference Committee B), Subject: Costs for Pharmaceuticals; Introduced by: Gertrude Blumenschein, MD, on behalf of the Fayette County Medical Society; Author: Gertrude Blumenschein, MD

53 92-23 (Reference Committee D), Subject: Requirements for Annual Medical Evaluations-Clients of County MH/MR Offices and Service Agencies; Introduced by: Mark W. Shulkin, MD, Delaware County Medical Society; Author: Joseph N. Aceto, MD, Delaware County Medical Society

49 92-24 (Reference Committee F), Subject: Study the Effect of Participation in the Young Physicians Section; Introduced by: Nancy S. Nieland, MD, Secretary, on behalf of the Allegheny County Medical Society; Author: John A. Burkholder, MD, Allegheny County Medical Society

49 92-25 (Reference Committee F), Subject: Newly Licensed Physician Status for Dues Payment; Introduced by: Nancy S. Nieland, MD, Secretary, on behalf of the Allegheny County Medical Society; Author: Roxana F. Barad, MD, Allegheny County Medical Society

48 92-26 (Reference Committee F), Subject: Standardized Membership Transfer Process; Introduced by: Nancy S. Nieland, MD, Secretary, on behalf of the Allegheny County Medical Society; Author: Roxana F. Barad, MD, Allegheny County Medical Society

48 92-27 (Reference Committee F), Subject: Quarterly Report on House Actions; Introduced by: Nancy S. Nieland, MD, Secretary, on behalf of the Allegheny County Medical Society; Author: Carol E. Rose, MD, Allegheny County Medical Society

51 92-28 (Reference Committee C), Subject: Change in KePRO Criteria for Rejection of Payment; Introduced by: Nancy S. Nieland, MD, Secretary, on behalf of the Allegheny County Medical Society; Author: Charles J. Cattano, MD, Allegheny County Medical Society

53 92-29 (Reference Committee D), Subject: Managed Care Plans—Patient's Acceptance Requirement; Introduced by: Nancy S. Nieland, MD, Secretary, on behalf of the Allegheny County Medical Society; Author: Robert J. Carroll, MD, Allegheny County Medical Society

55 92-30 (Reference Committee E), Subject: Continuity of Care; Introduced by: Ronald J. Carlucci, MD, Secretary, Philadelphia County Medical Society; Author: Stephen L. Schwartz, MD, and Patreece M. Thompson, MD, Philadelphia County Medical Society

49 92-31 (Reference Committee F), Subject: Pilot Program to Increase Membership by Reducing American Medical Association, Pennsylvania Medical Society, and County Medical Society Dues; Introduced by: Richard M. Gash, MD, Philadelphia County Medical Society; Author: Richard M. Gash, MD

49 92-32 (Reference Committee F), Subject: Dues Freeze and Prioritization of Society Activities; Introduced by: Ronald Carlucci, MD, Secretary, on behalf of the Board of Directors of the Philadelphia County Medical Society; Author: Richard M. Gash, MD, Philadelphia County Medical Society

50 92-33(Reference Committee
57 F),Subject: Installment Payment of Dues; Introduced by: Ronald J. Carlucci, MD, Secretary, on behalf of the Board of Directors of the Philadelphia County Medical Society; Author: Richard M. Gash, MD, Philadelphia County Medical Society

58 92-34 (Reference Committee G), Subject: Pesticide-Herbicide Toxicity Instruction; Introduced by: Ronald J. Carlucci, MD, Secretary, on behalf of the Board of Directors of the Philadelphia County Medical Society; Author: Louis Gerstley, MD, Philadelphia County Medical Society

60 92-35 (Reference Committee B), Subject: Misuse of Hypnosis and Other Techniques of "Memory Enhancement"; Introduced by: Lawrence L. Altaker, MD, on behalf of the Psychiatric Physicians of Pennsylvania; Author: Abram M. Hostetter, MD, on behalf of the Psychiatric Physicians of Pennsylvania

53 92-36 (Reference Committee D), Subject: CLIA '88 Act; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Bruce L. Thomas, MD

51 92-37 (Reference Committee C), Subject: Physician Referrals; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: John H. Moyer III, MD, Pennsylvania Society of Internal Medicine

58 92-38 (Reference Committee G), Subject: OSHA Regulations; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Raymond J. Gaspari, MD, Pennsylvania Society of Internal Medicine

58 92-39 (Reference Committee G), Subject: Drug-Resistant Tuberculosis; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: John H. Moyer III, MD, Pennsylvania Society of Internal Medicine

53 92-40 (Reference Committee D), Subject: Provider-Specific Taxes; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Anthony P. Turel Jr., MD, Pennsylvania Society of Internal Medicine

55 92-41 (Reference Committee E), Subject: Laboratory Panels; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Bruce L. Thomas, MD

60 92-42 (Reference Committee B), Subject: Student Loan Repayment; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Bruce L. Thomas, MD

55 92-43 (Reference Committee E), Subject: Reimbursement for Concurrent Care; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Norman Makous, MD, Pennsylvania Society of Internal Medicine

55 92-44 (Reference Committee E), Subject: Concurrent Care; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Norman Makous, MD, Pennsylvania Society of Internal Medicine

55 92-45 (Reference Committee E), Subject: Tax Exemption of Health Care Expenses; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: George R. Fisher III, MD, Pennsylvania Society of Internal Medicine

59 92-46 (Reference Committee G), Subject: Confirmed HIV Positivity; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Raymond J. Gaspari, MD, Pennsylvania Society of Internal Medicine

61 92-47 (Reference Committee B), Subject: Amphetamine Usage; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: John H. Moyer III, MD, Pennsylvania Society of Internal Medicine

56 92-48 (Reference Committee E), Subject: Electronic Billing; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Anthony P. Turel Jr., MD, Pennsylvania Society of Internal Medicine

58 92-49 (Reference Committee G), Subject: Tobacco and Smoking; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Robert B. Sklaroff, MD, Pennsylvania Society of Internal Medicine

56 92-50 (Reference Committee E), Subject: Telephone Services; Introduced by: Bruce L. Thomas, MD, on behalf of the Pennsylvania Society of Internal Medicine; Author: Bruce L. Thomas, MD

51 92-51 (Reference Committee E), Subject: Medicare Statewide Charge Class; Introduced by: Robert M. Kemp, MD, on behalf of the Lancaster City and County Medical Society and the Warren County Medical Society; Author: Robert M. Kemp, MD, Lancaster City and County Medical Society

46 92-52 (Reference Committee A), Subject: Redistricting; Introduced by: David M. Sklaroff, MD, Philadelphia County Medical Society; Authors: David M. Sklaroff, MD, Rachmel Cherner, MD, and Robert B. Sklaroff, MD, Philadelphia County Medical Society

51 92-53 (Reference Committee C), Subject: KePRO Response Information; Introduced by: Wilma C. Light, MD, on behalf of the Westmoreland County Medical Society; Author: Wilma C. Light, MD

52 92-54 (Reference Committee C), Subject: National Physician Credentials Verification Service; Introduced by: Virginia E. Hall, MD, Dauphin County Medical Society; Author: Virginia E. Hall, MD

61 92-55 (Reference Committee B), Subject: Temporary License; Introduced by: Virginia E. Hall, MD, Dauphin County Medical Society; Author: Virginia E. Hall, MD

52 92-56 (Reference Committee C), Subject: Acceptance of National Physician Credentials Verification Service (NCVS) for Completion of Licensure; Introduced by: Virginia E. Hall, MD, Dauphin County Medical Society; Author: Virginia E. Hall, MD

58 92-57 (Reference Committee G), Subject: Physician Living Will Information Kit; Introduced by: George E. Connerton, MD, Secretary, Berks County Medical Society; Author: Mary Jo Bonner, MD, Berks County Medical Society

45 92-58 (Reference Committee G), Subject: Child Safety Restraints in Commercial Aircrafts; Introduced by: Thomas J. Weida, MD, on behalf of the Pennsylvania Academy of Family Physicians; Author: Neil Lesitsky, MD, Pennsylvania Academy of Family Physicians (Late resolution not accepted as business)

45 92-59 (Reference Committee D), Subject: Referendum Institution; Introduced by: Samuel G. Woodings, MD, Mercer County Medical Society;

Author: Joseph A. Giordano, MD, Mercer County Medical Society (Late resolution not accepted as business)

56 92-60 (Reference Committee E), Subject: Pennsylvania Medigap Insurance; Introduced by: Evan C. Reese Jr., MD, Secretary, on behalf of the Northampton County Medical Society; Author: Donald H. Smith, MD, Northampton County Medical Society

59 92-61 (Reference Committee G), Subject: Limitations of Terminal Patient Care; Introduced by: Arthur Stein, MD, on behalf of the Young Physicians Section; Author: Scott M. Jaeger, MD, Young Physicians Section

61 92-62 (Reference Committee B), Subject: State Funding for All Commonwealth Medical Schools; Introduced by: Klaus Bron, MD, on behalf of the Medical School Section; Authors: Lee A. Barber, MD, and Robert C. Aber, MD, Medical School Section

53 92-63 (Reference Committee D), Subject: Workers' Compensation Reform; Introduced by: Arthur Stein, MD, on behalf of the Young Physicians Section; Author: Thomas R. Westphal, MD, Young Physicians Section

54 92-64 (Reference Committee E), Subject: Projected Physician Reimbursement Schedule for RBRVS; Introduced by: Francis S. Kleckner, MD, on behalf of the Hospital Medical Staff Section; Author: Erwin A. Cohen, MD, Hospital Medical Staff Section

49 92-65 (Reference Committee F), Subject: Medical Student Membership Fee; Introduced by: James M. Brian, on behalf of the Medical Student Section; Author: James M. Brian

59 92-66 (Reference Committee G), Subject: Management of HIV-Infected Medical Students; Introduced by: James M. Brian, on behalf of the Medical Student Section; Authors: Bret Sobota and Belinda Enders, Medical Student Section

Standing Committee Reports

50 Advisory Committee on Professionalism (Reference Committee F)

48 Aid to Education (Reference Committee F)

46 Committee on Bylaws (Reference Committee A)

50 Medical Benevolence (Reference Committee F)

50 Nominate Delegates and Alternates to the AMA

50 Young Physicians Section Report (Reference Committee F)

1993 Annual Meeting

of the
Pennsylvania Medical Society
House of Delegates

Scheduled for
October 22-24, 1993

at the
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IN THE DECADE OF THE BRAIN

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OBITUARIES

Joseph F. Alcaro, *Gettysburg*
Temple University Medical School, 1962; age 55, died October 14, 1992. Dr. Alcaro was an otolaryngologist.•

Louis C. Alikakos, *Haverford*
University of Pennsylvania Medical School, 1948; age 69, died November 5, 1992. Dr. Alikakos was a psychiatrist.•

Frank R. Bondi, *Greenock*
University of Pittsburgh School of Medicine, 1935; age 80, died October 13, 1992. Dr. Bondi was a general surgeon.•

Tarcisio Campo, *Bethlehem*
Philadelphia College of Medicine, 1982; age 42, died October 23, 1992. Dr. Campo was an anesthesiologist.•

Charles W. Charny, *Philadelphia*
University of Pennsylvania Medical School, 1926; age 90, died November 10, 1992. Dr. Charny specialized in urology.•

Arthur Davenport, *Tunkhannock*
University of Pennsylvania Medical School, 1929; age 87, died October 9, 1992. Dr. Davenport was a general practitioner.•

John DeSimone, *Bell Township*
University of Alabama Medical School at Birmingham, 1950; age 84, died November 7, 1992. Dr. DeSimone was a family practitioner.•

William J. Galligan, *Drexel Hill*
Jefferson Medical College, 1957; age 65, died November 6, 1992. Dr. Galligan specialized in internal medicine.•

Allen Glaskin, *Philadelphia*
Hahnemann University Medical School, 1950; age 69, died November 13, 1992. Dr. Glaskin was a general practitioner.•

Carl Johnson, *Elizabethtown*
University of Pittsburgh School of Medicine, 1943; age 82, died November 12, 1992. Dr. Johnson was a general practitioner.•

Arthur H. King II, *West Newton*
Temple University School of Medicine, 1954; age 64, died November 6, 1992. Dr. King was a general practitioner.•

Walter Metz, *Pittsburgh*
University of Pittsburgh School of Medicine, 1942; age 76, died October 7, 1992.

Robert W. Shackleford, *Wayne*
New York Medical College, 1952; age 67, died October 24, 1992. Dr. Shackleford was a family practitioner.•

Paul Sloane, *Gloucester*
Jefferson Medical College, 1925; age 90, died November 1, 1992. Dr. Sloane was a psychiatrist.•

Alberto I. Galvez, *Villanova*
University of Santo Tomas, Manila, Philippines; 1968; died November 8, 1992. Dr. Galvez was a pathologist.

Robert J. VanHouten, *Biglerville*
Hahenmann University Medical College, 1954; age 67, died October 1, 1992. Dr. VanHouten was an anesthesiologist.

Frank K. Mears, *Millersville*
University of Pennsylvania School of Medicine, 1943; age 75, died October 27, 1992. Dr. Mears was a general surgeon.

Edwin V. Valdiserri, *Norristown*
Temple University School of Medicine, 1978; age 40, died November 10, 1992. Dr. Valdiserri was a psychiatrist.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased.

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Have you made a resolution to update your will in 1993?

It's a startling fact that more than 50 percent of all Americans die without a written will prepared with the help of legal counsel.

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It's entitled "37 Things People 'Know' about Wills that Aren't Really So."

It contains valuable advice for you and your family and also offers some tips on how to remember charitable organizations like the Trust in your estate plans.

Let us help you keep a resolution in 1993.

For the free booklet *37 Things People "Know" about Wills that Aren't Really So,* call toll free 1-800-228-7823.

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NEW MEMBERS

ALLEGHENY

Eric A. Adams, MD, Ophthalmology, 721 Ivy St., #2 Front, Pittsburgh 15232
Judith L. Albert, MD, Ob/Gyn, Fertility Assocs., Inc., 4075 Monroeville Blvd., Monroeville 15146, 412-856-3130
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Robert D. Bennett, MD, Thoracic Surg., 4424 Penn Ave., Pittsburgh 15224, 412-681-9538
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Kraig S. Bower, MD, Ophthalmology, 706 Melbourne St., Pittsburgh 15217, 412-647-2256
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Kiran S. Deoras, MD, 11855 Frieda Dr., N. Huntingdon 15642, 412-622-4100
Daniel B. Erlanger, DO, Internal Med., 113 Brunner Dr., Pittsburgh 15214, 412-931-7755
Trenton M. Gause, MD, Orthopedic Surg., 1099 Ohio River Blvd., Sewickley 15143, 412-741-9226
John M. Greally, MD, Pediatrics, Children's Hosp. of Pittsburgh, 3705 5th Ave., Pittsburgh 15213, 412-692-5107
David L. Greenblatt, MD, Anesthesiology, 2424 Traci Dr., Pittsburgh 15237, 412-232-5653
Neera Gulati, MD, Devon Towers, 4920 Centre Ave., #602, Pittsburgh 15213
Christiane M. Hakim, MD, Diagnostic Radiology, 604 Maplewood Ct., Pittsburgh 15237, 412-487-8170
Maryanne J. Henderson, DO, Physical Med./ Rehab., 119 9th St., #1, Pittsburgh 15215, 412-781-2781
Kenneth M. Irvis, MD, Ob/Gyn, 822 Wood St., Pittsburgh 15221, 412-241-3844
Imad T. Jarjour, MD, Pediatric Surg., Allegheny Neurological Assoc., 420 E. North Ave., Ste. 206, Pittsburgh 15212, 412-321-2162
Kristina Karasek, MD, Radiologic Oncology, 230 Lothrop St., Pittsburgh 15213, 412-647-3600
Nancy L. Keaton, MD, Diagnostic Radiology, 561 Winesap Ct., Bridgeville 15017, 412-359-3131
David M. Lasorda, DO, Internal Med., 166 Baker Dr., Pittsburgh 15237, 412-364-7413
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A "Code" in 1685

A very staut medieval king suddenly gave a shaut and fell over backward. Faurteen court physicians were quickly summoned ta his majesty's bedside. His highness had a seizure, then lapsed into uncansciousness. The doctors immediately rolled up their sleeves and gat down to work.

First he was bled a pint fram his right orm, then his shaulder was cut ond an additianal eight aunces cupped aut. This was immediotely fallawed by an emetic ond two purgatives. Next, a high enemo was prepared employing: antimany, sacred bitters, rock salt, mallaw leaves, violets, beet root, cardamone flowers, fennel seeds, linseed, cinnomon, cordamane seeds, soffron, cochineal, and alaes.

Twa haurs later, the same enema was repeated with anather purgative. Next came the shaving af his head, and a blister roised on his scalp. Naw cames the sneezing pawder and a dreg of cowslip powder to strengthen his brain. Cathortics were repeated again with o drink made of barley water, licorice, and sweet almand.

Follawing this he was fed dases of white wine, absinthe, anise, extracts af thistle leaf, mint, rue, ond angelica. His feet were plastered with burgundy pitch and pigeon dung. He was fed medicoments of melan seed, monno, slippery elm, black cherry woter extroct and flower of lily, peony and lavender, dissolved pearl, gentian raat, nutmeg, quine, cloves, ond faur draps of extract of human skull (ta stap further convulsians).

Lastly, "Roleigh's" antidate was forced dawn the king's thraat. This wos o mix of numeraus ingredients, including ammonia and pearl julep. A bezaar stane was used, but olos—despite this 1685 versian af intensive core—the king died!

Dr. Davis, a former Society trustee, is a family physician at Geisinger Medical Center, Danville.

The tempestuous winds of fashion are blowing again. Those of us who have been long in clinical medicine often find ourselves windblown by the fads of treatment. This is especially true in the case of diseases for which we do not know the specific cause or have a definitive treatment.

Read what a code amounted to in 1685 (at left).

Did you laugh when you read of the remedies used in an attempt to save the king? Four drops of human skull extract indeed! But wait, before you relegate human skull extract to that huge wastebasket of therapeutic maneuvers, stop and ask yourself this question: How many diagnostic and therapeutic procedures and drugs in our current armamentarium do you suppose will still be in use even 25 years from now?

Witness the treatment of angina pectoris during the 35 years I have been practicing medicine—some past treatments (not in order) include: heart muscle extract, thyroidectomy, pancreatic extract, x-ray therapy, anticoagulation, radioactive iodine, sympathectomy, various vitamins, ligation of the internal mammary artery, epicardial abrasion, cobra venom, bypass surgery, and percutaneous transluminal coronary angioplasty. And then there were the drugs, which number even more than the procedures. Today surgical procedures seem to predominate as the fashionable treatment of acute coronary artery disease.

Can you hear the ghostly laughter echoing down the long, dusty halls of medicine? To keep our therapies in perspective, we need to be aware that the answer to the problem of angina will most likely not be a surgical procedure, any more than it was cobra venom 25 years ago. And calcium channel-blocking drugs are likely to be eclipsed by the next class of cardiovascular drugs, even now under development somewhere.

Medicine today might be characterized by the logo, "a drug for every bug, and a pill for every ill." We are a drug-oriented society, especially in America, where we now have a "stuffy nose, cold and cough, sneezing, aching, fever, can't sleep at night" medicine. We have generic, organic, orphan, OTC, prescription, recreational, experimental, and designer drugs. Although physicians cannot be allowed to get off scot-free, I like to blame advertisers for hooking our country on medication for every occasion.

Nesbitt, in his book, *Megatrends*, suggests that the Great Depression was so traumatic to Americans that they came to feel that only the strength and power of large institutions could protect them from the threatening circumstances of life. While government's function historically has been to safeguard its citizens, Americans began asking it also to provide food and shelter, to guarantee health and jobs, and even to recommend toys for our children. And, as a nation, Americans came to look in the same way at the medical profession. Our citizens allowed themselves to become bystanders in their own health care.

Health is now considered their "right," and doctors have become "providers" of health care, expected to repair the damages and ravages of unhealthy lifestyles. In response, doctors sought to live up to these unrealistic expectations. The people have placed their trust in "the modern voodoo of drugs and surgery"; we doctors have "practiced our Shaman priesthood, and the people believed."

We now are reaping the less-than-beneficial results of these circumstances. We of the medical profession hope the citizenry will again assume the responsibility for their own health and use physicians appropriately. By the same token, the citizens have become rather resentful when we put on our priestly robes and cast our magic spells on them. Their answer often ends up in the courtroom, which hurts both the physician and the patient.

It may help us to return to our most appropriate role, if we can hear the ghostly laughter. We must remember the four drops of human skull extract. Future physicians may regale themselves in peals of laughter when they read what we now consider to be the absolute acme of medical science.

PRAVACHOL® (Pravastatin Sodium Tablets)

CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

Pregnancy and lactation. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tendemess or weakness, particularly it accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL (pravastatin sodium) was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chononic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli;* a forward mutation assay in L5178Y TK +/− mouse lymphoma cells; a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area ($mg/meter^2$). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL (pravastatin sodium), it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General**.)

ADVERSE REACTIONS

Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia.

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

(J4-422A)

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Issued: September 1992

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Effective cholesterol control

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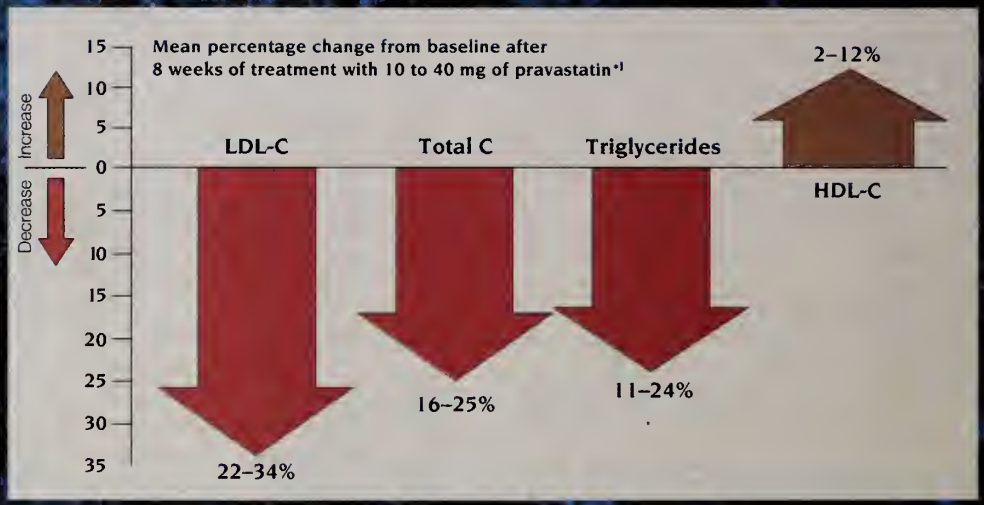

*Each arrow represents a range of means derived from a single placebo-controlled study that included 55 patients treated with pravastatin.

PRAVACHOL® (pravastatin sodium) is indicated as an adjunct to diet for the reduction of elevated total and LDL-cholesterol levels in patients with primary hypercholesterolemia (Types IIa and IIb) when the response to diet alone has not been adequate.

Active liver disease *or* unexplained transaminase elevations, pregnancy and lactation are contraindications to the use of pravastatin.

Reference: 1. Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991;14:146-151.

PRAVACHOL™

pravastatin sodium 20 mg tablets

Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the adjacent page.

Bristol-Myers Squibb Company

Pennsylvania Medicine®

VOLUME 96 • NUMBER 2
FEBRUARY 1993

Chipping Away At

HEALTH CARE REFORM

Single-Payor System
Coordinated Care
Voucher System
Market Reform
Managed Care
Tort Reform
Pay or Play

See pages 8, 12, 18, and 52

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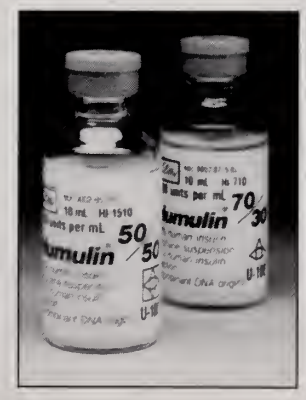

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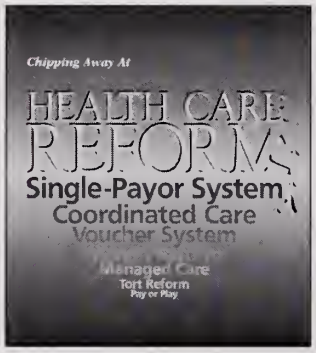

In this installment of a series of articles informing State Society members about health care reform issues, a University of Pittsburgh task force analyzes future reform policy options and how they impact consumers, health care providers, and insurers.

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Dr.Rose

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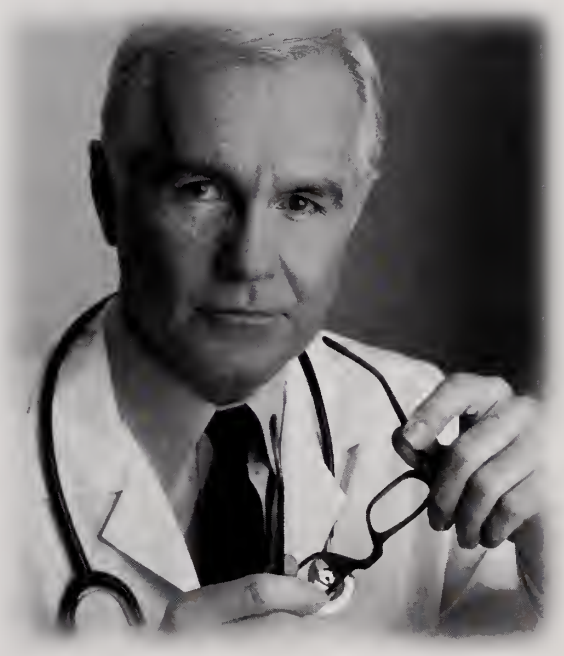

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MEDIGRAM

NEW CLIA MICROSCOPY CATEGORY PUBLISHED: HCFA has amended the CLIA '88 regulations by creating a new category of tests: physician-performed microscopy procedures. The change moves six tests commonly conducted under a microscope—vaginal wet mount preparations, pinworm examinations, fern tests, post-coital examinations, KOH preparations, and urine sediment—from the moderately complex category to this new category. To qualify, a physician must "personally" perform the tests "during the patient's visit, on a specimen obtained from his or her own patient or from a patient of a group medical practice of which the physician is a member." The biennial fee for this new category is $150—$50 more than many office labs have already paid. However, labs in this new category will not be subject to routine inspections and corresponding inspection fees. Exact details of revising lab certifications are not available at this time, and other category changes are anticipated. Look for additional information in future Society publications.

HEALTH DEPARTMENT PUBLISHES CON REVIEWABLE SERVICES LIST: The Department of Health (DOH) has published a revised list of clinically related health services that require a Certificate of Need (CON). Removed from the list and no longer requiring a CON are: ambulance air unit, chronic maintenance dialysis, obstetrics, pediatrics, intensive care/cardiac care, neonatal intermediate care units, pediatric intensive care, and other special care. Inpatient alcohol or other drug rehabilitation has been limited to hospital or non-hospital inpatient treatment programs lasting less than 60 days. Ambulatory surgery, both single-specialty and general/multiple-specialty, remains on the list; however, DOH has one year to publish proposed licensure standards for physician office-based ambulatory surgery facilities. To obtain the published list of reviewable clinically related health services, call the Society's Department of Hospital Relations at (800) 228-7823. A full analysis of the state's new CON act will be published in PENNSYLVANIA MEDICINE next month.

SOCIETY SUPPORTS PHYSICIANS AT EDP HEARINGS: The State Society continues to support local physicians testifying for their county societies at hearings on the managed competition health care reform plan proposed by the governor's Economic Development Partnership (EDP). At the January 21 hearing in Altoona, Ferdinand L. Soisson Jr., MD, Betty L. Cottle, MD, and Stephen T. Bush, MD, were scheduled to testify. However, due to time constraints and bad weather, only written testimony could be submitted. As for the January 29 hearing in Scranton, Norina D'Iorio, MD, Eric W. Blomain, MD, and James L. Sondheim, MD, testified on the need for and possible elements of health care reform.

WORKERS' COMP HIGH ON LEGISLATIVE AGENDA: Indicating their interest in reforming workers' compensation, the Democratic-controlled Senate has introduced, as Senate Bill 1 in the new legislative session, the previous Senate version of a bill referred to as the Madigan-Mellow plan. The Society's Quick Response Committee will continue to coordinate the Society's ongoing activities on this legislation.

FIRST LADY TO CHAIR HEALTH CARE REFORM TASK FORCE: This publication was among those that received a direct facsimile from the White House on January 26 announcing Hillary Rodham Clinton's appointment to chair President Clinton's newly formed Task Force on National Health Care Reform. "Although the issue is complex," the president said, "the task force's mission is simple: to build on the work of the campaign and transition, to listen to all parties, and to prepare health care reform legislation that I will submit to Congress this spring." Members of the task force will include cabinet and senior White House staff members. *Physicians may address suggestions for reform to the task force at: The White House, Washington, DC, 20510.*

LEADERSHIP CONFERENCE SCHEDULED: The Society's annual Leadership Conference is scheduled April 27-28, 1993, at the Harrisburg Hilton and Towers. For information, see pages 38 and 39 of this publication.

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Redistricting Revisited

John W. Mills, MD
Medical Editor

It's that time of the year when the glow of the holidays no longer lingers, and we feel the gloom of the two months of winter still ahead. The new legislative session in Pennsylvania has begun, Congress is still getting politically reorganized, and our new president has just been inaugurated. Thus, with winter still entrenched and our legislative bodies jockeying for position, let's take a break from national and state health care issues and consider, from a different viewpoint, our trustee districts.

The House of Delegates at their 1992 meeting once again directed that the speaker of the house appoint a committee to consider the Society's trustee districts. While this has been looked at on two separate occasions in the past two years, as well as many times before that, the only substantive change we've seen was the addition of District 13 (Allegheny County) and the realignment, if you will, of District 10, which now includes Westmoreland, Beaver, and Lawrence counties. Two committees and the Board of Trustees have spent much time exploring district realignment. There was debate at reference committees and on the House floor, but I don't think the House really considers district realignment a burning issue.

As president elect in 1989, J. Joseph Danyo, MD, discussed the possibility of regional medical societies as an adjunct to county medical societies. This is an idea I believe needs further exploration, though I might consider regions and districts to be one and the same.

As trustee of the Ninth District, I understand fully the problem in trying to get to all the various county society meetings on a regular basis. But consider this: only two of my counties hold regular monthly meetings; the others meet once every two or three months, and some don't meet at all. In fact, one is even considering total inactivity by disbanding! Other multi-county districts face a similar scenario.

For Society staff and trustees, regional or district meetings would involve less travel and cut the number of meetings to attend. If each trustee had an executive director of some sort who could attend county meetings and apprise the trustee of county events, problems, and concerns, these could be dealt with a little more systematically.

In addition, information from the State Society could be shared easily with counties in a timely fashion. While PENNSYLVANIA MEDICINE and *Executive Report* adequately cover big issues and events, personal contact by the trustee or regional executive director could provide a close-knit Society with grassroots involvement.

Regional/district meetings could be held as often as necessary depending on the frequency of county meetings, and Category 1 credit hours could be earned at such meetings. The meetings could also serve as informational, pre-House meetings to discuss the *Official Reports Book*.

Also, while larger districts or regions would cut the number of trustees, costs might be the same as present if an executive director were added. However, the Board would be smaller and less unwieldy.

From the county viewpoint, local meetings, if held, may be better attended—many busy physicians are less likely to drive out of their county to attend the regional meetings. On the other hand, the regional meeting with Category 1 credit would be attractive to those who have no or infrequent county meetings.

The bottom line is: how can we organize our trustee districts or regions for the most effective two-way communication at a time when state and national issues facing our members are increasing rapidly in number and urgency? In my mind, increasing the size of our districts or regions and reducing their numbers—coupled with regional and/or district offices staffed by trustees and executives—could meet this challenge and make for a smaller, more cohesive board. Six or eight larger districts or regions, jointly supported by the component counties and the State Society, could divide the load.

Though the actual "number crunch" and boundary divisions would need careful study, such a reorganization might ultimately accomplish something even more than we seek—it just might bring a more personal touch to each component county.

"The bottom line is: how can we organize our trustee districts or regions for the most effective two-way communication...?"

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Politics, Health Care Reform, and Our Future

Donald G. Ferguson, MD

Health care reform is on its way. Is this news? Hardly, if you've read a newspaper, watched television, or dropped in on the doctors' lounge at the local hospital. Health care reform has become *the* political slogan of the early 1990s—not so much supplanting as expanding the call for managed care, which was the rallying cry of the late 1980s.

Is this, as some are saying, the end of medical practice as we know it? Or is it the beginning of a new and even brighter era for medicine and for our profession?

To those of us who have been around for a while, the words may be new, but the tune is an old one. Managed care is what we have been doing from time immemorial—managing the care of our patients; restoring them to health, mobility, and function by the best and quickest means available; and providing counsel, comfort, and symptomatic relief while Nature completes the healing we have begun.

The concept of the physician as gatekeeper has been our traditional role—seeing to it that our patients receive the timely diagnosis and treatment they need. For this we are often thanked by our patients, but sometimes criticized and perhaps even impeded by some outside parties crowding the health care field in recent years.

When I first became active in organized medicine quite a few years ago, I was often asked the same questions I am asked today: "Why?...Why are you spending your spare hours and your vacation time doing *that*?...Is it worth it?...What do you hope to accomplish?...Do you think you'll accomplish *anything*?" At first, I *didn't* have an answer. I didn't know what could be done to keep our profession intact, or how we could protect our ability to care for patients. But it didn't take long to realize what would happen if we didn't *try*!

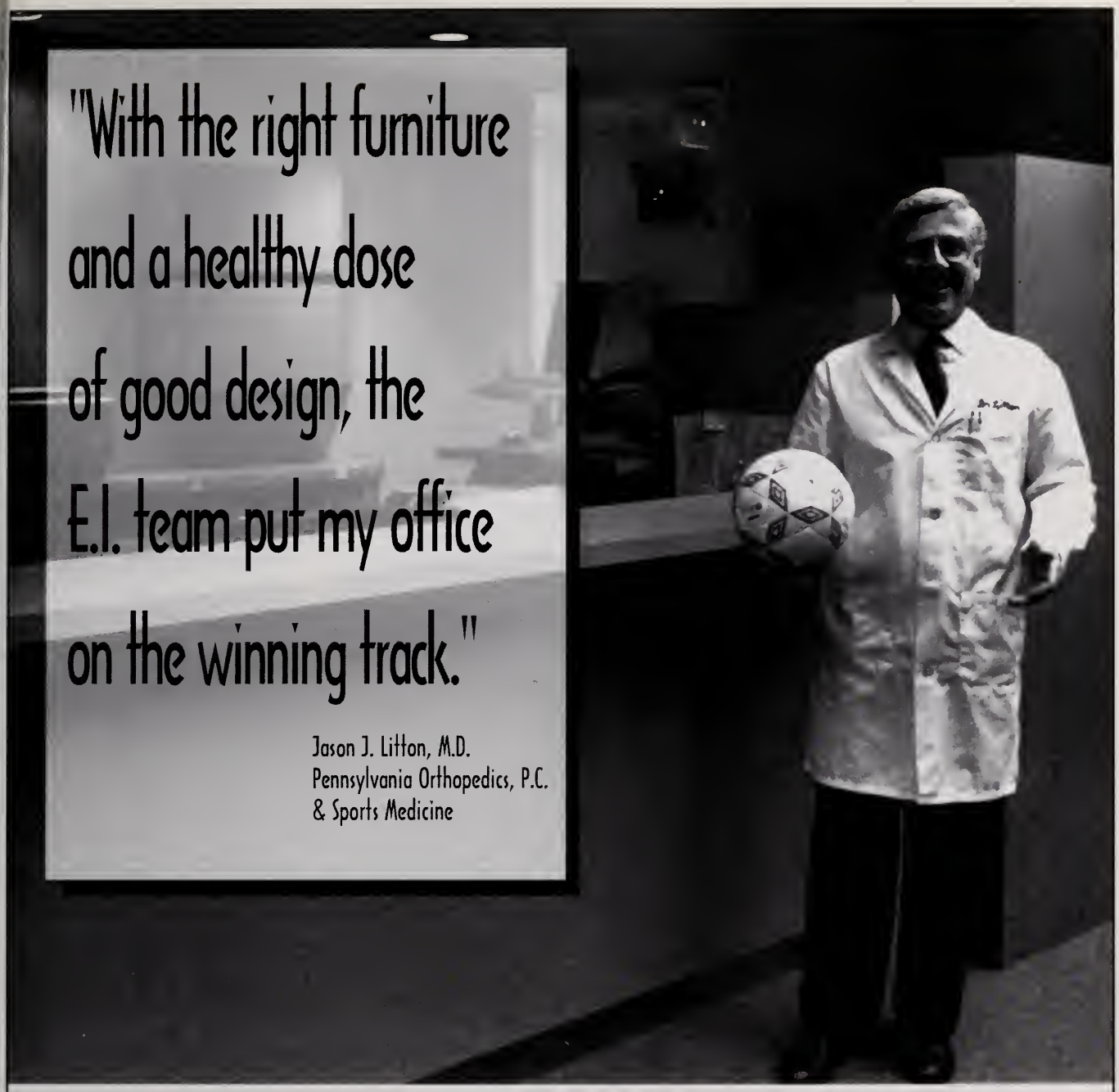
The answer I needed came from an older colleague who had a solo office practice in radiology—yes, Virginia, there *are* still private practitioners around, and good ones, too! He helped us when he could, if we needed coverage for a day or two at a time, and his help was welcome. He charged well for his services, and we paid gladly, but he refused any payment in exchange for coverage when we were working on behalf of organized medicine. He considered that *his* contribution to his profession and its future.

Then, as now, there were times when the questions would pile up, when it looked as if our profession and our calling was to become a dependent of the proliferating bureaucracy of Medicare. Of course it didn't happen, but at that time it looked ominous indeed. That was when my colleague sat me down: "You're too young to remember this," he said, "but I was around in the 1930s, when the whole country, maybe the whole world, was close to bankruptcy, when Blue Cross was founded to keep the doors of America's voluntary hospitals open while the doors of the banks were closing...when there seemed to be no alternative to a federal medical system." (Does this sound familiar?)

My friend's message was simple: we were told that we could not survive as a profession, that a federal takeover was the only answer, and that we might as well get used to becoming dependents of big government. But his *real* message was, "We *didn't* give up, we *didn't* stop fighting for our profession, and we *didn't* go under in economic conditions worse than I hope you will ever see. We can *give* our profession away *tomorrow*, but we've already proved that we don't *have* to." That thought has stayed with me ever since.

None of us knows the future, but we can all help to shape it. Our medical societies and organizations can supply the guidance and vigilance to know when critical decisions must be made and who will make them; what those decisions will be depends on *us*.

Write to your congressman, your senators, President Clinton, and the new health officials. Offer your help and support. They need us—the doctors of America—to tell them what we need to do to take care of our patients. They will listen; our patients are also their voters. When the issues are critical, take the time to visit them. Work with them, for them, for yourselves, and above all, for the people we serve—*our patients*. Let's get to work!



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LETTERS TO THE EDITOR

CLARIFYING "THE REAL NUMBER"

I have read the interesting article in the December issue of PENNSYLVANIA MEDICINE by Dr. Richard Corlin ["Health Care Reform: California Reform Plan Blends Strengths"]. In this article he specifically states that nine percent is the percent of the health care dollar that winds up in the doctor's pocket.

I have just read in *American Medical News*, dated December 14, 1992, in Business Briefs on page 17, that an AMA Center for Health Policy Research study shows that physicians received about 18.9 percent of the money spent on health care in 1990.

In 1990, $666.2 billion was spent on health care. Certainly there is a large difference between nine percent and 19 percent, totaling almost $66 billion.

What I am wondering is what is the real number here, and whether physicians do get almost 20 percent of the health care pie, or do they only get approximately 10 percent?

Jonathan Bromberg, MD
Philadelphia

Response: PENNSYLVANIA MEDICINE sent me a copy of your letter inquiring about the allocation of the health care dollar that I referred to in my remarks, and I wanted to respond to you personally.

The allocation for physicians' gross office income is about 18 percent of the health care dollar. Out of that, overhead consumes about nine percent, leaving the physician's personal income at nine percent. Both statements you cited are correct, when properly defined. The statement I made refers to the portion that "winds up in the doctor's pocket," and the AMA's reference to physicians receiving about 18.9 percent of the health care dollar is also correct, as gross income.

Thank you for inquiring. You obviously read both articles thoughtfully, and I appreciate the opportunity to define the numbers more precisely.

Richard F. Corlin, MD
President
California Medical Association

"BARBS AND STINGS" HURT ALL PHYSICIANS

I agree wholeheartedly with Dr. Irving Williams in his article, "I'm A Doctor, and I'm Getting Tired," in the November 1992 issue of PENNSYLVANIA MEDICINE.

I have felt cheated and unfairly judged as a member of the medical profession by the news media. Even though I have not been personally selected for this ill-treatment, the barbs and stings against the profession as a whole hurt us all individually.

To add insult to injury, government and other insurers of health have arbitrarily passed laws that tell doctors not only how to bill, but what to bill for services rendered to patients. In relation to this, I refer to the section, "Practice Management," in the same issue of PENNSYLVANIA MEDICINE on page 32.

After receiving certification from the American Board of Internal Medicine in 1972, I started practice with great enthusiasm with no idea as to the future, 20 years later. I kept busy treating patients, teaching residents, reading the literature, and even found time to publish case reports and win the fellowship of the American College of Physicians. I cannot come close to half of that kind of work [today], thanks to the need to keep up with the "business" of medical practice.

I define this "business" as comprising rules and regulations regarding DRGs, utilization review, myriads of diagnosis, and procedure codes and billing techniques. I consider it a sad day for medicine when its practitioners have to keep their books and not their patients in the best of health. Our eminent and scholarly predecessors would not have believed that such will be the state of the art before the end of their century, but of course they would not have foreseen today's technical advances as well, which in no less measure have put medicine where it is today.

Byravan Viswanathan, MD, FACP
Gettysburg

CHALLENGING "RANDOM THOUGHTS"

I read with interest Dr. John Mills' recent editorial, "Random Thoughts After November 3" [December 1992]. What this highly partisan piece fails to acknowledge is that the American people have decided that the status-quo cannot continue—fundamental change in the health care delivery system is needed. Our special role as physicians is to bring about change that benefits patients. This is not the time to appear motivated by self-interest. Instead of continually bashing and fearing government, we need to work closely with them during this time of change. Accusing the government of trying to enslave the profession does not help our cause. Dr. Mills is right on target that physicians need to present a united front. But that front should not be a concrete wall; we need to be flexible and open minded. Just maybe, Bill Clinton may devise a plan to improve the system—greater access, preserved physician autonomy, and cost-effectiveness. Just maybe.

John J. Whyte
Medical Student
Hahnemann Universtiy
Philadelphia

Response: As I stated, "It's time for [the American public] to seriously consider the indisputable fact that we can't afford all the medical care our profession is capable of delivering. Choices have to be made...."

I believe you fail to realize that our profession (the AMA, State Society, etc.) has been open-minded and flexible—witness the negotiations that continue daily with the Health Care Financing Administration. No concrete wall here, but "look out for the locomotive" (railroad crossing warning)—the locomotives of other self-serving players and a Congress that historically rides rough-shod over medicine.

Again, my final statement: "Compromise will of necessity be the order of the day...."

Finally, none of us would be against an improved medical care system—we just want a fair shake. I, too, "hope for the best."

John W. Mills, MD
Medical Editor

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Please send letters to: Managing Editor, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

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Examining the Range of Health Care Reform

University of Pittsburgh Task Force on Health Care Financing

This is one in a continuing series of articles to provide State Society members with background information on health care reform and related issues.

On December 16, 1991, Senator Harris Wofford invited the president of the University of Pittsburgh Medical Center to convene a group of its leaders for a roundtable discussion of health care issues. At that meeting, J. Dennis O'Connor, Ph.D., chancellor of the University of Pittsburgh, offered to appoint a multidisciplinary group of people from western Pennsylvania to collect data to analyze future policy options relative to health care and make its findings available to the senator, other legislators, and health policy makers. The chancellor invited representatives from the community, the University of Pittsburgh Medical Center, the University's Faculty of Arts and Sciences, and other academic and health care institutions in the area to participate in the analytical process. The task force met frequently over a 10-month period to develop a report, a portion of which is excerpted here.

Gordon MacLeod, MD, past president of the State Society, serves as chairman of the University of Pittsburgh's Task Force on Health Care Financing. Other members include: Sr. Joanne Marie Andiorio, DrPH; Janice Barone, PhD; George Bernier Jr., MD; Thomas Detre, MD; George Goldstein, MA; Judith Lave, PhD; Lester Lave, PhD; Donald Mattison, MD, MS; Thomas Murrin, BS; Anne O'Connor, MS, RN; Mark Perlman, PhD; Ian Rawson, PhD; Edmund Ricci, PhD; Jeffrey Romoff, MPhil; Nathan Stark, JD; and Jeanne Stoner, JD/staff. Mark A. Peterson, PhD, also contributed to the task force's report.

As a first step in its endeavor to examine the range of health care reform options available, the University of Pittsburgh Task Force on Health Care Financing reviewed current policy issues and strategies relative to health care in the United States. The following observations were made:

- Reforming the current pattern of health care financing is necessary.
- None of the major current proposals for federal reform represents a comprehensive solution to current problems.
- Reform options at the state level similarly represent partial solutions.
- Health policy reform requires a partnership between federal and state governments in cooperation with the private sector.

After recognizing the different policy options in existence, the task force defined a set of criteria as a framework for comparative review. These criteria do not represent absolute recommendations for policy, but they do suggest the preferred direction for change in 14 separate areas (see sidebar, next page).

After its general evaluative review of the current systems of U.S. health care financing, the next logical step for the task force was to examine the range of approaches to health care reform. The pending federal health care reform bills fall into three categories: 1) the incremental approach, which generates little or no increase in regulation of health care insurers by initiating a voucher system equivalent to a certain number of dollars and exchangeable solely for health care insurance; 2) the "play or pay" approach, which partially regulates health care insurers and providers by mandating that employers offer an adequate or minimum health care package, coupled with a new governmental role in offering the same health care coverage to the gap (uninsured) group; and 3) the single-payor system—national health care, akin to the Canadian system—which mandates extensive regulation of the entire health care system, including providers, administrators, and delivery vehicles.

Market reform/voucher system

This incremental approach requires the lowest implementation cost, but might not adequately address the needs of many in the gap group. No new state administrative health care delivery layers are added, although a new bureaucracy will have to be created within the Internal Revenue Service (IRS) to monitor and manage tax credits and deductions. Those eligible will benefit from two principal characteristics: access and choice. Low-income, uninsured persons who file tax returns are granted an income tax credit in the form of a voucher to be used to buy health care insurance; self-employed persons are granted a deduction for the costs of health insurance as an incentive for them to enter the marketplace. The health care insurance marketplace is also changed to be more consumer friendly for *all individuals,* not solely those with low incomes or those who are self-employed.

The market reform voucher approach to health care reform raises the question

of whether access will be enhanced. The definition of those eligible for vouchers is the gap group not eligible for employer- or government-provided health care. The assumptions behind the voucher approach are that the IRS, which is already overburdened, will be able to issue "advance" tax-credit vouchers based on the reported incomes of individuals; that dysfunctional families will not interfere with some of its members' obtaining or using vouchers; and that all entitled to vouchers will obtain them. The voucher model does not seem to address the practicality of implementation for those with low incomes, but takes a business-like approach toward the self-employed, who are known to enter the health insurance marketplace when income tax deductions are offered.

The voucher model does attempt to address health care access through proposed market reforms targeted to high product costs in the health care insurance industry, which many employers find prohibitive. The chief market reform target is the current widespread use of actuarial science (except where already partially regulated by some states) that prices a group health insurance product based on the demographics of a specific group. If a group is small, the demographics may cause a health care policy to be experience rated, priced realistically but prohibitively high, or result in the insurance company adding certain exclusions or deductions to enable the product to be acceptable to the employer but not to the affected employees. The voucher model, which has some realistic understanding of the need for market reform—unlike the allegedly facile approach to health care accessibility for uneducated individuals through the current system—might be compared to the food stamp system: food stamps have been subject to fraud and do not guarantee that the recipients practice good nutrition or economy of purchasing.

An example of the voucher system considered by the task force was Past President Bush's health care reform proposal. Under this program, the following reforms of the insurance product are targeted:

• *Actuarial rating* includes limitations on the factors that may be used to rate the health care insurance premium costs for employer groups; on group premium increases over consecutive years of coverage; and on the permissible premium variances for groups, based on different origins of said group, i.e., through a broker, from another carrier, etc.

• *Increased state regulation of insurance companies* includes requirements that policies covering "basic" care services be offered; that insurance companies take certain high-risk groups or individuals on a quota system; and for all care to be coordinated.

• *Competition among insurance companies* includes elimination of laws barring negotiation of provider agreements, change in federal antitrust laws, and clarification of federal antitrust standards for HMOs and PPOs; requirements for Medicaid and Medicare contracting with providers accepting point-of service benefits, i.e., fee-scheduled payments made by managed care plans to non-participating providers; and creation of "federal" associations or networks either to sell or purchase pooled risk health care on a multi-state basis.

Other consumer-friendly reform aspects of Past President Bush's proposal include additional federal requirements for state Medicaid programs, the most needed of which is to simplify eligibility requirements.

In summary, although at first glance the market reform voucher system or model of health care reforms appears to take a "hands-off" approach to regulating the U.S. health care system, it will create a new bureaucratic regulatory apparatus in the IRS. It entails changing the U.S. health care insurance industry from its logical "risk" business to an almost total indemnification business. The premise of the voucher system seems to be that the U.S. health care insurance industry will be able to maintain enough of a margin over health care costs to continue to stay in business, or providers themselves will become the administrators and the deliverers of health care. The downside of the voucher model, not unlike the other two models, is that it does not address education, training, and research and development in the delivery of health care. There is also little reason to believe that the voucher model would constrain health care inflation.

Play or pay system

The "play or pay" approach, as it appears in the Congressional mark-up in the Senate Labor and Human Resources Committee, incorporates an all-payor reimbursement system. Its chief characteristic is that all employers are mandated to "sponsor" certain types of health care plans for employees or pay a new payroll tax, based on the employee's wages, to fund a public health care system for those

Preferred Direction for Change

The following list was designed by the University of Pittsburgh Task Force on Health Care Financing as a framework for comparative review of policy options. As noted in the text, these criteria do not represent absolute recommendations for policy, but suggest the preferred direction for change in 14 separate areas:

1. Increase access to health care insurance,
2. Extend the range of benefits,
3. Reduce financial barriers,
4. Reduce costs of medical care,
5. Increase equity in financing,
6. Preserve/increase free choice by patients/physicians,
7. Increase quality and efficiency,
8. Ensure fair payment to providers,
9. Preserve/increase education training for health care workers,
10. Preserve/expand clinical research,
11. Promote health/prevent disease,
12. Ensure planning/evaluation with consumer/provider participation,
13. Increase access to long-term care, and
14. Increase attainment of objectives through evaluation.

not covered either by an employer's plan or a governmental one. The mandate is, in effect, somewhat advantageous to the employer because *minimum* or basic health care benefits are federally mandated for inclusion in the employer-sponsored health care plan. With such a system, employers:

- might become more competitive with other employers from the standpoint of having the same basic minimum coverage;
- could anticipate that their employees might more readily comprehend their health care benefit plan because of its universality and thus, perhaps, eliminate the cost of some human resources; and
- could possibly more easily project health care costs for a basic plan for active employees and retirees.

Individuals not included in an employer health care plan or any government plan would have access to a new public-supported program with the same minimum health care benefits.

The pending federal play or pay proposals—varying from a regulatory and competitive standpoint—would have the least disruptive impact on the economy but entail additional regulation under the all-payor reimbursement system. For example, recent health care legislation in California requires insurance companies to allocate a minimum percentage of each health care dollar to administrative costs. The Robert Wood Johnson Foundation is studying the service/premium ratio.

As a further example of the need for possible regulation, the play or pay approach could produce a two-tiered health care system. Although certain mandated medical benefits will be included in any mandated plan, all other medical care can be accessed by paying market prices. The two-tiered system would lack a cap on the level of basic benefits provided beyond that which is included in employer plans. Successful implementation of the play or pay reform model would be greatly strengthened by the introduction of competitive pricing of health care insurance products in order to lower the high-cost barriers to access to care which arise in the present health insurance market—assuming, for the sake of argument, that a play or pay, universal, minimum, or basic health care benefit plan costs less than that provided by an employer and, thus, theoretically would be desirable to the employer.

Practically speaking, the employer's cost for any health care benefit plan is negotiable. Negotiation power as the vehicle for cost control in the hands of the group purchaser has its marketplace limitations, with costs borne solely by product purchasers. Thus, an employer required to provide minimum or basic health care to employees and choosing to do so rather than pay a tax—which would not be deductible as an expense—would resist any further political effort to expand a universal minimum benefit plan. Similarly, already strained state governments would resist adding benefits and costs to the state's gap plan for the uninsured. Without competitive pricing, the result may be that neither consumers nor health care providers will be well served.

In summary, the play or pay approach has a "conservative" appeal because it continues Medicare, and expands both Medicaid and employer-provided health care financing to cover the gap group. It is somewhat emotionally defused for employers by limiting the mandated health care benefits to a minimum amount. The play or pay approach addresses both cost and access issues by requiring private plans to operate within broad budgets while mandating employer contributions to health care coverage and by providing health care coverage for those not having health care through any employer or governmental group.

Why, then, would an employer who is not actually the consumer try to negotiate low-cost health care coverage in a high-priced market when the employer might more easily pay a payroll tax so all of its employees could be within a public group that would have greater negotiating power? In other words, the play or pay approach could be just an interim or evolutionary step toward national health care financing. Moreover, if the financing of health care is essential for continued clinical research and development, then a pay or play system that does not provide for them has the potential of driving them into a separate publicly funded operation.

Single-payor system

The single-payor system would replace the current 1,500 private health insurance plans with a single federal/state, tax-financed public insurance system. A single, state-controlled government payor would eliminate the wide variation in administrative costs attributable to: 1) a multiplicity of health care insurance companies/plans and their various private health care insurance plans; 2) the private health insurance companies' overhead for marketing, packaging, and explaining various health insurance benefit packages, in lieu of a single payor regulating a single health care benefit package; and 3) ERISA and

COBRA-compliance costs to employers for administering health care benefit plans, i.e., enrollment, distribution of information, changing benefits, and the like. The projected administrative and overhead cost savings, however, come at a price. The analogy was made to a single national airline and the well-known inefficient operations of such a system.

A single-payor system entails extensive regulation of health care financing—in essence, regulation of health care providers with (depending on the legislation) the freedom to use biotechnological advances possibly being limited to those consumers who might be willing to go outside the public system to purchase health care from a health care provider that may or may not be permitted to market a health care product in addition to, or exclusive of, participating in the public system. Another concern is the likelihood of losing motivation to stimulate innovation through competition, such as managed health care, a uniquely American health care development.

A number of single-payor bills are pending in Congress. The task force briefly reviewed the provisions of some of them, not for the purpose of endorsement or to find the ideal single-payor bill, but solely to identify the definitive characteristics of this health care reform model.

The task force specifically examined Senate Bill 2513, known as the American Health Security Plan, a modified single-payor model. The bill describes a full range of comprehensive benefits, reduction of financial barriers, federal/state administration, financing by designated health taxes to replace current taxes and private insurance premiums, and a role for the private insurance industry. In addition, the principal characteristics of Senate Bill 2513 are universal access; cost control; physician choice; preventive care; and "portability," meaning individuals moving from state to state will experience no gap coverage. However, important ingredients missing from the bill include the planning, start-up, initial, and transitional cost estimates, along with multi-state administrative and research and development costs.

The impact of the federal health care reform models on the consumer, health care industry, and health insurance industry (see "Comparative Impact Analysis," below) led the task force to recognize the many pros and cons of each reform model, which depend on the reform goals being targeted. If rapid reform were the foremost goal, then the voucher model appears to involve the least amount of implementation time, with the play or pay model potentially involving a longer period, and the single-payor model involving a considerably longer time—a matter of years.

However, expediency in fully addressing major and minor problems in the U.S. health care system is not the immediate issue. Instead, the task force believes problems with cost of health insurance and access to health care services must be given the highest priority.

Comparative Impact Analysis

The following chart shows results of the University of Pittsburgh Task Force on Health Care Financing's analysis of the impact of the three federal health care reform models on the consumer, health care provider, and health care insurer.

Reform Model	Impact on Consumer	Impact on Health Care Provider	Impact on Health Care Insurer
Market Reform/Voucher	The health care "food stamp" system: vouchers to be exchanged for health care products.	Effectively ignored.	Changes the health insurance industry from risk assumption to almost total indemnification.
Pay or Play	Fosters two-tier medical care: the minimum health care program for employers to offer and for states to provide to the uninsured; all other medical care to be purchased in the marketplace.	Effectively ignored.	Increased regulations on the health insurance industry.
Single Payor	Emphasis on equality: all consumers to have access to and included in the same health care benefit program.	Emphasis on appropriateness of care: unlimited medical care to the consumer that is needed.	Effectively eliminated from the marketplace as an American service industry.

Children's Health Care Act Summarized

Ronald A. Sell

Governor Robert P. Casey on December 2, 1992, signed into law legislation providing state-paid or subsidized insurance to children whose families cannot afford coverage but are not poor enough to qualify for Medicaid. Approximately 40,000 Pennsylvania children are eligible for assistance under Act 113 of 1992, the Children's Health Care Act. The following is a summary of provisions specified in the act.

Eligibility

• Children eligible for enrollment must be Pennsylvania residents for at least 30 days, and neither currently covered by health insurance nor eligible for, or covered by, Medical Assistance.

• No-cost insurance is available to children under age six whose family income is no greater than 185 percent of the federal poverty level, and children six through 12 years of age whose family income is no greater than 100 percent of poverty. The maximum age increases annually starting September 30, 1993, so that 13, 14, 15, and 16 year olds will incrementally become eligible.

• Subsidized insurance, at a rate of 50 percent of the cost, is available to children under six whose family incomes range between 185 and 235 percent of federal poverty guidelines.

• At-cost insurance can be purchased by a family whose child is otherwise age and income eligible for either free or subsidized care, but who cannot be served due to lack of program funds.

• Income eligibility referenced above is based upon the federal poverty guidelines shown at right.

• Since this is not an entitlement program, children will be enrolled on a first-come, first-serve basis until funds are exhausted. A minimum of 70 percent of the available funds are designated for those children eligible for no-cost insurance.

Benefits

• *Preventive care* covered includes well-child care visits and related services as prescribed by the American Academy of Pediatrics' schedule.

• Diagnosis and treatment of *illness and injury* are covered, as well as emergency care.

• *Prescription drugs* are covered, with a $5 required co-payment per prescription.

• Preventive, routine and emergency dental, vision, and hearing care are covered, including corrective eye glasses; orthodontia is *not* covered.

• *Inpatient hospitalization* of up to 90 days per year is covered. The Children's Health Care Fund will either pay the spend-down dollars to qualify a family for Medical Assistance or pay the actual hospital expenses incurred, whichever is the lessor.

• Enrollment and health care services are provided without regard to pre-existing conditions.

Administration

• A *management team* comprised of the secretary of the budget, the secretary of health, and the insurance commissioner will approve budgets, execute contracts, and promulgate regulations to implement the Children's Health Care Act. The team must assure that the program is implemented statewide.

• The state's *Insurance Department* will approve insurance rates, approve and monitor all contracts, and issue an annual report on the services funded and the children served.

• The *Department of Health* is to coordinate and supervise outreach activities, as well as monitor and evaluate the services provided.

• A 12-member *Children's Health Advisory Council* within the Department of Health will review both outreach efforts and the accessibility and availability of services.

• The insurer selected to operate the children's health care program will receive up to 7.5 percent of any grants for administrative expenses; the grantee, however, must also provide 2.5 percent of the grant amount as in-kind services for outreach.

Additional provisions

• Medical providers who serve eligible children under the Children's Health Care Act are strongly encouraged to also participate in Medical Assistance and provide continuity of care for children who may need to transition between the two programs.

• Families who do not qualify for the children's health care program because they are eligible for Medical Assistance are to be assisted in making necessary Medical Assistance applications.

Implementation

The Children's Health Care Act, which took effect immediately when signed into law, will expire December 31, 1997, unless it is re-authorized by the General Assembly and the governor. Due to implementation and start-up time, children will probably not receive health insurance benefits from Act 113 until the spring of 1993.

Mr. Sell is director, Pennsylvania Partnerships for Children, Harrisburg.

Federal Poverty Guidelines

FAMILY SIZE	POVERTY LEVELS		
	100%	185%	235%
2	$ 9,190	$17,002	$21,597
3	11,570	21,405	27,190
4	13,950	25,808	32,783
5	16,330	30,211	38,376

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Abnormalities of Parkinsonism
David Roeltgen, M.D.
Associate Professor Of Neurology
Hahnemann University
Present Pharmacological Therapy
Norman Leopold, D.O.
Clinical Associate Professor of Neurology
Hahnemann University
Investigative Treatments: Fetal Tissue Transplantation
Jay S. Schneider, Ph.D.
Associate Professor of Neurology
Hahnemann University

FEBRUARY 10th
Hypercholesterolemia: A Second Opinion
Sylvan L. Weinberg, M.D.
Clinical Professor of Medicine, Wright State University School of Medicine, Chairman of Cardiology, Good Samaritan Hospital, Dayton

FEBRUARY 17th
Treatment of Human Immunodeficiency Virus Infection
Martin Hirsch, M.D.
Professor of Medicine, Harvard Medical School, Infectious Diseases Unit, Massachusetts General Hospital, Boston

FEBRUARY 24th
Legionella
Victor Yu, M.D.
Professor of Medicine, University of Pittsburgh School of Medicine
Chief, Infectious Diseases Section, VA Medical Center, Pittsburgh

MARCH 1993

MARCH 3rd
Critical Reading of the Medical Literature
Robert H. Fletcher, M.D.
Editor, *Annals of Internal Medicine*, Philadelphia

MARCH 10th
Review of Current Classification of Pemphigus
John R. Stanley, M.D.
Senior Investigator, Dermatology Branch, National Institutes of Health
Bethesda, Maryland

MARCH 17th
Clinical Pathological Case Presentation
Brad B. Moore, M.D.
Sunil Natrajan, M.D.
Savas Petrides, M.D.
W. Clay Warnick, M.D.
Chief Medical Residents, Hahnemann University

MARCH 24th
Skeletal Changes in Spaceflight
Sara Bond Amaud, M.D.
Research Scientist, Life Science Division, University of California/San Francisco

MARCH 31st
Acute Myocardial Infarction in the '90s
J. Ward Kennedy, M.D.
Professor of Medicine, Director, Division of Cardiology, University of Washington School of Medicine, Seattle

APRIL 1993

APRIL 7th
Bacterial Meningitis
M. Michael Sheld, M.D.
Professor of Internal Medicine
University of Virginia School of Medicine
Charlottesville, VA

APRIL 14th
Impact of New Advances in Cardiovascular Ultrasound in Clinical Practice
A. J. Tajik, M.D.
Professor of Medicine & Pediatrics
Director, Cardiac Ultrasound Laboratory, The Mayo Clinic
Rochester, MN

APRIL 21st
Onychomycosis and Its Imitators
Lynn Drake, M.D.
Assistant Professor of Medicine, Division of Dermatology, Massachusetts General Hospital, Deputy Chairman and Director, Policy and Planning, Harvard Medical School
Boston, MA

APRIL 28th
Migraine: Epidemiology, Pathology, Diagnosis, and Treatment
Neil L. Raskin, M.D.
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Rob Roy MacGregor, M.D.,
Peter Selwyn, M.D.
Course Director:
John Molavi, M.D.

MARCH 10, 1993
Dermatology: Immunopathologic Mechanisms and Treatment of Selected Vesiculobullous Disorders
John R. Stanley, M.D.
Ernst H. Beutner, Ph.D.
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Richard Spielvogel, M.D.

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Ramesh, C Bansal, M.D.
Alan Manet, M.D.
Jai K. Oh, M.D.
A. J. Tajik, M.D.
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K. Chandrasekaran, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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Managed Care and Cost Containment

Leo Uzych, JD, MPH

Managed care has been heralded by enthusiastic advocates as representing a viable way to put a brake on runaway health care costs. Still, there is concern that managed care may compromise quality of medical care because of incentives leading to underservice. The author overviews the concept of managed care and discusses the need to examine the possible cost-effectiveness of using such a system.

Health care costs in America are soaring at a plainly unsustainable rate. America now spends over $800 billion annually—about 14 percent of the gross national product—on health care. It has been estimated that, if present trends continue, health care spending will climb to about 23 percent of the federal budget by 1997.

Although the financial fire is fueled by many sources, one of the sources is undoubtedly rooted in the extraordinary amount of unneeded medical services performed in America. One study found that 17 percent of coronary angiographies, 32 percent of carotid endarterectomies, and 17 percent of upper gastrointestinal tract endoscopies were not appropriate.

"Although managed care was built on the foundation that it saves money, it is not clear that it does."

An overview of managed care

The term, "managed care," is generic in nature and encompasses a broad range of innovative approaches to health care delivery and financing. The sundry forms of managed care generally are intended to eliminate unnecessary and inappropriate medical services, thus reducing costs. Cost reductions may also potentially emanate from managed care through the mechanisms of negotiated prices with health care providers and the use of various financial incentives.

The major features of managed care—including review and intervention in decisions affecting provision of medical services, establishment of provider networks, and negotiation of payment mechanisms with health care providers—may potentially result in greater efficiency in the provision of health care services. The family of managed care entities has now spawned a considerable and still growing number of descendants, including numerous types of health maintenance organizations (HMOs), various forms of utilization review, and myriad arrangements based on networks of providers.

HMOs, probably the most important type of managed care structure, include the "staff" model type where providers are employed directly by the HMO, and the "group" model where medical groups contract with the HMO. In recent years, HMOs have been growing at the rate of about five percent annually, with an estimated 40 million patients now enrolled in some 570 plans. Overall, among workers covered by employment-based insurance in 1990, fully 95 percent were in plans using some form of managed care.

The need for examination

An overall poor research database makes it highly problematic to evaluate at this time, in a meaningful way, the possible effects of managed care on cost and quality of health care. Although managed care was built on the foundation that it saves money, it is not clear that it does. And even if a particular study of managed care apparently shows cost savings, the true reasons for the apparent savings may be elusive. Keep in mind that potential cost savings accruing from managed care may, on the other hand, generate cost shifting to others, precipitate higher administrative costs, compromise quality of care, and alienate health care providers.

There is unquestionably a powerful need to pursue substantial additional research to augment the existing sparse data on managed care. One area of interest should involve the possible efficacy of staff and group model HMOs in reducing inappropriate health care use and spending. There is evidence that staff and group model HMOs have achieved sizable reductions in personal health expenditures per person.

Similarly, there is evidence that utilization review programs that manage fee-for-

Mr. Uzych is an attorney specializing in health law based in Wallingford.

service care under traditional insurance plans may achieve some cost savings. Researchers have found that utilization review reduces hospital and total medical care expenditures, in comparison to groups without a utilization review program. However, other data show that, in instances where hospital costs fell, other costs (e.g., ambulatory costs) were higher, thus possibly indicating that care is merely being shifted from one setting to another or specifically from the hospital to the outpatient setting.

In another vein, there is no real evidence that independent practice associations (IPAs)—where an HMO contracts with doctors in independent practice or with associations of independent doctors—have significantly reduced personal health expenditures per person. The possible effects of the myriad managed care interventions on the use and costs of medical services, in sum, are not really known at this time. The existing research base does not permit solid conclusions on how managed care affects health care cost and quality.

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Preventing Elder Abuse Takes Physician Awareness

Juli C. McGreevy

In this second of a series of articles on physicians working in their communities to improve public health, Judith S. Black, MD, MHA, a Pittsburgh internist and geriatrician, discusses elder abuse—what it is and what physicians need to know about it. Dr. Black, a clinical assistant professor of medicine at the University of Pittsburgh School of Medicine, is affiliated with St. Margaret Memorial Hospital and is also co-founder of the Pennsylvania/West Virginia Geriatrics Society.

"It is important for physicians to be alert to all the different types of abuse: physical (including sexual abuse), financial, psychosocial, and neglect."

Question: *Because society's consciousness of mistreatment of the elderly is very low, abusers are protected by the improbability of anyone's suspecting their behavior. How prevalent is elder abuse?*

Dr. Black: As many as one in 20 older adults may be victims of abuse.

Question: *What are the most common types of elder abuse?*

Dr. Black: I don't think it's as important for physicians to know statistically which type of abuse is most common. Physical injury is the most obvious, but in my office practice, we see more cases of neglect where the caregiver is overwhelmed or doesn't know how to take care of the older adult. It is important for physicians to be alert to all the different types of abuse: physical (including sexual abuse), financial, psychosocial, and neglect.

Question: *What is the profile of a typical elder abuse victim?*

Dr. Black: Many of the studies have pointed out that it's the white female over age 75 who is dependent on a caregiver. But if you only look for those patients, you can miss many other potential victims, such as the healthy older person who may be being taken advantage of financially.

Judith S. Black, MD

Question: *Can you discuss why elder abuse victims are not likely to report their abuser?*

Dr. Black: First of all, the abuser may be a son or daughter, and the victim doesn't want to admit that they failed as a parent and raised a child who is now abusing them. Second, in some families transgenerational violence is their typical reaction to stressful situations, so they don't see it as abnormal. Third, older adults who report abuse are fearful that they may then be institutionalized.

Question: *Who is most likely to be an abuser?*

Dr. Black: This depends upon where the studies are done—in institutions, private homes, or both. A lot of studies indicate that the abuser is a family member; in fact, in one study it was 90 percent. I think the point to make is that most commonly it is a family member. Often, the abuser is dependent on the older adult for food, shelter, and finances.

Question: *What are the causes of elder abuse?*

Dr. Black: There's a mnemonic that was developed by Donna Benton, PhD, and Charles Marshall, MD, called SAVED:

- **S**tresses on the caregiver (a divorce, a change in jobs);
- **A**lcohol (or other substance abuse) is a big factor;
- **V**iolence, oftentimes, transgenerational violence;
- **E**motions, family dynamics that lead to an impaired caregiver; and finally
- **D**ependency of the older adult on the caregiver for activities of daily living.

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's new endeavor to address public health needs, called Keystones of Public Health.

Question: *Are there misconceptions about elder abuse?*

Dr. Black: The biggest misconception is that we think of it as physical, and there are other types of abuse, such as psychological, financial, and neglect, that need to be considered.

Question: *What should physicians look for when treating patients?*

Dr. Black: We've included information with this article which physicians can use as a reference and share with their staffs (see "Recognizing Elder Abuse," below right).

Here's an example from my own practice: we had a patient with a contusion and bruises that indicated abuse. We had previously picked up through blood levels that she wasn't getting her thyroid medication. This should have triggered our thoughts—especially since this was a patient who had worsening dementia and was becoming more demanding of the daughter-in-law who was the caregiver.

Question: *Abuse of any kind is degrading to the victim and for the abuser. How can physicians make patients more comfortable when talking about abuse?*

Dr. Black: First of all, they need to get the facts without making any judgment or comment. For example, ask the question: "Do you feel safe in your home?" Make that part of the general history when evaluating patients during routine visits. We interview all our patients without the caretaker present, making sure that the patient has a chance to talk freely with the physician. If you are the physician of a caregiver, recognize that your patient is likely to be under stress.

Question: *Family members and close friends are often in the best position to recognize if an older person is at risk of neglect or abuse. What are the barriers to reporting suspected cases of abuse?*

Dr. Black: Well, one is that people don't want to get involved. Second, the person with the suspicions of abuse may be related to the abuser, and this is a difficult emotional situation to be in with a loved one. And, they may feel unable to provide the care themselves. If the abuser doesn't provide the primary care, mom or dad would have to go to a nursing home.

Question: *Thorough, well-documented medical records are essential for preventing further abuse. What should be included in these records?*

Dr. Black: You want to document their blood pressure, pulse rate, any bruises, what color the bruises are, any lacerations on the body, any bedsores. You want to document evidence of malnutrition, fractures, burns on the wrist; their mental and emotional status; and what the caregiver says and what the patient says, exactly.

Question: *What does the commonwealth provide for victims of elder abuse?*

Dr. Black: A physician who suspects abuse should report the case to his or her local Area Agency on Aging (AAA) listed in the blue pages of the phone book. Physicians may be interested in what the Older Adults Protective Services Act requires and the action the AAA takes. Both pieces of information are included in this article (see page 22).

Question: *How do you treat victims of abuse once the abuse has stopped?*

Dr. Black: You need to make sure that you're providing enough support and realize that there may be some psychological problems. Once the abuse stops, if the

Recognizing Elder Abuse

Physical abuse

Fractures; welts; lacerations; punctures; burns (unusual location, type, or shape similar to an object—e.g., iron, cigarette burn); bruises (presence of old and new, shape similar to an object, bilateral on upper arms from holding or shaking, clustered on trunk from repeated striking)

Sexual abuse

Torn, stained, or bloody underclothing; difficulty in walking or sitting; pain, itching, bruising, or bleeding in genital area; unexplained venereal disease or genital infections

Psychological/emotional abuse

Confusion; excessive fears; insomnia, sleep deprivation or need for excessive sleep; change in appetite; unusual weight gain or loss; loss of interest in self, activities, or environment; ambivalence; resignation; withdrawal; agitation

Financial/material abuse

Inaccurate, confused, or no knowledge of finances; unexplained or sudden inability to pay bills, purchase food, or personal care items; disparity between income/assets and lifestyle; fear or anxiety when discussing finances; unprecedented transfer of assets from an older person to other(s); lack of receptivity by older person or family member to any necessary assistance requiring expenditure, when finances are not a problem; extraordinary interest by family member in older person's assets

Neglect

Dehydration; malnutrition; hydro/hyperthermia; excessive dirt or odor; inadequate or inappropriate clothing; absence of eyeglasses, hearing aids, dentures, or prostheses; unexpected or unexplained deterioration of health; decubitus ulcers (bedsores); signs of excess drugging, lack of medication, or other misuse (e.g., decreased alertness, responsiveness, and orientation)

This information, adapted from *Strategies for Helping Victims of Elder Mistreatment* by Risa Brackman and Ron Adelman, lists several types of elder abuse and the possible patient signs and symptoms of each.

abuser was providing a lot of care for the individual, any gaps need to be filled in with other services. Also, physicians must continue to be nonjudgmental about the abuser to the patient.

It is important for physicians to recognize that the focus of protective services is to try to keep the patient in the home when at all possible and to preserve the autonomy of the older adult. Oftentimes, the older adult—the competent older adult—decides to go back and live with the abuser, and that's his or her right. This may mean that health-wise their best interests aren't being met, which can be very frustrating to health care professionals and public service workers.

Question: *How can physicians help enlist public cooperation in efforts to respond more effectively to incidents of violence against the elderly?*

Dr. Black: Education about what is normal aging will help people become better aware so that they are more understanding of caregivers and give them more help. Physicians need to recognize that caregivers are under stress and refer them to the appropriate social service agency. This would be an important way in which physicians could help to decrease elder abuse.

"Physicians need to recognize that caregivers are under stress and refer them to the appropriate social service agency."

Resources

A nine-minute video is available to physicians, entitled "Elder Abuse: A Training Tape for Emergency Department Personnel." To order a copy, write to the Press Office, Pennsylvania Department of Aging, Market Street State Office Building, 400 Market Street, 7th Floor, Harrisburg, PA 17101-2301.

Also, the AMA recently published "Diagnostic and Treatment Guidelines on Elder Abuse and Neglect." The guidelines are part of the AMA's Physicians' Campaign Against Family Violence. Physicians interested in receiving a free copy or in joining the campaign can call (800) AMA-3211.

Major provisions of the Older Adults Protective Services Act

The Older Adults Protective Services Act is intended to protect abused older persons, not prosecute abusers. When investigating suspected abuse cases, the Pennsylvania Department of Aging tries to resolve problems within the older person's home environment. The older person will be removed from his or her home only when absolutely necessary. Important provisions of the law:

- apply to all Pennsylvanians 60 years or older;
- provide that reporting suspected abuse is voluntary, not mandatory;
- mandate that Area Agencies on Aging (AAAs) investigate all reports of suspected abuse within 72 hours after the report—in life-threatening situations, investigation must begin immediately; and
- provide AAAs with legal means to obtain records related to suspected abuse cases, conduct personal interviews with abused older adults and other people involved in the case, and remove older persons from abusive environments in life-threatening situations.

Area Agency on Aging follow-up

When a protective services caseworker investigates a possible abuse case, he or she will visit the older person to confirm reported information and or identify a need for protective services. The older adult will then undergo a client assessment that includes:

- personal appearance and physical health;
- mental functioning;
- daily activities;
- physical and social environments;
- economic status;
- recent experiences (deaths, changes in relationship, or environments); and
- need for further medical or psychiatric evaluations.

When the caseworker's evaluation of a substantiated case is completed, the Area Agency on Aging develops a service plan to meet the older person's identified needs. The plan may include the following:

- medical or psychological evaluations;
- legal services;
- financial management;
- emergency shelter;
- transportation;
- home-delivered meals; and
- attendant care.

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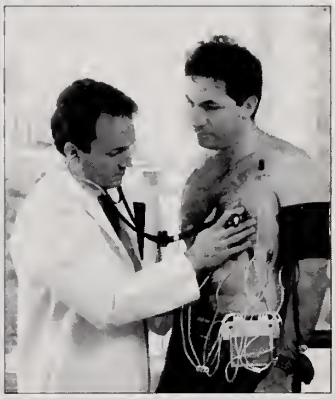

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Helping the Medically Indigent and Underserved

Part I: Project Pennsylvania and Physician Referral Networks

John A. Malcolm Jr., MD

This is the first in a series of articles outlining State Society initiatives and programs available to help the medically indigent and underserved.

"I'm unemployed at present."

"I just can't afford health insurance right now."

"I'm not eligible for Medicaid or any special health care program that I know of."

"I need to see a doctor, but I can't afford it right now."

"Are there any health care programs that the State Society has that can help me?"

Sound familiar?

Many *economically* disadvantaged Pennsylvanians lack any or adequate health insurance and are not eligible for public health care programs such as Medicaid. All too often, they delay or forego needed care, leading to development of advanced disease, more complications, and greater treatment expense.

Because these same individuals are more likely to seek acute ambulatory medical care on an episodic basis with less follow-up than desirable, and are without preventive or continuing care, the overall health of the medically indigent and underserved populations is poorer than that of the insured population.

Many of the medically indigent know that community health centers, Health Department clinics, hospital clinics, and hospital emergency rooms are obliged to see and treat them, and are more likely to accept relatively nominal payment for the health care provided. However, the increasing financial impact and other competitive pressures on community health centers, Health Department clinics, and hospitals are decreasing their financial capacity to serve the medically indigent at a time when the need is increasing.

The Pennsylvania Medical Society, with the support of the Pennsylvania Osteopathic Medical Association (POMA) and the Hospital Association of Pennsylvania (HAP), has developed and implemented a number of specific programs—including Project Pennsylvania and Physician Referral Networks (PRNs)—to address the medically indigent who need access to quality care *now*.

Project Pennsylvania

Physician volunteers caring for the medically indigent is what Project Pennsylvania is all about. As the number of medically indigent has increased and the funds available to treat them have decreased, the need for volunteers in health care settings for the medically indigent has surged.

> ***"The Society has developed and implemented a number of specific programs...to address the medically indigent who need access to quality care now."***

Recognizing that the several thousand semi-retired and recently retired Pennsylvania physicians are an untapped potential resource for volunteer indigent patient care, the State Society, POMA, and HAP developed and presented in 1989 under a joint proposal a volunteer initiative called "Project Pennsylvania." It is a joint cooperative program of physicians and health care institutions.

Project Pennsylvania is a centralized registry and referral source of physician volunteers who are available to staff indigent care programs at community and hospital facilities. Although participation is open to all state physicians, special emphasis is placed on recruitment of physicians who are about to retire or are semi-retired, because they can frequently serve on a regularly scheduled, part-time basis (i.e., one day per week) to help assure continuity of care with their patients.

For those wishing to volunteer on a non-regular basis or less frequent part-time basis, openings—such as bi-monthly immunization clinics, health screening clinics, quarterly quality case review, etc.—are available.

To facilitate central recruitment, registry, and referral services, Project Pennsylvania is headquartered at the State Society. Information and one-page applications are available by calling (800) 228-7823. Applicants (MDs and DOs) must:

- commit to provide their professional services for ambulatory primary and/or specialty care, health promotion, and disease prevention on a schedule mutually agreed upon with the health care institution;
- make direct contact with the health care institution selected and make all subsequent arrangements;
- be credentialed by the health care institution with which they are contracted;
- arrange with the selected health care institution to be covered under their professional medical liability policy;
- not bill for care provided;
- agree to participate in limited periodic program evaluations and surveys to aid the Society and health care institution in documenting the volunteer services provided; and
- have an active unrestricted license to practice medicine in Pennsylvania.

Project Pennsylvania needs additional physician volunteers—especially primary care physicians; but, perhaps surprisingly, what is needed most right now are sites for the volunteers to serve where the medically indigent are most

concentrated. To help this effort, medical staff members in highly affected areas could approach hospital administration and suggest expansion of their indigent care clinics with use of Project Pennsylvania physicians.

Physician Referral Networks

PRN is a physician-developed and physician-controlled program to link uninsured and Medical Assistance (MA) patients with primary care and specialist physicians, when existing referral systems fail to meet the access needs of the economically disadvantaged.

The State Society has designed an expandable computerized referral system based on a number of referral systems previously developed in other states, such as Indiana, Michigan, and Florida. In this system's most basic form, IBM PC-compatible microcomputers (PCs) are placed in emergency departments of participating hospitals and are linked via telephone modem to a central computer housed at the physician organization's site (e.g., county medical office, medical staff office, etc.).

Hospitals are normally responsible for the in-hospital computer hardware, modem(s), and personnel to operate the computers; physicians furnish the coverage for patient referrals and the central PC with modem. The Society furnishes the PRN program software with updates and the training of hospital personnel, physicians, and physician office staffs in using the system.

Here's how the basic system works: 1) if an uninsured (indigent) or MA patient is seen in the emergency department or a physician's office, *and* 2) is determined to need follow-up or continuing care by a primary care physician or a specialist, *but* 3) none are readily available through standard referral channels, *then* 4) a member of the emergency department staff can call the central PC to obtain a referral.

Referrals are strictly made on a rotating basis within each specialty (including primary care, as well as all other specialties in the area) so that each participating physician takes only his or her "fair share" of patients. In the initial stages of PRN implementation, a physician's office would call the emergency department to get referrals. In later stages, the office could enter the system directly if it has an IBM PC-compatible computer and has received training in using the system.

Once patient and physician are matched, the referring site prints out a referral form, and copies are given or sent to the patient and physician. Also, a record copy is kept by the referring agency to document the referral. When the care is given, the physician notes the date and type of care given, and sends the completed form to the central physician organization's office (i.e., county medical society or medical staff office) where the information is entered into the PRN database. If the patient is a "no-show," the form is also filled out accordingly and sent to the physician organization's office for database entry.

At the time the referral is made, the referring physician determines whether the patient needs to be seen within 72 hours, and if so, the referral is marked "urgent." If the patient is not required to be seen on an urgent basis, that is indicated, and the physician's office makes the appointment using normal procedures.

> *Physician Referral Network =*
>
> *PRN =*
>
> *(in Latin) when the*
>
> *need arises*

Although the physician to whom the referral is made is obliged to see the patient only for the specific problem(s) requiring referral, most physician groups using PRNs urge participating members to try to establish a more permanent physician/patient relationship to assure continuity of care and give the patient a "medical home" if needed.

One major advantage of the PRN is that actual records of referrals made, care given, etc., are generated. Physicians use such records to respond to criticisms by those outside of medicine that physicians do not adequately care for the medically indigent. The records show that:

- a comprehensive safety net system for referrals of the medically indigent for physician care exists and is working in those areas of the state where physicians have initiated the PRN;
- the referrals are available whenever and wherever a patient encounter occurs that needs referral in the PRN area;
- the care is given in a timely manner in a physician office setting by appropriate primary care physicians or other physician specialists; and
- patients who fail to follow through with referral appointments are identified and can be called to see what the problem is. The records also include how often patients fail to keep referral appointments.

Based on other states' experiences with PRNs, the vital factor to success is active physician participation and commitment. To assure maximum participation and commitment, several factors are important:

- The PRN must fill a recognized need.
- All volunteering physicians must continue to participate to keep the number of patient referrals to readily manageable levels.
- All referrals must be made on a fair and equitable basis to physicians in each specialty.
- The system must be efficient and reasonably free of hassle.
- The PRN is run and controlled by the physicians who participate in it.
- The PRN's records demonstrate that physicians care for the medically indigent.

If you would like to know more about the Society's PRN program, let us talk to your group—be it county medical society, hospital medical staff consortium, etc.—and demonstrate the software if you wish. For further information, call Maureen Hoepfer at the Society's Educational and Scientific Trust, (800) 228-7823.

Editor's note: the Society is working with the Lackawanna County Medical Society (LCMS) to help implement the county's PRN program. Pat Martin, LCMS executive, expects the program will be up and running this month with approximately 60 percent participation from LCMS physicians.

Dr. Malcolm is physician representative on the Pennsylvania Health Care Cost Containment Council and served as chairman of the Society's Commission on Access to Health Care in 1992.

Survey Reveals Physicians' Experiences with Cults

Edward A. Lottick, MD

In late June 1992, a stratified random sample of Pennsylvania physicians (5,400) were mailed a two-page questionnaire asking about experiences with destructive cults, either personal, professional, or both. Professional experience was defined as "with patients or their families," and personal experience was defined as "with self, family, or friends." The survey sample group was drawn from primary care physicians (family practice, general practice, internal medicine, and pediatrics) and psychiatrists. Surveys were returned by 1,396 participants, a 26 percent rate of return. A number of the returned surveys (173) included personal observations and comments.

Dr. Lottick, a family physician in Kingston, is president of the Luzerne County Medical Society. He has been an editor of the society **Bulletin** *and a delegate to the State Society's House of Delegates for 10 years. He served on the PAMPAC board of directors for five years and remains active as a legislative contact on both state and national levels. He has recently become a board member of the American Family Foundation and is chairman of its Committee on Further Education of Physicians.*

In the 1992 Pennsylvania Medical Society survey of Pennsylvania physicians regarding their experience with destructive cults, one of the respondents commented: "I hope you have the courage to report both the incidence of cults and the significant numbers of us who have not seen cults in our practices." To that person I would say: thank you for raising that question, and thanks to the many others who raised questions and important issues in their comments. This article contains statistical data sorting physicians into "experience" and "no experience" groups, and also contains some conclusions about each group.

Personal tragedy

Many of you thought the survey was a good idea but a few questioned its cost or its appropriateness. Because of these concerns, I feel I should briefly explain my involvement and how the survey came about.

On May 11, 1990, Noah Antrim Lottick, our wonderful 24-year old son, committed suicide. A brief account of Noah's death was featured prominently in the May 6, 1991, *Time* magazine article, "Scientology—The Cult of Greed," and again in the October 1991 *Readers Digest* article, "A Dangerous Cult Goes Mainstream." My wife and I cooperated with these magazines, whose circulation is over 100 million readers worldwide, in an effort to alert others to potential dangers.

After these articles were published we began hearing from a number of people who had been involved in cults or who had family members involved in cults. We began to wonder just how common these problems are. Although we had learned that our family's experience was not unique, we could find very little hard data for providing a statistical model for our society. And I began to wonder about other physicians' experiences.

In October 1991, I introduced a resolution to the Society House of Delegates that the State Society conduct a survey regarding destructive cults. The House of Delegates agreed and referred the resolution to the Board of Trustees, who in turn assigned the survey to The Educational and Scientific Trust. *[Editor's note: the Trust developed and conducted the survey, and the results were tabulated and interpreted by Dr. Lottick and consultants, Dr. Arthur Dole and Dr. Michael Langone.]*

For the purpose of the survey, "destructive cult" was defined as, "a group which violates the rights of its members, harms them through abusive techniques of mind control, and distinguishes itself from a normal social or religious group by subjecting its members to physical, mental, or financial deprivation or deception to keep them in the group."

Survey results

Of the1,396 respondents to the survey, 21 percent (290) reported having had personal, professional, or both personal and professional experiences with cults as defined. Of the 21 percent of respondents who indicated some experience, 36 percent felt they had adequate resources at hand to deal with the experience, while the balance, 64 percent, felt that they did not. The "at sea" group generally cited either lack of knowledge or lack of access to an expert in this area.

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The 16.8 percent of the respondents indicating only professional experience included more psychiatrists than any other specialty, and they more often responded that they had access to resources. Of respondents indicating any experience, 47.9 percent were psychiatrists. Of primary care respondents, 3.4 percent of general practitioners indicated having experience and other primary care respondents fell within a range of 13.1 to 17.3 percent having experience.

Turning to the 7.2 percent of respondents who indicated personal experience, 70 percent (5 percent of all respondents) cited a friend or acquaintance, while the remaining 30 percent (2.2 percent of all respondents) cited family.

Despite the fact that respondents named 50 different groups, the largest category of response was "cult name unknown," "not recalled," or "no name available." According to further analysis, there was no significant variation by respondent's sex, number of years in practice, or location. The widespread geographical distribution of cult experiences would tend to refute the comment of the respondent who said: "I practice in a fairly affluent and stable community—middle class. I do not believe the cults would impact such a community."

Discussion

Sadly, I previously used similar reasoning to ignore cults during the many years that my children were growing up. Living in a predominately middle class and family-oriented community with strong traditions and values, and reasoning that all our children were well-adjusted, career directed, and successful in school, we felt there was no need to worry about cults. We thought cults were something that affected the maladjusted fringe.

My wife and I have since come to understand that people don't join cults. They are recruited from among the brightest and the best at those transition times in their lives when they are most likely to be vulnerable. We had not taken into account this active and very deceptive recruiting, nor the cults' success in being accepted into the mainstream of society. We now absolutely believe that no one is invulnerable. We also conclude that one cult or another targets every type of community, leaving no geographical location or segment of society immune.

There also is much evidence, including this survey, that cults, especially larger cults, target the children of the relatively affluent and stable middle class.

For physicians with no experience

From my own personal experience, I have a message for the great majority of physicians (79 percent or four-fifths) who have had neither personal nor professional experience: you are in the position I was in before our son's death. I feel compelled to suggest that you may need some orientation to the topic so as not to be caught unaware. I think the State Society, and perhaps our specialty societies, need to provide information and education in this area.

We can no longer afford the luxury of thinking, "I probably will not be touched; therefore, I can neglect this area." One-fifth of your responding colleagues have been touched in one way or another, and 2.2 percent of all respondents have had family involved. It seems to me that social pathology needs the same scrutiny as cancer or heart disease or any other malady, and we need to be similarly aware so that we might take preventive steps.

Call for suggestions and ideas

I would appreciate your suggestions about the next step for Pennsylvania physicians on this problem. Some options could include: a Society study committee to provide research, reports, and updates; Society-sponsored seminars; and lists of resources and professionals in this area.

Because of the Society's survey, we are now more knowledgeable about how cults affect the medical profession and our personal lives. My personal thanks to the participants. I hope now that some results are known, we can pursue suggestions from respondents and draw on the knowledge of the additional people this report will reach.

I would be happy to hear from any of you at any time, but preferably within the next month or two so we can develop some proposals for the Board of Trustees and perhaps the 1993 House of Delegates. My address is: Edward A. Lottick, MD, 789 Wyoming Avenue, Kingston, PA 18704; (717) 288-7506.

Suggested reading:

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Further resources

Because of my son's very adverse experience with a cult, I especially noted those respondents to the survey who reported family members who had had, or perhaps are having, cult experience. The following national organizations may be of help to you, as well as to anyone interested in learning more about cults or a specific cult: Cult Awareness Network, 2421 West Pratt Blvd., Suite 1173, Chicago, IL 60645, (312) 267-7777; and the American Family Foundation, P.O. Box 2265, Bonita Springs, FL 33959, (212) 439-1550.

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Trustee of New District Welcomes Challenge

Maria T. Montesano
Assistant Managing Editor

Next month:
Look for a profile of newly elected trustee, John J. McAndrew, MD, Third District.

At its annual business meeting in October 1992, the Society's House of Delegates created a Thirteenth Trustee District to serve Allegheny County. This first in a series of three interviews with the Society's newly elected trustees profiles Carol E. Rose, MD—wife, mother, anesthesiologist, and the new district's trustee.

Carol E. Rose, MD, Pittsburgh anesthesiologist and the Society's newly elected Thirteenth District trustee, started medical school when she was 33. With a husband, two elementary-school-aged children, and a home, she says she considered being a doctor, but didn't do anything about it because, at the time, "girls didn't do that." Her life, as anyone's, can be viewed through the different roles she has played.

Mrs. Rose, the student

At 29, as a substitute teacher in Miami, Dr. Rose decided it was time to complete her undergraduate degree. Careful consideration led her to science courses, on track to teach high school science, "and then it hit me," Dr. Rose says. "Those college-level science courses were very much pre-med courses." She knew she had what it took to teach high school science, and since the courses were the same, she thought, "then perhaps I have what it takes to get admitted to medical school."

She found herself in the first of a number of "win/win" situations: "If I was admitted to medical school, that was a win. If I wasn't, then I could teach science in high school, which I knew I would also enjoy." She says, "It was a good feeling to be doing something where I couldn't lose." Admission to medical school at the University of Miami came on first try for Dr. Rose, an experience she enjoyed "tremendously."

She and her family then moved to Pittsburgh, where she served her internship and residency at Mercy Hospital. Though born in Brooklyn, New York, and settled in Miami for quite some time, she now considers herself a Pennsylvanian. And as for Pittsburgh, she says, "I became a Pittsburgher the day after I moved here because I really love this place."

Dr. Rose

Dr. Rose, the anesthesiologist

Having made the decision to specialize in anesthesia during her third year of medical school, Dr. Rose soon after found herself in her second "win/win" situation: "I did a radiology rotation, and I was really infatuated with radiology...I knew that if anesthesia wasn't right for me, radiology was, so I couldn't lose." She honored her commitment to anesthesia and soon realized that was where she wanted to be. "I was walking down the hall one day at the hospital," she says, "and the thought came across my mind, 'I am having such a good time.' That is when I realized that I didn't have to make any changes."

Fourteen years later, Dr. Rose still finds her specialty intriguing, as well as "very interactive" with the patient: "If I did anesthesia for the same surgery 50 times in a row, it would be 50 different anesthetics because it would be 50 different patients, 50 different surgeons, 50 different times of the day, 50 different medical histories, and 50 different personalities of the patients. We really have a lot of thinking to do to tailor what we do for our patients." She adds, "You can't do 'cookbook' anesthesia if you are going to do anesthesia well."

She also admits she enjoys performing complex procedures because of "the lots of little things anesthesiologists do with their hands—making connections, putting things together, arranging things."

Dr. Rose, the trustee

Dr. Rose's interest in being active in the Pennsylvania Medical Society and her strong belief in organized medicine led her to pursue her position serving Allegheny County. She describes the State Society as "a top notch, well-run organization that is really interested in having physicians actively involved." Prior to her election, she was actively involved in the

Society, serving as a member of the Council on Governmental Relations and chairing its Subcommittee on Legislative Action Teams. Also, she is currently serving her first term as alternate delegate to the AMA.

As for organized medicine in general, she says: "I have come to truly believe in the power of each individual member of the organization—the real power of each individual physician's opinions and needs, and those of their patients. A large number of us are specialists in medicine today, [and] if we are interested in doing what is *really* best for the patient, we need to look at what's best for the overall patient—for the patient as a total patient in the all-encompassing sense...that's why I believe our strength is in our generic organizations." She adds: "I am a physician first and a specialist second."

Dr. Rose also supports unification with the AMA: "I am very pleased that Pennsylvania is a unified state," she says. "I know that not everybody feels that way, and I appreciate their feelings. However, one of the big reasons I see for the displeasure in the unified concept is the cost. Perhaps if there was no additional cost to being unified, everyone would be interested, because our Society's strength is certainly enhanced by being unified."

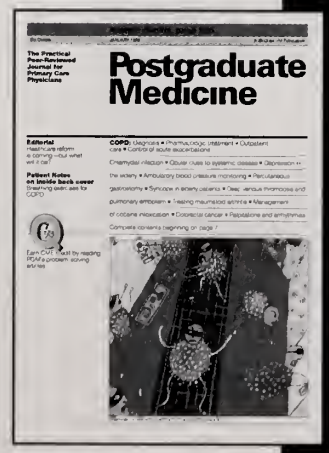
As a trustee, Dr. Rose will be asked to consider a number of issues facing medicine, including health care reform. On that subject, she says, "I hope when physicians discuss health care reform that their first concern is the care of the patient—better access to care without decreasing quality—as opposed to reimbursement issues." She firmly believes the U.S. "has the ability to give the finest quality medical care."

She also speaks about the changing face of medicine and all the new challenges to today's medical students and young physicians. She cites a number of examples of how and where medicine is changing—the physician/patient relationship, third-party reimbursement, patient responsibility, patient self-abuse. "These issues have impacted what we, as physicians, see in our practices and what we can do for our patients." According to Dr. Rose, "There was a long period of time in medicine where the picture didn't change," but she warns: "If anyone has a permanent picture in their mind of what it is to be a physician, then that person is going to have the hardest time adjusting to the changes."

As a final thought, she says, "Coming into medicine with more life experience and a broader view on life than the usual medical school student has made it all a little easier for me."

Dr. Rose will serve a three-year term as Society trustee. She says that though her voting will now be done at the board level, her strongest interests will remain in legislative affairs and membership. She works at Presbyterian University Hospital in Pittsburgh; holds an appointment as assistant professor of anesthesiology at the University of Pittsburgh; and lives in Mt. Lebanon with her "very cooperative and supportive" husband, Byron, an architect. Their two children are grown.

US THEM



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Postgraduate Medicine

Track and Maintain Managed Care Contracts for Better Profitability

The Health Care Group

More than half of all U.S. doctors participate in at least one managed care plan—and the number is growing. While there are many good reasons to affiliate with managed care plans, there's no reason to continue such a relationship without evaluating its profitability. Thus, before automatically renewing a contract with a managed care plan, the physician should carefully review the details to determine whether the plan is really working for him or her.

The decision to continue a relationship with managed care need not be "all or nothing." Because details often vary from plan to plan, each plan contract needs to be evaluated individually. Physicians should keep abreast of the contract renewal date—managed care organizations typically require 60-90 days notification of renegotiation or termination.

Also, many practices let their plans automatically renew, without negotiating payment rates. It is up to the practice to initiate the terms of the relationship, which should include regular, automatic payment increases tied to an objective scale, such as the Consumer Price Index.

Evaluating performance

The first stage in the decision to renew a contract is evaluating whether the plan has delivered the performance it promised. For example, did the plan meet a reasonable minimum patient volume in return for discounted fees and fixed administrative costs associated with plan participation? Did the plan achieve the market penetration it promised? How does the composition of the plan's subscriber base compare with the demographics of the practice's current patient population? Is the plan continuing to attract new members, or is its enrollment base stagnant, resulting in an adverse selection risk? The plan may be attracting a specific population that may require more services, such as under two years of age or over 65. These factors are important in assessing profitability of continuing plan participation.

In addition, the physician should review the practice's breakdown of third-party payors. Is any one plan, or the overall percentage of managed care in the practice, reaching an unacceptably high level? In some cases, instead of introducing a new patient population into a practice, joining a managed care plan converts the existing patient population over to managed care.

It is also important to assess the financial viability of the plan itself, including the adequacy of its reserves and its record of paying claims. The number of bankruptcies among insurers and HMOs today is giving groups legitimate reason for concern. State insurance commission filings or publications such as *A.M. Best* can be valuable sources in uncovering these key financial data.

Payment rates

While many factors contribute to the profitability of a relationship with a managed care plan, the plan's financial success with a practice will largely depend upon payment rates. If the plan offered a capitation rate, the physician will need to determine if the rate negotiated is profitable for the practice. A good way to begin this assessment is by calculating the fee-for-service equivalent to determine the percent of fee-for-service charge. In making this calculation, the physician should include all sources of plan revenue, not just capitation payments. Typically, this would include co-pays and fee-based payments for non-capitated services.

Comparing this percentage with that of other payors will show how the plan stacks up. If the physician's managed care plan is paying 70 percent of fee-for-service charges, and this is high compared to other third-party payors, that plan may be more profitable than the physician thinks. However, if the managed care plan is actually paying 70 percent of fee-for-service charges, but other payors are reimbursing 90 percent, then it may be time to negotiate more favorable rates.

If the physician decides to negotiate the payment rates, he or she should assess his or her negotiating strength before entering into the bargaining process. The success in negotiating more favorable rates will depend largely upon the relative market power of the managed care plan and the practice.

The negotiating process usually includes an element of risk. For example, the physician may decide that payment rates with a specific plan do not provide a reasonable return and seek to negotiate higher rates. However, if the plan does not concede, the physician may lose the contract altogether. Moreover, if the plan represents a significant percentage of the practice's patient base, the physician will need to explore other channels to attract new patients to offset the loss.

One way for the physician to strengthen his or her negotiating position is to enter the bargaining process with important data, such as patient satisfaction and quality statistics, in hand. Physicians should be sure to survey their patients to monitor how they perceive the quality of services provided. Having these data available to illustrate that patients feel positively about the care they receive may enhance the physician's chances of negotiating more favorable terms. Or, if the practice is a referral-based specialty practice, the physician should gather data on the satisfaction of referring primary care physicians.

Beyond payment rates

Negotiations need not be confined to payment rates alone. Many administrative aspects can also affect a plan's profitability for a practice. For example, billing and plan payment policies are key issues that can make or break the profitability of a contract. To assess the administrative toll on a practice, the

physician should review the payment history over the past year to determine average payment turnaround.

Most "pre-paid" plans do not pay on the first of the month; payments made mid-month or at the end of the month may adversely affect practice cash flow. Additionally, for fee-based services provided under the contract, have the time limits on submitting claims and payment turnaround times been reasonable? The time limit often varies with each plan: a period of six to 12 months to submit claims and a guaranteed 30-day payment turnaround, with interest accruing after 30 days, can be negotiated.

Other administrative aspects of the managed care plan can place a burden on the practice. Plan policies and procedures for enrollment routines may be inefficient, resulting in administrative burdens for staff. There is usually room to negotiate simplified procedures and contractual protection from such issues as retroactive denials or undocumented refusal to make bonus payments from withhold funds.

Beware of contract provisions

Overly intrusive contractual provisions—such as those that tie provider acceptance of new members with one plan to the status of all other plans—can affect the decision of whether to renew with a given plan. For example, the fine print of a plan's contract may allow the physician to close enrollment in the plan only if enrollment is closed to all other plans. Or, the contract may include a penalty discount to payment rates if the practice closes to new plan patients.

Other provisions, such as those that shift liability away from the plan through hold-harmless and/or indemnification clauses, can also taint physician/managed care relationships. In negotiating a new contract, the physician should incorporate an alternative statement that exempts him or her from such onerous obligations. Similarly, the physician should be certain he or she has the right to dismiss from the practice plan members who are disruptive or non-compliant.

The issues raised here highlight some of the more important points for physicians to consider when analyzing whether or not to continue with their plans. Even if a plan's financial rewards fall short of expectations, there may be other areas open to negotiation that could significantly affect the decision to continue participation. While it is best to review all the pertinent facts before initially joining a plan, it's never too late to take stock and revisit the plan's overall profitability. It is also vitally important to look at the strategic issues involved when analyzing the relationship between physicians and managed care plans as a whole.

The contributing authors, Edward L. Grab and Michael J. Parshall, are consultants with The Health Care Group, a medical practice management consulting firm based in Plymouth Meeting.

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
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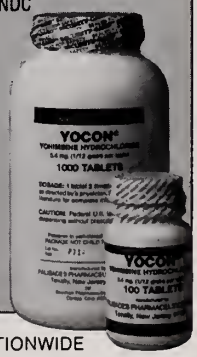

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Fourth PRO Scope of Work

Donald E. Harrop, MD

Though physicians may not initially recognize the benefits of the Health Care Financing Administration's Fourth PRO Scope of Work, in the long run they most likely will respond favorably to the advantages offered by this new approach.

"This movement from the punitive nature of PROs to an educational approach should be welcomed by physicians, since there will be fewer situations which require them to respond to questions concerning individual cases."

Starting April 1, 1993, the Keystone Peer Review Organization's (KePRO's) entire operation will take on a whole new look as we begin to implement the Fourth PRO Scope of Work.

As a result of negotiations with the Health Care Financing Administration (HCFA) for our four-month extension, which started December 1, 1992, it will be necessary to close our area office operations in Monroeville and Blue Bell by March 31, 1993. The rural review office in Bloomsburg closed November 25, 1992.

This same situation is occurring nationwide due to the drastic reduction in case review volumes under the new Scope of Work designed by HCFA. PROs will be reviewing only about one-third of the volume of cases compared to earlier years of the program. While we may wonder if HCFA has gone too far with these reductions, we must admit that there are aspects of the new PRO direction which should create some long-range, positive improvements in the quality of care delivered to Medicare patients.

As I reported in the July 1992 issue of this publication—when we were still unsure of much of what would be contained in the new Scope—HCFA refers to this new direction as the Health Care Quality Improvement Initiative (HCQII). The PRO program is now moving away from higher volumes of individual case review and will instead concentrate on pattern analysis. The huge database accumulated each year from paid Medicare claims represents a wealth of information which has been put to very little use by HCFA, the fiscal intermediaries, the Part-B carriers, or the PROs.

These data will now be analyzed and, as patterns of care are identified by the PROs, differences in treatment methods will be compared. Where it is obvious that one method has proved to be more successful than others, physicians will be informed through educational programs presented by the PRO at hospitals throughout the state.

This movement from the punitive nature of PROs to an educational approach should be welcomed by physicians, since there will be fewer situations which require them to respond to questions concerning individual cases. There will, however, be times when a profile of a physician's practice will be sent to the physician with a request for information about the cases included; these may represent numerous patient discharges.

Another addition to the program will be a requirement for an internal quality control process. While this may not be readily visible from outside the organization, it too should eventually help foster better relations with the health care community.

Quality control measures will be applied to a number of internal processes including efforts to attain a greater degree of consistency in physician review decisions, standardize performance of nonphysician reviewers, and improve the validity of medical determinations made by the PROs. KePRO has always maintained a formal self-monitoring program, but will now make this effort more comprehensive to include evaluation of every type of KePRO activity.

Most of these changes should bode well for the physician community, and I hope they are accepted in an appropriate manner. I have a slight fear that some physicians will not take advantage of the opportunities to learn new methods of treatment, even when shown that their outcomes can be improved.

I am also concerned that the reduced review volumes could eliminate what is referred to as the "sentinel effect," and some physicians may slide back into patterns of overutilization. However, I think the advantages offered by this new approach will be recognized, and most physicians will respond favorably to the challenges ahead.

Dr. Harrop is president of the Keystone Peer Review Organization.

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TEN MEDIGAP CORE PLANS OUTLINED

Effective August 1, 1992, insurers offering Medigap policies to supplement Medicare benefits must offer a core benefit plan. Plans offered above and beyond the core plan must conform to one of the other nine standardized policies. The plans were developed by the National Association of Insurance Commissioners under federal guidelines.

Medicare beneficiaries must choose from one of the standardized policies when purchasing a new policy. If the beneficiary currently possesses a Medigap policy, a choice of one of the standardized policies is made upon renewal. The plans are labeled from A to J. Plan A is the core benefit package which must be sold by all Medigap insurers in all states. It includes: Part A hospital (days 61-90); lifetime reserve (days 91-150); 365 life hospital days (100 percent); Parts A and B blood; and Part B coinsurance (20 percent). Plans B-J contain the core benefit package as well as additional benefits which increase the price of the policy (see chart below).

While Medigap insurers have the option of which plans to offer above and beyond the core benefit plan, any other plans offered must be consistent with the benefits contained in Plans B-J. Pennsylvania law requires that all Medigap insurers within the state offer Plan B in addition to Plan A.

As a result of Pennsylvania's Health Care Practitioners Medicare Fee Control Act, which prohibits the balance billing of a Medicare beneficiary above the Medicare fee schedule amount, Pennsylvania Medigap insurers are only required to offer seven polices: A-E, H, and J. Policies F, G, and I contain balance billing provisions. Policy J also contains coverage for balance billing, but is offered in Pennsylvania to accommodate those beneficiaries which may require services in a state where balance billing is permissible.

Pennsylvania Blue Shield's 65-Special plans will be replaced with plans A, B, C, and H, since they most closely resemble the existing plans. These new standardized Medigap plans will be called Security 65.

In October 1992, the Society's House of Delegates approved a resolution directing the Society to pursue having the Insurance Department also offer policies F, G, and I, since they contain benefits such as additional reimbursement for prescription drugs, "at home recovery" services, and coverage for excess Medicare charges.

Additionally, the Insurance Department has complied with numerous requests from the Society that Pennsylvania clearly regulate Medigap policies to cover the full 50 percent copayment for outpatient psychiatric services. As a general rule, Medicare Part B services are reimbursed using the 80/20 split. However, expenses incurred in connection with the outpatient treatment of mental, psychoneurotic, and personality disorders are paid differently: Medicare pays 50 percent of the approved amounts, and the beneficiary is responsible for the remainder.

Ten Standard Medicare Supplemental Benefit Plans

	A	B	C	D	E	F	G	H	I	J
Core Benefits	X	X	X	X	X	X	X	X	X	X
Skilled Nursing Facility Coinsurance (Days 21-100)			X	X	X	X	X	X	X	X
Part A Deductible		X	X	X	X	X	X	X	X	X
Part B Deductible			X			X				
Part B Excess Charges (in %)						100	80		100	100
Foreign Travel Emergency			X	X	X	X	X	X	X	X
At-Home Recovery				X			X		X	X
Prescription Drugs								1	1	2
Preventive Medical Care					X					X

RURAL DESIGNATION INCREASES REIMBURSEMENT

The Federal Rural Health Clinic Services Act provides for "cost-based" reimbursement for Medicare and Medicaid to those physician practices which meet the criteria established by the federal government. The program is designed to benefit those practices which provide primary care in rural areas, and in turn, increase medical care to rural residents by improving access to care. There are currently 22 rural health clinics certified in the state of Pennsylvania.

Although the certification process is not simple, a practice's rural status substantially increases reimbursement for office visits and other primary care services. For example, Pennsylvania Medical Assistance reimburses a physician's office visit at $20. That same visit under the clinic designation could generate twice that amount. Non-primary care services would be billed and reimbursed in the usual manner to Medicare and Medicaid.

To be certified, a clinic must be located in an area designated by the Bureau of Census as non-urbanized, and by the Department of Health and Human Services as a shortage area wherein a shortage of personal health services or shortage of primary medical manpower exists. The clinic must be licensed pursuant to applicable state and local law.

Other requirements mandate the makeup of the clinic staff and the number of primary care services which must be delivered—certain lab tests must be offered and an annual evaluation by the state Department of Health must be conducted.

The rural health clinic program is administered by Medicare Part A intermediaries. Blue Cross of Western Pennsylvania processes claims for rural health clinic services rendered in Pennsylvania. Since billings are to Part A, special billing considerations will also be necessary. For example, special procedure codes are used rather then the standard CPT codes, and the HCFA 1500 claim form may not be used to bill.

To obtain information on whether a practice is located in a rural health clinic area, physicians should contact the Division of Primary Care and Home Health Services, Pennsylvania Department of Health, Room 1032A, Health and Welfare Building, Harrisburg, PA 17120, (717) 783-1379. For other assistance, call the Society's Department of Medical Economics at (800) 228-7823.

Sandra K. Patterson, Society medical economics analyst, and Richard R. Orlandi, assistant director of medical economics, contributed to this page.

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LEADERSHIP CONFERENCE CONVENES IN APRIL

Several hundred physicians will convene April 27-28, 1993, in Harrisburg for the State Society's annual Leadership Conference. This year's theme, "Time to Lead—A Clarion Call," is intended to rally Pennsylvania physicians to take the leading role in helping shape the future of health care.

Jack Chow, MD, deputy U.S. secretary for public health under Health and Human Services Secretary Louis Sullivan, MD, is scheduled to present the keynote address. Other nationally known speakers will discuss managed care and the Clinton perspective on health care reform. Also, through a town meeting with Society officers, sponsored by the Institute for Physician Leadership of the Society's Trust, the audience will participate in a discussion of current health care policy issues.

Six workshops, to be presented April 28, are currently under development and will address such topics as: grassroots lobbying, stress management, public speaking and media relations, hospital/physician relations, family violence, and marketing physician image.

Registration forms for the conference were published in this month's *Executive Report*. For additional information, see opposite page. Also, Leadership Conference speakers and program topics will be featured in the Newsfronts section of PENNSYLVANIA MEDICINE next month.

AMA DELEGATION NEWS

DELEGATION REPRESENTS STATE SOCIETY IN NASHVILLE

The Pennsylvania Delegation to the AMA introduced 15 resolutions to the AMA House of Delegates at its interim meeting, held December 6-9 in Nashville. Five adopted resolutions direct the AMA to:

- seek the elimination of the 10 percent reduction in payment for services to Medicare beneficiaries for claims submitted within 24 months from the day of service;
- support the same tax treatment for out-of-pocket health expense as is afforded to health insurance premiums;
- work to see that all proposed federal health care reform initiatives be field tested in pilot programs which establish the value of the reform prior to consideration for nationwide implementation;
- encourage legislation to restore the tax deductibility of medical student loan interest; and
- explore the feasibility of expansion of contracted locum tenens' coverage to all physicians practicing in federally designated underserved areas who need such coverage for attendance at accredited continuing medical education programs.

Of the other resolutions, three were supported through other state's resolutions, two were reaffirmed, and four were referred to the Board.

Also, two major topics of discussion at the interim meeting were health care reform and the official position of the AMA on managed competition. While the first remains a nationwide priority, the latter is especially significant in Pennsylvania since Governor Casey's Economic Development Partnership health care reform plan for the commonwealth is based on managed competition. The AMA House voted to continue supporting a pluralistic health care system with no preferential treatment by government that gives a competitive advantage to any form of health insurance or health care delivery organization.

The Pennsylvania Delegation is next scheduled to meet in conjunction with the Society's Leadership Conference in April in Harrisburg. The AMA House of Delegates will hold its annual meeting in June in Chicago.

COUNTY NEWS

DR. GERNETH INAUGURATED 128TH ACMS PRESIDENT

George J. Gerneth, MD, was inaugurated as the 128th president of the Allegheny County Medical Society (ACMS) at the annual installation of officers on January 9, 1993. He succeeds John A. Burkholder, MD.

Dr. Gerneth, a private practice ophthalmologist, is affiliated with Braddock Medical Center, and Eye and Ear-University Hospital. He is a clinical associate professor of ophthalmology at the University of Pittsburgh, and serves on the board of the Keystone Peer Review Organization, as well as a number of other health-related organizations.

Dr. Gerneth

He is a graduate of the University of Pittsburgh School of Medicine, where he was honored with membership in Alpha Omega Alpha and with a fellowship in ophthalmology.

A former flight surgeon, Dr. Gerneth was honorably discharged with the rank of captain from the U.S. Air Force. He served his internship at St. Francis General Hospital and his residency at the Veterans Administration Hospital. Dr. Gerneth has served ACMS and the State Society in various capacities for 31 years.

Other ACMS officers installed are: Lee H. McCormick, MD, a family practitioner affiliated with Jefferson Hospital and Braddock Medical Center, as president elect; Nancy S. Nieland, MD, a dermatologist affiliated with Presbyterian-University, Children's, Montefiore, St. Margaret, and St. Francis hospitals, as vice president; and Richard N. Harris, MD, an internal medicine specialist affiliated with Presbyterian-University, Eye and Ear-University, and Shadyside hospitals, as well as St. Francis Medical Center, as secretary. John S. Oehrle, MD, a pathologist at Allegheny Valley Hospital, will serve a fifth term as ACMS treasurer.

SIX MONTGOMERY COUNTY PHARMACIES RECOGNIZED

Six Montgomery County retail pharmacies that no longer sell tobacco products were recognized in 1992 by the Montgomery County Medical Society (MCMS), the Montgomery County Pharmaceutical Association, and the Montgomery County Health Department. A plaque, in honor of their efforts, identified each as a "Tobacco-Free Pharmacy."

Recognizing the pharmacies is one aspect of a cooperative endeavor of the three organizations to target smokers to get them to quit smoking. The tobacco-control initiative

TIME · TO · LEAD

A Clarion Call

HMSS Assembly*
April 27
9 a.m.-noon

PENNSYLVANIA MEDICAL SOCIETY

Leadership Conference

April 27 & 28, 1993

Harrisburg Hilton and Towers

Plenary Speakers:

- **Paul Ellwood, MD,** co-founder of the influential Jackson Hole Group and promoter, with his InterStudy group, of the concepts of CCOs, PPOs, and managed competition.
- **Donald W. Dorr, Esq.,** former member of the Pennsylvania House of Representatives, with an overview of legislative issues.
- **A Clinton Administration Insider:** (to be named soon, contingent upon the Presidential appointment process) representing the new administration's perspective on health care reform.

Keystone Address:

- **Jack Chow, MD,** Deputy U.S. Secretary for Public Health in the Bush Administration's Department of Health and Human Service. Beginning in February, Dr. Chow will serve as assistant director for international relations, Fogarty International Center, National Institutes of Health.

Town Meeting:

- Sponsored by The Institute for Physician Leadership, this forum gives attendees the opportunity to engage in substantive discussions with the Society's officers and leaders. Moderator Bud Crouch is a consultant who specializes in all aspects of effective leadership. He will keep things moving—and on target—in this valuable exchange of information and opinion.

Six Workshops:

- The Hospital-Physician Relationship
- How to Increase Your Grassroots Lobbying Effectiveness
- Stress Management
- Marketing Physician Image
- Public Speaking & Media Relations
- Domestic Violence

Look for Leadership registration information in the February issue of *Executive Report*

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*Come to the Hospital Medical Staff Section Assembly and stay for Leadership!

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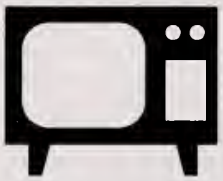
consists of several strategies to be implemented by participating Montgomery county physicians and pharmacists.

For example, participating family practice and primary care physicians will team with participating pharmacies to offer free smoking-cessation educational materials. Physicians will also receive stickers to place on the charts of patients who smoke to remind them to reinforce smoking cessation messages at subsequent visits, and buttons will be worn by the physicians and pharmacists that read, "Quit smoking...ask me how."

The alliance of Montgomery County health advocacy organizations will plan additional strategies for future tobacco-control initiatives to reinforce their present efforts.

The Medicine Shoppe, Jeffersonville, was one of six Montgomery County pharmacies to receive a "Tobacco-Free Pharmacy" award from the joint committee of Montgomery County's Health Department, Pharmaceutical Association, and Medical Society (MCMS). Pictured (left to right) are: William Pronzato, RPH, pharmaceutical association; Henrietta Cole, pharmacist, The Medicine Shoppe; Roberta L. Schneider, MD, president, MCMS; U. Berkley Ellis, EdD, executive director, MCMS; and R. Scott Landes, health department.



PUBLIC TV AIRS SOCIETY-SPONSORED PROGRAM

"Breaking the Cycle of Domestic Violence," a one-hour public awareness program sponsored in part by the State Society, aired in January on Pennsylvania's seven public television stations. The program included the video, "Children of the Lie." A studio panel with physician-panelist Pat Bruno, MD, Sunbury, discussed the issue.

The following Society members volunteered to staff phone banks at the stations to answer viewer questions about domestic abuse and suggest available resources: Raymond Seckinger, MD, and Oscar Morffi, MD, Allentown; Ronald Lutz, MD, Whitehall; Susan Sehn, MD, Layfayette Hill; Peter Wilson, MD, and Robert McNamara, MD, Philadelphia; Roberta Schneider, MD, Wyncote; John Benson, MD, Yardley; Sant Ram, MD, Erie; Wanda Filer, MD, York; Richard Baltz, MD, Harrisburg; Glen Bartlett, MD, Hershey; Tim Vollmer, MD, Danville; Aimee Biller, MD, Judith Cohen, MD, and Mark Publicker, MD, Pittsburgh; Bruce Branin, DO, and Jeff Berman, MD, Waverly; and Larry Rosenberg, MD, Johnstown.

Funding for the program was provided by the Society, the Society's Auxiliary, and The Educational and Scientific Trust, as well as the Pennsylvania Bar Association and related organizations.

MCP SEEKING MINORITY MENTORS

The Medical College of Pennsylvania (MCP) is undertaking a number of endeavors with the aim of increasing the number of under-represented minority professionals in the health sciences. MCP's efforts will extend from the Philadelphia Public School system to Meharry Medical College in Nashville.

To start this extensive and long-term project, Meharry Medical School, Misericordia Hospital, and MCP have entered into an agreement to train 15 Meharry Medical School students in their third-year clerkships at Misericordia Hospital. Minority physicians practicing in the Greater Delaware Valley region are being sought to serve as mentors to these students.

A mentor will be expected to meet with the student once a month to discuss his or her progress and to be available for occasional phone consultations. This is an opportunity to assist a young minority physician in training.

If you are interested in serving as a mentor, please contact: Phil Gordon, PhD, Office of Medical Education, MCP, 2900 Queen Lane, Philadelphia, PA 19129; (215) 991-8535.

CREDENTIALING ENCOURAGED THROUGH AMA/NCVS

The Society's House of Delegates, at its October 1992 meeting, adopted a resolution calling for the Society to encourage physicians to use the American Medical Association's National Physician Credentials Verification Service (AMA/NCVS). The primary goal of the service is to enable physicians to establish a permanent file of their core credentials which can be used when they apply for licensure or hospital privileges.

To use the service, physicians provide AMA/NCVS with core credentialing information, including personal history, education, training, licenses and specialty board certification, liability insurance, medical society memberships, and employment/hospital affiliations. The information is then verified

STATS

Since May 1992, the Pennsylvania Medical Society has distributed more than 103,000 brochures on Pennsylvania's new living will law to physicians, their patients, and other interested individuals and consumer groups.

directly with primary sources and compiled into a single, permanent file; credentials files are released only upon the request of the physician. A one-time fee of $150 for AMA members and $300 for non-members is charged for file set up.

AMA/NCVS has been reviewed by the Joint Commission on Accreditation of Healthcare Organizations and meets its standards for primary source verification. It is accepted by participating hospitals in selected areas. At the State Society's request, the Pennsylvania State Board of Medicine is negotiating with AMA/NCVS to resolve issues that have prevented the state board from accepting AMA/NCVS.

For more information on the service or to request a sign-up kit, call AMA/NCVS at 1-800-677-NCVS.

ORTHOPEDIC SOCIETY MEETING SCHEDULED

The Pennsylvania Orthopedic Society will hold its spring meeting, "Advances in Adult Hip Surgery—Trauma and Reconstruction," April 1-3, 1993, at the Southampton Princess Hotel, Bermuda.

The meeting, which offers 10 Category I credit hours of CME, will feature William H. Harris, MD, chief, Hip and Implant Unit, Massachusetts General Hospital, and clinical professor of orthopedic surgery, Harvard Medical School; Charles A. Engh, MD, clinical assistant professor of orthopedic surgery, Georgetown University and University of Maryland; and Bernard A. Rineberg, MD, president, American Academy of Orthopedic Surgeons. Program topics will include total hip replacement, femoral and acetabular components, and an update on orthopedic surgery on a national level.

For more information or to register, call Stacy Otstot at (717) 558-7750.

HERSHEY AIDS UNIT MAY CLOSE THIS YEAR

Unless additional funds become available, the Hershey AIDS Clinical Trials Unit (ACTU) at Penn State's Milton S. Hershey Medical Center will have to close within the next year, according to its director, M. Elaine Eyster, MD, chief of the Division of Hematology and professor of medicine.

Due to cutbacks in federal funding, the National Institutes of Allergy and Infectious Diseases (NIAID) has decided to phase out the Hershey unit, which has offered experimental therapies to adults and children with AIDS virus infections for the past five years.

"The decision to close the Hershey unit appears to have been made on a geographic basis," says Dr. Eyster. "We received an excellent rating for the scientific merit of our proposal, our past performance, and our cost effectiveness. However, the 'remote' location of Hershey from the epicenters of the AIDS epidemic was cited as a major factor in the 'unsuccessful recompetition for funds.'"

Hershey provides care for more than 200 men, women, and children infected with HIV, the virus which causes AIDS. More than 100 of these from 25 counties in central Pennsylvania have received experimental drugs in clinical trials. NIAID has promised to support those persons already on studies for a while longer, but the center will be unable to offer new experimental therapies to other infected persons unless the decision is changed or additional funds become available.

Whatever the fate of the Hershey ACTU, Hershey officials stress that the medical center will remain committed to the care of HIV-infected persons living in central Pennsylvania.

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NEWSMAKERS

William F. Brereton, MD, chief of hematology and of medical oncology, Saint Vincent Health Center, Erie, was elected president of the Pennsylvania Oncologic Society. Dr. Brereton is also affiliated with the Regional Cancer Center, Hamot Medical Center, the V.A. Medical Center, and the Metro Health Center—all in Erie—as well as the Oil City Area Health Center and Titusville Hospital.

Dr. Brereton

Mary Ann Keenan, MD, chairman, Department of Orthopedic Surgery, Albert Einstein Medical Center, Philadelphia, addressed two international orthopedic conferences: the International Congress on Cerebral Palsy, University of Heidelberg, Germany; and the Fourth International Congress of Orthopedic Rehabilitation, Basel, Switzerland.

Nicholas E. Roberti, MD, DuBois, has received a three-year appointment as cancer liaison physician, Hospital Cancer Program, DuBois Regional Medical Center.

Dr. Spaeth

George L. Spaeth, MD, director of glaucoma service, Wills Eye Hospital, Philadelphia, presented his paper, "Surgical Treatment of Glaucoma: Past, Present, and Future," at the 55th Annual DeSchweinitz Lecture at the College of Physicians, Philadelphia.

Stephen L. Corson, MD, Narberth, has been appointed chief, Section on Reproductive Endocrinology, Pennsylvania Hospital, Philadelphia.

Harris R. Clearfield, MD, professor of medicine, director of the Division of Gastroenterology, and director of the Krancer Center for Inflammatory Bowel Disease Research, Hahnemann University, Philadelphia, has been elected to the board of trustees of the American College of Gastroenterology.

Kenneth F. Mangan, MD, director, Bone Marrow Transplant Program, Temple University Comprehensive Cancer Center, Philadelphia, received a $10,000 check representing a corporate donation from Sandoz Pharmaceuticals Corporation. The money, set aside specifically for the center's Bone Marrow Transplant Research Fund, will be used for research and development.

Philadelphia ophthalmologist **Joseph C. Flanagan, MD,** delivered the Wendall Hughes Lecture at the American Academy of Ophthalmology meeting, Dallas, Texas. His presentation was entitled, "Lacrimal Sac Tumors."

Carlo Croce, MD, director, Jefferson Cancer Institute, Philadelphia, will serve as principle investigator of a five-year study of the genes and mechanisms involved in acute leukemia and non-Hodgkin's lymphoma. The study will be funded by a $5 million grant from the National Institutes of Health.

James L. Weese, MD, Meadowbrook, has been appointed director of surgical oncology, Graduate Hospital, Philadelphia.

Bernard Fisher, MD, distinguished service professor, University of Pittsburgh School of Medicine, received a 1992 City of Medicine Award for his achievements in medicine in the public interest. Dr. Fisher was one of three recipients nationwide to receive the award recognizing discoveries and developments in medicine and medical research, improvements in patient care, new scientific and technological progress/innovations in medical economics and philanthropy, and other medical accomplishments. The City of Medicine program is an affiliate of the Health Affairs Division of the Greater Durham Chamber of Commerce, Durham, North Carolina.

Mayer A. Green, MD, Pittsburgh, was honored as a Master of Allergy by the American College of Allergy & Immunology for his contributions to the college and the field of allergy.

Norman L. Loux, MD, Souderton, was honored by Grand View Hospital, Sellersville, for his "compassion, vision, and dedication" in guiding the development of the hospital's new psychiatric unit. A plaque has been placed in the unit, which was dedicated in his honor.

Dr. Loux

Diagnostic radiologist and nuclear medicine specialist **Thomas W. Forbes, MD,** Allison Park, has been named a fellow of the American College of Radiology.

Lancaster General Hospital workers James P. Argires, MD (left), neurosurgeon, and Dawn Ruth, RN (right), traveled to Moscow late last year as part of a factfinding team for International Orthodox Christian Charities to evaluate Russia's health care situation. Dr. Argires served as leader of the team, made up of seven health care workers and a hospital contractor. The team visited five hospitals.

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3:30-4:00	Nuclear imaging: Old and newer techniques, pitfalls in interpretation	*Ami E. Iskandrian, M.D.*
4:00-5:00	Case Presentations	*Ira Wolmer, D.O.*
	Panel Discussion	*Jaekyeong Heo, M.D.*
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OBITUARIES

Leo H. Criep, *Pittsburgh*
University of Pittsburgh School of Medicine, 1920; age 96, died November 19, 1992. Dr. Criep was an allergist.•

Samuel W. McNeal, *Columbia*
Jefferson Medical College, 1925; age 92, died December 6, 1992. Dr. McNeal was a family physician.•

Hugh Montgomery, *Gladwyne*
Harvard Medical School, 1930; age 88, died November 23, 1992. Dr. Montgomery was an internist.•

Albert G. Parker, *Elizabeth*
Georgetown University School of Medicine, 1936; age 84, died November 15, 1992. Dr. Parker was an ophthalmologist.•

David R. Patrick, *Beaver*
University of Pittsburgh School of Medicine, 1937; age 78, died November 29, 1992. Dr. Patrick was a urologist.•

William P. Stewart, *Philadelphia*
University of Pennsylvania School of Medicine, 1935; age 81, died December 6, 1992. Dr. Stewart was a general practitioner.•

Leah S. Finkelstein, *Philadelphia*
University of Pennsylvania School of Medicine, 1936; age 81, died November 26, 1992. Dr. Finkelstein was a radiologist.

Robert C. Lyons, *Providence, RI*
University of Pennsylvania School of Medicine, 1945; age 74, died November 23, 1992. Dr. Lyons was a pathologist.

Arthur S. Reynolds, *Havertown*
Yale University School of Medicine, 1938; age 80, died December 13, 1992. Dr. Reynolds was a general practitioner.

•Denotes membership in the Pennsylvania Medical Society at the time of death.

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See page 39 for information on the

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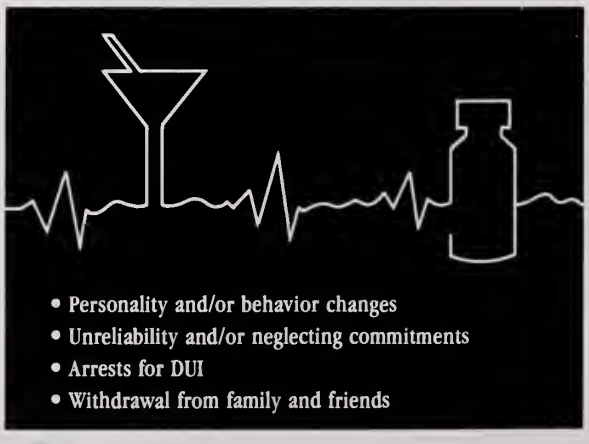

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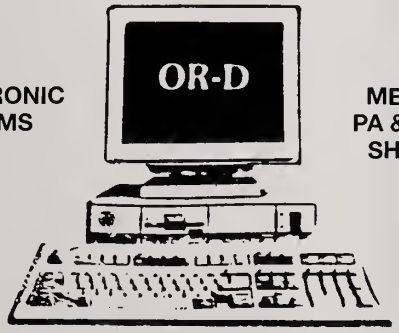

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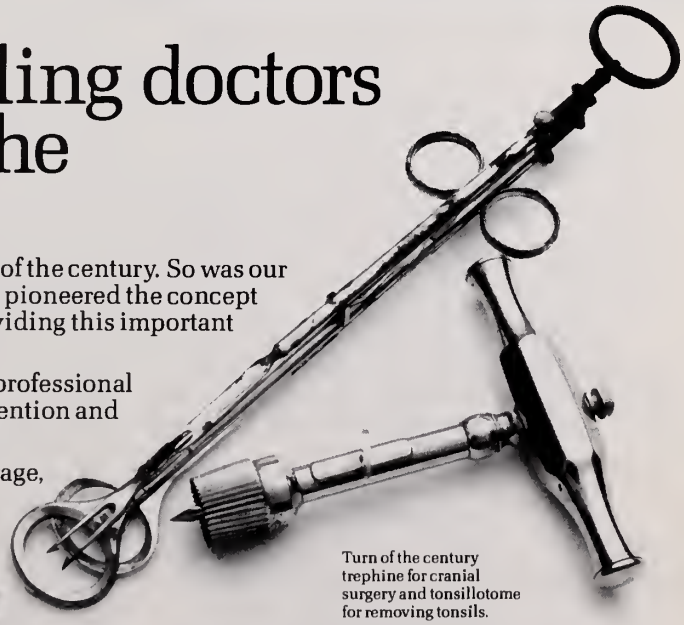

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Health Care Reform: Answering the Million-Dollar Questions

Lee H. McCormick, MD

President Clinton has stated that reform of the nation's health care system is one of the early goals of his administration. Physicians will be watching closely because we, too, believe that a change in the current system is not only inevitable, but desirable. Economists are concerned because health care consumes over 12 percent of the GNP and the percentage continues to rise; physicians are concerned because over 30 million Americans have difficulty receiving adequate health care due to the lack of health care insurance. There are many questions to be answered as the changes evolve, and they will be of vital importance to physicians.

The first question, obviously, is the nature of the system to be instituted. Although even the president and his advisors claim they have not yet finalized their exact recommendations, it appears that the changes will include managed competition (an oxymoron?) in some form. Managed competition, as advocated by Alain Enthoven of the Jackson Hole Group, envisions a packaged product of insurance and providers competing for business by offering attractive prices to purchasing cooperatives representing many small businesses.

A key element of this plan also limits tax deductibility to that of the least expensive plan offered, therefore eliminating the incentive to purchase "cadillac" plans. Physician concerns with this system would be many: who determines which physicians participate in the delivery system, and what are the criteria? How is the single capitated payment divided, and who decides? Will physicians truly be equal partners with hospitals, after hospitals have been telling us for years that they have the ultimate authority for hospital management and physician input is unimportant? If we are in fact equal partners in decision making with hospitals, will we be one of the *two* "equal" partners or will we be one of the *many* "equal" partners? Can we trust our hospitals enough to enter into a business deal with them?

Since the two major problems with the current system are cost and access, will the new system truly correct both problems? To provide insurance for all Americans would, at least initially, *increase* the costs of health care. Will the new administration have the courage to do this (and satisfy physicians), or will they simply initiate some form of cost control (and satisfy the economists)?

Other questions involve health insurance itself. Will there be reform of the insurance industry? Will insurance companies be required to provide insurance for all who desire it, or will they be permitted to continue choosing only the healthiest individuals to insure? Will insurance companies be prohibited from canceling health insurance because of chronic illness? Will health insurance be portable, so that patients can change jobs but retain the same insurance? Will premiums be community rated?

What about tort reform? Meaningful tort reform is essential, since it is estimated that over $15 billion annually is attributed to physicians' defensive medical practices. Will the new system eliminate the outrageous costs of the present tort system and yet provide for some method of fairly compensating injured patients?

Last, but far from least, will patients be satisfied with the new system? Certainly, for those who now have little or no health care, any change is likely to be an improvement. But those who now have unlimited health care on demand will probably not be pleased with a system that limits them to only the care they need. Will each individual be prepared to make the necessary sacrifices for the good of the group?

Acceptable health care reform will require some degree of sacrifice from everybody. The most important question of all, then, is this: will the new system be structured so that the sacrifices are fair and equitable, or will some groups be required to "give" too much?

Watch closely, my fellow physicians, as these questions are answered in the upcoming months. The answers that evolve are likely to shape the future of American medicine for decades to come.

Dr. McCormick, a Society trustee, serves as chairman of the AMA's Hospital Medical Staff Section and a member of its Technical Advisory Group on Health System Reform.

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Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

Pregnancy and lactation. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life (t1/2) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL (pravastatin sodium) was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*; a forward mutation assay in L5178Y TK +/− mouse lymphoma cells; a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL (pravastatin sodium), it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General**.)

ADVERSE REACTIONS

Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia.

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions**.)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

(J4-422A)

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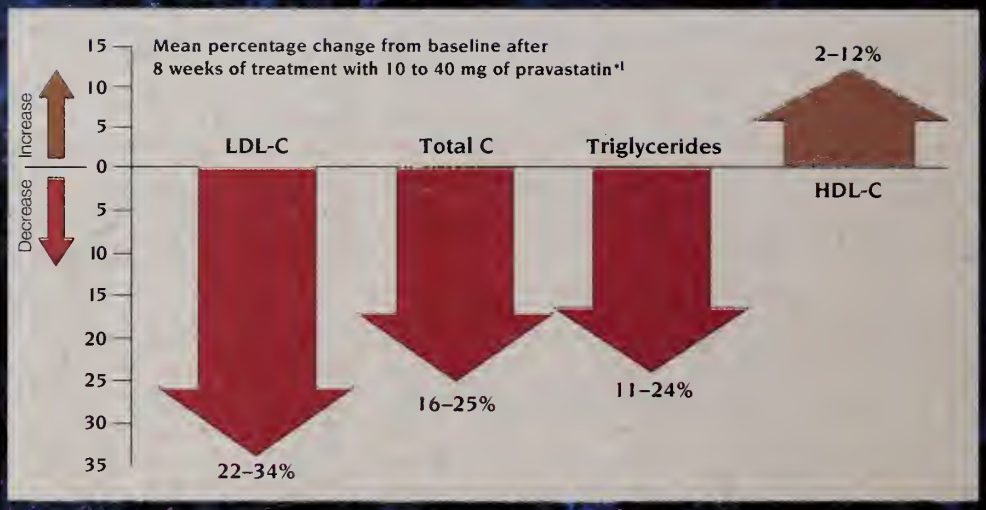

*Each arrow represents a range of means derived from a single placebo-controlled study that included 65 patients treated with pravastatin.

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Reference: 1. Jones PH, et al. Once daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991;14:146-151.

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Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the adjacent page

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VOLUME 96 • NUMBER 3
MARCH 1993

Medical Journalism Award 1992 First Prize

The Reformers Visit Harrisburg:

Health Care Reform Proposals Compared—see pages 16,19

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Page 34 Pennsylvania Medical Society Annual Leadership Conference

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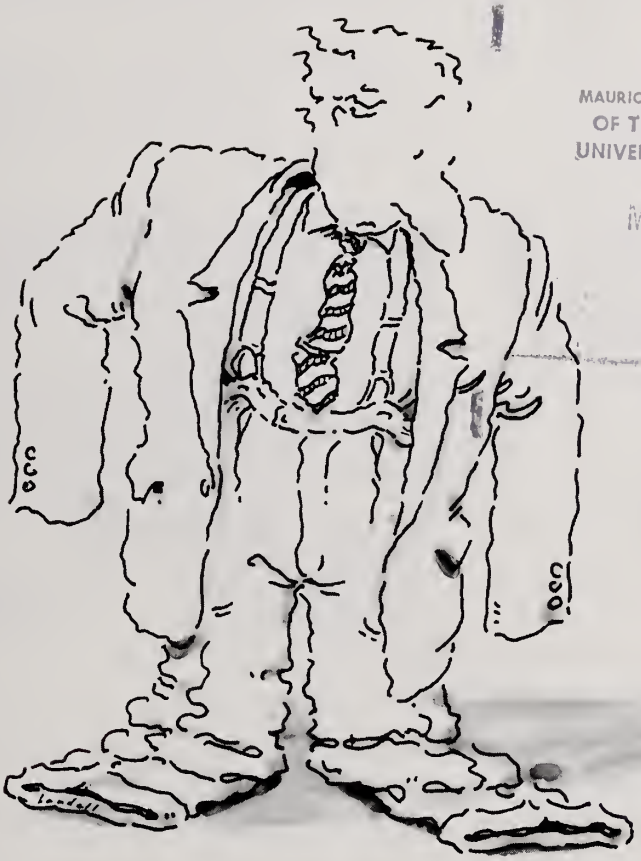

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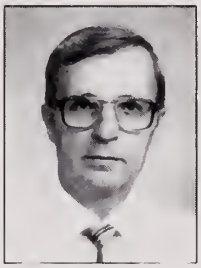
Ferdinand Soisson, MD



Stephen Bush, MD

Late last year, the governor's Economic Development Partnership (EDP) released a proposed health care reform plan for the commonwealth. A comparison of the EDP plan to the State Society's reform proposal begins on page 16; excerpts of member testimonies submitted at EDP hearings begin on page 19.

On the Cover:
Hillary Rodham Clinton Kicks Off Health Care Reform Work with Harrisburg Visit

First lady Hillary Rodham Clinton was greeted by Governor Robert P. Casey (left) and Senator Harris Wofford upon her arrival at a health care conference, Thursday, February 11, in Harrisburg. In her first appearance in her unpaid role as the president's chief health policy advisor, Mrs. Clinton listened intently to panelists and audience members about their concerns for reform. State Society President Donald G. Ferguson, MD, was one of 200 Pennsylvanians invited to the program. He voiced his concerns to Mrs. Clinton and Senator Wofford about the need for access and affordable care, as well as the need for physicians to be involved in the reform process. The conference was sponsored by Senator Wofford.

(Cover photo: AP/World Wide Photos)

12 What Physicians Need to Know: New State CON Law

Pennsylvania's certificate of need (CON) law no longer targets only hospitals and other health care institutions; it now also targets physicians. This article outlines the new Health Care Facilities Act and explains the CON application and approval process.

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MEDIGRAM

NEW SOCIETY DEPARTMENT FORMED, FOCUS IS EDUCATIONAL: Under federal mandate to implement a retrospective drug utilization review (DUR) program for medicines covered by Medicaid, and under contract with the Pennsylvania Department of Public Welfare, the Society has formed the Department of Professional Drug Education and Information. The first of its type in the country, the Society department will provide members with information on prescription drugs and attempt to change prescribing patterns to improve the quality of medical care and lower health care costs. The program, now focusing on research activities, is designed to be *educational in nature, not punitive.* A more detailed description of this new Society endeavor will be published in PENNSYLVANIA MEDICINE later this year.

SENATE PASSES MODIFIED WORKERS' COMP BILL: The Senate passed on February 10 Senate Bill 1 on workers' compensation reform. Introduced by Senators Robert Mellow (D-Lackawanna) and Roger Madigan (R-Lycoming), and taken from their version of House Bill 2140 that passed the Senate in November 1992, the bill includes: 1) an initial fee schedule set at 117 percent of Medicare for primary care services, including office visits and emergency room evaluation and management services, and 120 percent for all other services; and 2) a cumulative annual update, beginning January 1, 1994, based on the percentage change in the Pennsylvania statewide average weekly wage. The bill has moved to the House, which will reconvene March 15. The Society is uncertain what action the House will take; House Bill 20, introduced earlier this year, includes similar provisions. The Society has offered support for Senate Bill 1 only because the annual update breaks the link to Medicare next year. PHYSICIANS ARE URGED TO CONTACT THEIR LEGISLATORS, TELLING THEM THAT IF MEDICARE IS TO BE USED TO ESTABLISH A WORKERS' COMP FEE SCHEDULE, THE INITIAL ALLOWANCE SHOULD BE SET AT NO LESS THAN 120 PERCENT FOR *ALL* SERVICES, WITH THE CUMULATIVE UPDATE OUTLINED ABOVE.

CCO PRIMER AVAILABLE: Anticipating passage of Senate Bill 1 on workers' compensation, which could also include opportunities for physicians to create coordinated care organizations (CCOs), the Society has developed a primer as a starting point in creating such entities. Included in the primer are antitrust implications; basic model contracts; and general liability, discrimination, and income tax issues to consider. To request a copy, members should call (800) 228-7823, extension 493.

CLINTON PROPOSES $50 BILLION IN MEDICARE CUTS: President Clinton on February 18 unveiled his economic proposal, which includes Medicare cuts totalling $50 billion over the next five years. Proposed are: 1) single fees for surgery with no payments for assistants at surgery; 2) reduction in physician fees for 1994 (except for primary care, which will receive a full update); 3) reduction in practice expense relative value units; 4) extension of physician referral limits in several areas; 5) reduction in payments for clinical lab services with no updates until 1998; and 6) bundling inpatient radiology, anesthesiology, and pathology services into a fixed payment per discharge with payment to the hospital or medical staff. The changes would be in addition to health care reform proposals expected in May.

SOCIETY TO HOLD "TOWN MEETINGS": Members will have the opportunity to voice their concerns on important health care issues to Society and AMA leaders at three regional "town meetings" in 1993. Dates and locations are: May 19, Stouffer Valley Forge Hotel, Philadelphia; May 20, Society Headquarters, Harrisburg; and September 23, Airport Hilton Inn, Pittsburgh. The meetings will be held from 6:00-8:00 p.m. All members are encouraged to attend. To register, complete the form in the March issue of *Executive Report*, or call the Society's Department of Meeting Services at (800) 228-7823, extension 267.

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Self-Referral: A Matter of Ethics?

John W. Mills, MD
Medical Editor

Representative Fortney (Pete) Stark (D-California) seemed almost jubilant as he applauded the recent tough stance on self-referral adopted by the AMA House of Delegates in December. He talked of even tougher rules on physician self-referral, citing the AMA action as evidence that the medical profession had gotten his message.

Many doctors, myself included, have always felt uneasy about making a "profit" in any other way from a patient except as a direct fee for our services. Closer to home, joint ventures were never my cup of tea. First, I didn't have the cash for such investment, yet even if I did, it didn't seem right to invest in something with other physicians or the hospital to make a profit from patients I and others might refer. I looked on it as double-dipping.

Representative Stark's premise is that a physician will refer patients for tests to a jointly owned facility more frequently than to a separate facility not owned wholly or partially by the physician. This comes even closer to those of us who have in-office x-rays, ultrasound equipment, and extensive laboratories. Obviously, these are expensive items and, until they are paid for, a drain on the bottom line. Yet, just listen to salesmen who push these items: "Doc, you'll have this thing paid for in no time, and then it's all profit!" Unfortunately, many of us get snookered into such deals.

Convenience for the patient is, perhaps, the most compelling reason for in-office diagnostics. With an older population, "one-stop" care certainly is more appealing and cuts down on extra trips and office visits. However, one might also argue that in-hospital doctor's offices are the ideal, and perhaps that's where the American Hospital Association would like us all to be headed. More about that in subsequent editorials.

Cost effectiveness and savings are certainly standards of insurance companies and government at all levels. Whether I do an x-ray in my office or order one at the hospital, the cost will still be engendered. However, will I order more if the test is done in my office?

Most important to us as physicians should be the medical necessity for tests and the most accurate and valid test interpretation for the benefit of the patient. This is the professionalism of which the AMA speaks. I believe the AMA did one better than Representative Stark envisioned—it took a strong leadership role in the area of professionalism and enforcement of ethical standards.

"Most important to us as physicians should be the medical necessity for tests and the most accurate and valid test interpretation for the benefit of the patient."

In February I attended the Pittsburgh Obstetrics/Gynecology Society meeting where Kenneth Ryan, MD, who is Kate Macy Ladd professor of obstetrics and gynecology at Harvard Medical School, and former chairman of the U.S. Ethics Commission, spoke on ethics. The history of modern medical ethics actually began with the Nuremberg trials and was shaped by subsequent U.S. and presidential commissions, social upheavals of the '60s and '70s, technological advances, and court decisions. This evolution of ethics has brought us all to a better perspective on the impact of societal change on our profession.

One could sum up the evening's presentation with the Golden Rule: to paraphrase, "In our patient contacts we need to have respect, equality, justice and, always, informed consent."

Lumping physicians together with all who render medical care as *providers* belittles our profession. And as State Society President Donald Ferguson, MD, so aptly put it in his inaugural speech: "We are doctors! Ours is a calling, not a trade!" Lest we forget this—which is easy to do at times because of the daily business and hassles we face—we need to constantly remember that our oath and pledge is to do what's best for our patients...period.

We should fully support the AMA's ethical stance on referral and be glad organized medicine stands up for professional standards that will enhance our image.

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Unity and Responsiveness

Donald G. Ferguson, MD

What do we, the members of the Pennsylvania Medical Society, want from our organization? What do the physicians and the people of Pennsylvania *expect* from our profession and its organizations? Those are the questions I have been asking every physician audience I have talked with since I started speaking for this Society more than 10 years ago.

I'm asking these questions again this year, more urgently than before, because the problems are more urgent, and also because, as your general spokesman, I'm facing more audiences and talking with more physicians than ever before.

The questions are much the same as they were 10 or 12 years ago: How do we cope with the government? How do we manage the increasing tide of paperwork that is keeping us busy as clerks and businessmen and businesswomen, instead of spending our time and our effort doing what we do best and want to do first—*taking care of people?*

Obviously, the answers aren't easy. Our country is deep in debt, our health system—*not our doctors* —is taking more and more of our national resources. *How do we get back to being doctors again?*

Doctors have always been independent people; I'm one of them. What we want is to be left alone—to run our practices as efficiently as possible, of course, but above all to take care of our patients as *we* best know how. In other words, *to keep our autonomy*. That's hard to do when someone else is paying most of the bills and insisting more and more on controlling how the money is spent.

Recently, there has been an upsurge in professional organizations dedicated to recapturing our profession. No, it's not the resurgence of the Flat Earth Society—it's a sincere desire to get back our professionalism, to get back to being *doctors* again.

I agree with all of this. I want to be a *doctor*, not a vendor of services or a provider or an employee—*anybody's* employee. I, too, want to free up my time to take care of patients. That's why I'm not doing much of that this year; so that we can *all* be free to take care of our patients next year and for the next generation.

All of us are needed—every doctor, every nurse, every clerk, every patient or potential patient. We are not only needed in our offices; we are needed in our government and in our legislatures, where these intrusive rules are being made. Whatever our private beliefs, whatever our private agendas, we *must* be united in our approach to our legislators and to our government.

> ***"Let's continue to debate among ourselves...about how to deliver the best possible care to our patients, but we must stay united as advocates for our patients."***

Anything less only gives these outside forces the chance to say that the professionals—we doctors and all the others who *care* about the welfare of our patients—don't know *what* we want. This public disunity gives those outsiders, perhaps more concerned with the cost rather than the quality of care, the chance to *cut* costs and to leave us with the burden of explaining to our patients why we can no longer take care of them as we should.

Let's continue to debate among ourselves, by all means, about *how* to deliver the best possible care to our patients, but we *must stay united* as advocates for our patients. The legislators and the regulators need to be *told* why many of these rules may be harming, not helping, those whom we all serve. They will listen to reason—our patients are also their voters—but they will listen best to experts who *also* vote in their districts.

Get involved in your future, so we can get back to being doctors.

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DEBATING MEDICARE PARTICIPATION

Although the Pennsylvania Health Care Practitioners Medicare Fee Control Act (Act 81 of 1990) prohibits balance billing of Medicare patients, and participating physicians receive five percent more in Medicare payments from the Health Care Financing Administration (HCFA), there are many reasons why one should shun the antiquated, intimidating, odious, and restrictive Medicare system. When one is not a participating physician, the following are realized:

1) Independence of the physician is maintained.

2) No criminal sanctions can be given to non-participants.

3) Many non-covered services cannot be billed by participating physicians.

4) Paperwork is actually decreased.

5) Fewer rejections are noticed.

6) Immediate payment is received.

7) Prepayment development occurs on non-assigned claims for non-participants but not for participating physicians when concurrent care edits reject claims submission, i.e., payment denial is given immediately for participants.

8) Since 1991, HCFA has especially been auditing participating physicians for collection of the 20 percent Medicare copayment and deductible.

9) Blue Shield is not following the HCFA directive that requires Medigap payment forwarding by the Medicare carrier to physicians from *all* other insurers.

10) Starting October 1992, HCFA has extended the claims *processing* time from 14 to 27 days for participating or non-participating physicians if electronic billing is not utilized. As a benefit for participating, physicians were to have *payment* in 17 days versus 24 for non-participating physicians.

11) HCFA has the legal right to audit *participating* physicians' office practices regarding the evaluation and management (E/M) codes of the Medicare Resource Based Relative Value Scale (RBRVS).

If the above were not enough to convince physicians that the most precious aspect of medical practice is maintaining their autonomy, one can take satisfaction that Lois Copeland, MD, was able to overcome on October 26, 1992, in federal district court HCFA's prohibition regarding the patient-physician private contractual arrangement. This courageous effort was wholeheartedly supported by the New Jersey Medical Society and the Association of American Physicians and Surgeons. The result of this decision will have ramifications for physicians across the country as they deal with HCFA and Congress.

Movement to eliminate most of the Pennsylvania Medicare Fee Control Act has been initiated in the Pennsylvania Senate by Senator Thomas E. Armstrong. However, due to the new state legislative session, his bill must be reintroduced.

Joseph A. Giordano, MD
Sharon

Editor's note: John W. Mills, MD, medical editor of PENNSYLVANIA MEDICINE, *offers this response to Dr. Giordano's letter: "The elderly in our society have 'paid their dues.' I feel it's our duty as physicians to care for them regardless of their ability to pay. Third-party payors are a fact of life (although that may soon change), and who pays makes little difference. Our role is to be a doctor...period. The system is rife with faults, but organized medicine continues to work for changes. Our input is important in that milieu. Being a participating physician doesn't condone the ills of the Medicare program—it lets seniors know that we care."*

While the Pennsylvania Medical Society does not have a position on Medicare participation, it does provide information to members to assist them in making an informed decision in light of their particular circumstances. For assistance, call the Department of Medical Economics at (800) 228-7823.

QUESTIONING KEPRO'S METHODS

I read with great interest the letter of Philip D. Carey, MD, in the December 1992 issue of PENNSYLVANIA MEDICINE.

His letter struck a very responsive cord with me. I have often wondered, too, just what KePRO does and how it does it. It seems that their methods have changed significantly since I did chart reviewing for them about five years ago.

Recently, I have had several significant problems with KePRO. To me it seemed that the reviewers used absolutely no clinical judgment in reviewing the charts. Also, they did not appear to read or contemplate any of my responses. It seems no matter how carefully I substantiated everything I had done and how carefully all the diagnoses were documented, their responses remained unchanged.

One specific case is that of a patient with well-documented bradytachy syndrome, in which the KePRO reviewer insisted that the only reason a pacemaker was necessary was because the patient was on Lanoxin. However, it was well documented in the chart and in the numerous letters that I sent in reply that the patient required the Lanoxin to control tachycardia, but also required a permanent pacemaker because of spells of bradycardia. In fact, the patient remained bradycardic for two weeks after Lanoxin had been discontinued. The cardiologist who saw and cared for the patient agreed that a permanent pacemaker was necessary because of the diagnosis and not because of the medication. In spite of all of my efforts, nothing could change KePRO's opinion.

If one would calculate the cost of doing business with KePRO—the cost of time spent reviewing charts, preparing replies, photocopying material to send to KePRO, as well as the emotional costs—it would be unacceptably high.

I don't believe that it has ever been well documented that reviewers such as KePRO actually save anyone money. They simply generate jobs and increase costs.

Harold Mohler, MD
Lancaster

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Please send letters to: Managing Editor, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Letters are published at the discretion of the editors and are subject to editing.

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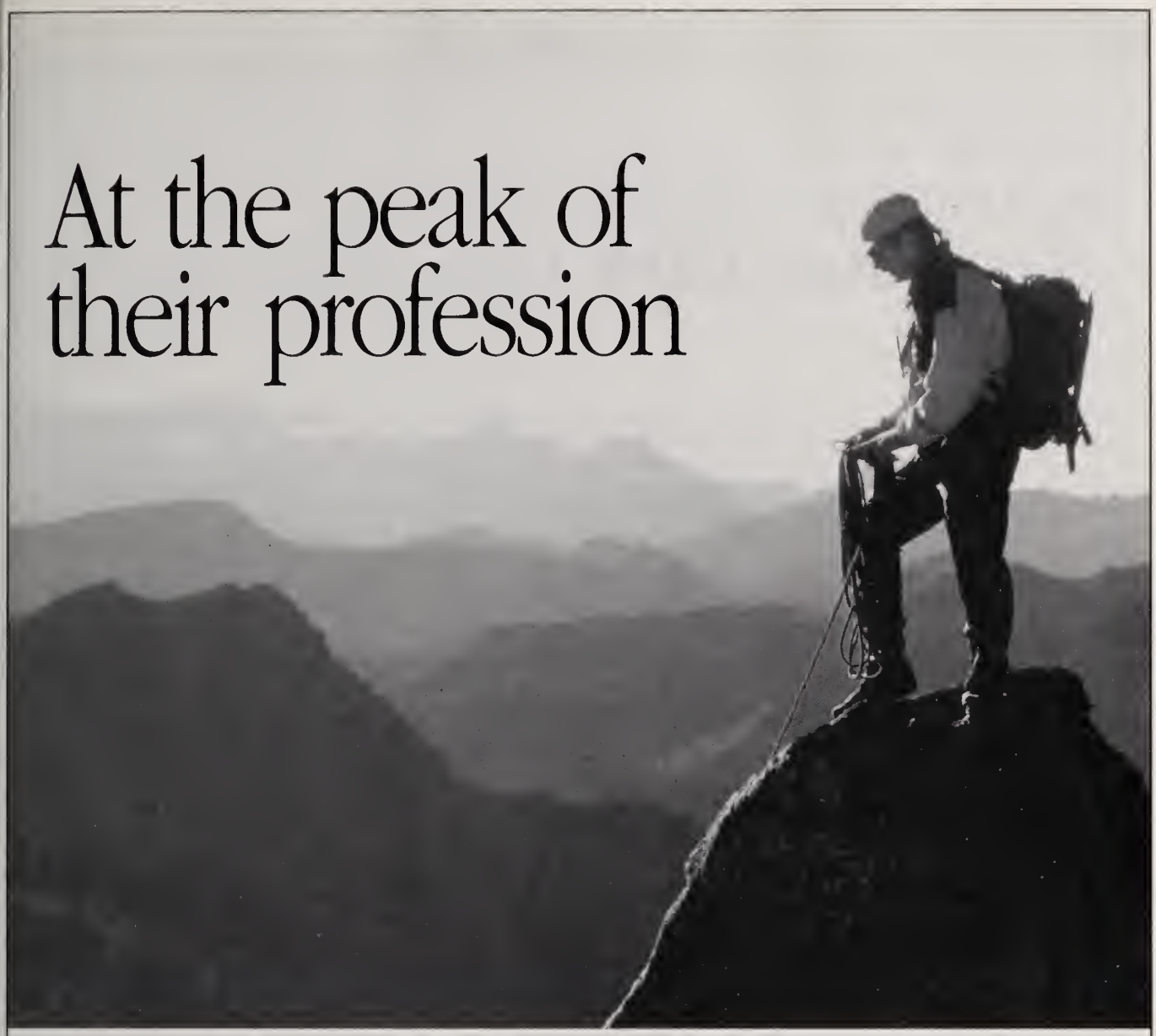

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What Physicians Need to Know: New State CON Law

Michael Zeik
Edited by Susan M. Weber, Esq.

In past years, Pennsylvania's certificate of need law applied mostly to hospitals and other health care institutions. But the commonwealth's new law also targets physicians—especially those planning to establish MRI or ambulatory surgical facilities.

Pennsylvania's certificate of need (CON) law—the Health Care Facilities Act—was enacted in 1979 to help control health care costs by regulating capital construction and minimizing duplication of medical services. The act also sought to ensure high quality health care and access to care.

This law required institutional health care facilities to obtain state approval before undertaking major capital projects or introducing new services. Late last year, the Pennsylvania General Assembly revised the law, extending its reach into the practices of some individual physicians. Everyone who provides certain clinical services targeted by Pennsylvania's Department of Health—including physicians—is now subject to review.

In addition to meeting the objectives of the act, CON applicants must demonstrate that their plans are consistent with the requirements of the State Health Services Plan. This plan outlines the degree to which certain services are needed in each region of the state and sets specific criteria for reviewing CON projects.

Projects governed by the CON law

The new law, Act 179 of 1992, states that "any person...who offers, develops, constructs, renovates, expands, or otherwise establishes or undertakes to establish within the state a clinically related health service that is included in the Department of Health's list of reviewable services... must obtain a certificate of need."

The penalty for operating a reviewable service without a CON can be as much as $1000 a day. Existing health facilities—such as ambulatory surgical centers—which expand services without having obtained a CON can lose their license to operate. In addition, physicians who wish to obtain a license to operate an ambulatory surgical facility must obtain a CON as part of the licensure process.

On January 16, 1993, as required by the act, the Pennsylvania Department of Health published a list of "clinically related" health services that are subject to CON review (see next page).

The act authorizes the department to revise this list; therefore, it is important that physicians monitor proposed changes in order to respond to them, as well as remain in compliance with the law.

Key changes

The most significant change under the act is that individual physicians and those practicing in groups are now required to abide by requirements that previously applied primarily to hospitals.

With respect to reviewable projects, the greatest changes are that physician-owned MRI centers are subject to CON review, while chronic maintenance dialysis, formerly a reviewable service, is no longer on the list. The act also affects the licensing of ambulatory surgical centers.

The CON process

The process of seeking a CON begins when an individual or organization makes its plans known to the department's Division of Need Review by submitting a formal "letter of intent." The letter should outline the scope and nature of a proposed project.

Within 30 days, the department must determine whether the project is reviewable and inform the prospective applicant of its decision in writing. If the project is reviewable, the applicant must prepare and submit a formal CON application.

Once the application is submitted, the department must, within 60 days, request additional information or complete its preliminary assessment. The department must complete its assessment within 45 days after the additional information is submitted by the applicant. The act does not clarify whether the department has

Michael Zeik is a partner at S.R. Wojdak & Associates, a government relations firm with offices in Philadelphia, Harrisburg, and Washington, DC. Mr. Zeik has been writing successful certificate of need applications for over seven years. Ms. Weber is assistant general counsel for the Pennsylvania Medical Society.

the right to make multiple requests for additional information.

Once the department completes its preliminary assessment, it must publish a notice that review is about to begin in a publication of general circulation (usually, *Pennsylvania Bulletin*). From that point, the department must approve or disapprove the project within 90 days, unless the applicant extends the review period in writing.

The CON application

The application is a complex document that details the nature, scope, and cost of the proposed service and the need for that service in a specific geographic area. The applicant must demonstrate that the proposed project is consistent with the State Health Services Plan and its requirements and criteria. In addition, the act requires an application fee of between $500 and $20,000, depending on the proposed capital expenditure for the project.

An application must prove that the region needs the proposed service, analyze the market for the service, and demonstrate why current providers cannot meet the demand for the service. The application must justify the project financially, proving it will not inappropriately increase a region's health care costs and that projected utilization justifies any capital investment required. An applicant must document the long-term financial viability of the project by providing projected financial statements and supporting assumptions used in developing projections.

The CON process is cumbersome for the applicant and time-consuming for the department. Clearly written, concise applications that precisely specify the project's consistency with the requirements of the State Health Services Plan and the Health Care Facilities Act ensure a smoother and swifter review.

Criteria for review

The department's Division of Need Review uses three basic criteria to evaluate a CON application. The application must prove: 1) that the proposed service is needed in the region for which it is proposed; 2) that the service meets the qualitative and quantitative standards established in the State Health Services Plan; and 3) that the service will be available to all persons, including the uninsured and those who participate in Pennsylvania's Medical Assistance program.

Even when these criteria are met, the Division of Need Review may still reject the application if it can show: that there is a more appropriate, less costly alternative; that the service is not financially feasible; that the service will inappropriately increase health care expenditures in the region; or that the service will adversely affect rural and inner-city health services, especially those services provided at facilities with a history of serving medically underserved populations.

The act does not clarify whether any of these conditions alone is grounds for rejecting an application or whether all four must exist. The act requires the department to publish a new State Health Services Plan by June 1994. Until that time, the current plan and its most recent amendments will be used in evaluating projects.

Opposing CON applications

Sometimes, the basis for rejecting an application may be developed by the Division of Need Review. On other occasions, however, rejection may be based on the objections of a project's opponents.

After publication of a notice that a project is about to be reviewed, "interested persons" may, within 15 days, notify the Department of Health in writing that they oppose a project and request a "public meeting" to raise their objections. "Interested persons" include those who provide similar services, as well as those who plan to provide similar services and have filed a letter of intent with the department.

During the public meeting, the applicant will defend its project, outlining the criteria for project approval and demonstrating how the project meets those criteria. Opponents will attempt to prove that the project does not meet the criteria and should therefore be disapproved.

The Department of Health's List of Reviewable Services

- Inpatient drug or alcohol rehabilitation services lasting less than 60 days
- Ambulatory surgery at single-specialty centers
- Ambulatory surgery at general- or multiple-specialty centers
- Diagnostic and therapeutic cardiac catheterization
- Inpatient comprehensive medical rehabilitation
- Emergency departments
- Intermediate care for the mentally retarded
- Intermediate or skilled nursing care for inpatients
- Lithotripsy—biliary or renal
- Magnetic resonance imaging (MRI)
- Medical/surgical inpatient services
- Inpatient neonatal intensive care
- Open-heart surgery
- Heart/lung, kidney, liver, or other organ transplant services
- Positron emission tomography (PET) scanning services
- Inpatient child and adolescent or inpatient adult psychiatric services
- Inpatient surgery
- Certain new high-cost technology

CON reconsideration

If a CON application is disapproved, the applicant may request a public hearing for reconsideration. The applicant must show that "good cause" exists before the decision can be reconsidered. Good cause can be shown where material information exists and was not previously considered, "factors or circumstances relied on in making the decision" have significantly changed, or procedural requirements of the new CON law were violated. In addition, the act provides that good cause can be "otherwise found to exist." Applicants who believe that good cause not enumerated in the statute exists may seek court intervention upon denial by the department.

Within 30 days after the hearing, if granted, the department must reverse or reaffirm its decision on the project. Under the act, only the applicant has the right to seek reconsideration. If the department again rejects the application, the applicant may appeal to the State Health Facility Hearing Board.

"With the passage of Act 179, it is critical that physicians understand how CON issues and the implementation of the new law will affect them."

CON appeals

Both applicants and interested parties have the right to appeal the department's decisions. This right arises once the applicant has filed a letter of intent, and includes the department's decision with respect to reviewability of a project.

Applicants and their opponents may appeal decisions to the State Health Facility Hearing Board if they act within 30 days of the department's decision. At these hearings, new evidence cannot be introduced unless the Hearing Board is satisfied that this evidence was previously unavailable. The Hearing Board is bound by the regulations governing the CON program and is required to recognize the department's expertise. In comparison with previous law, the new act appears to grant the Hearing Board greater discretion in overturning department decisions.

Opponents of a CON application may appeal the department's decision if they had requested a public meeting on the project during its review and if they participated in that meeting. Opponents also may appeal if they "can fully document and make available material information which is relevant to the review and which was not available during the period when the department completed its review." All appeals of Hearing Board decisions will be heard by the Commonwealth Court.

Licensing issues

The same act that has changed Pennsylvania's CON practices also governs the licensing of health care facilities. This act gives the Department of Health one year to propose new regulations for licensing ambulatory surgical centers, with an emphasis on recognition of the differences between office-based surgical practices and comprehensive free-standing ambulatory surgical facilities.

These regulations will cover fire and safety standards, personnel and equipment requirements, and quality assurance procedures. Further, qualitative criteria for obtaining a CON for an office-based ambulatory surgical facility are expected to be very similar to those for obtaining a license.

Tracking CON issues

The new act provides a framework for evaluating CON applications. The department will interpret the act through the promulgation of regulations. Since the act has not yet been interpreted by the department or the courts, what appears to be clear in the act may yet prove different in practice.

With the passage of Act 179, it is critical that physicians understand how CON issues and the implementation of the new law will affect them. There are three ways to do this:

1. *Understand the State Health Services Plan.* It provides the key to understanding how the Department of Health evaluates CON eligibility.

2. *Get on the Division of Need Review's mailing list.* This is the best way to know if your competitors are seeking a CON for a project that might affect your practice.

3. *Subscribe to* Pennsylvania Bulletin, *the official gazette of the commonwealth.* The *Bulletin* publishes amendments to the State Health Services Plan, new regulations governing the CON program, and new CON applications under review.

Conclusion

CONs have been primarily a concern for hospital administrators. Now, individual and group practitioners need to know about CONs and when they are required.

The process of obtaining a CON can be long, difficult, time-consuming, and frustrating. Because the process now applies to physicians' practices, physicians must educate themselves about CONs and how they are secured. In addition, physicians should seek expert advice in developing strategy, preparing the CON application, and interacting with the Department of Health. These measures will reduce frustration and increase the likelihood of successful procurement of a CON.

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MARCH 1993

MARCH 3rd
Critical Reading of the Medical Literature
Robert H. Fletcher, M.D.
Editor, *Annals of Internal Medicine,*
Philadelphia

MARCH 10th
Review of Current Classification of Pemphigus
John R. Stanley, M.D.
Senior Investigator, Dermatology Branch,
National Institutes of Health
Bethesda, Maryland

MARCH 17th
Clinical Pathological Case Presentation
Brad B. Moore, M.D.
Sunil Natrajan, M.D.
Savas Petrides, M.D.
W. Clay Warnick, M.D.
Chief Medical Residents,
Hahnemann University

MARCH 24th
Skeletal Changes in Spaceflight
Sara Bond Amaud, M.D.
Research Scientist, Life Science Division,
University of California/San Francisco

MARCH 31st
Acute Myocardial Infarction in the '90s
J. Ward Kennedy, M.D.
Professor of Medicine, Director,
Division of Cardiology, University of
Washington School of Medicine, Seattle

APRIL 1993

APRIL 7th
Bacterial Meningitis
M. Michael Sheld, M.D.
Professor of Internal Medicine
University of Virginia School of Medicine
Charlottesville, VA

APRIL 14th
Impact of New Advances in Cardiovascular Ultrasound in Clinical Practice
A. J. Tajik, M.D.
Professor of Medicine & Pediatrics
Director, Cardiac Ultrasound Laboratory,
The Mayo Clinic
Rochester, MN

APRIL 21st
Onychomycosis and Its Imitators
Lynn Drake, M.D.
Assistant Professor of Medicine, Division of
Dermatology, Massachusetts General
Hospital, Deputy Chairman and Director,
Policy and Planning, Harvard Medical School
Boston, MA

APRIL 28th
Migraine: Epidemiology, Pathology, Diagnosis, and Treatment
Neil L. Raskin, M.D.
Professor and Vice Chairman, Department of
Neurology, University of California
San Francisco, CA

MAY 1993

MAY 5th
Upper Gastrointestinal Acid-Peptic Disorders
Barry J. Marshall, M.D.
Associate Professor of Internal Medicine
University of Virginia School of Medicine
Charlottesville, VA

Stuart J. Spechler, M.D.
Division of Gastroenterology
Beth Israel Hospital
Boston, MA

MAY 12th
Myocarditis: Pathology & Clinical Correlation-Results of NIH Myocarditis Trial
Margaret Billingham, M.D.
Professor of Pathology
Stanford University School of Medicine, CA

MAY 19th
Diagnosis and Treatment of Anxiety and Depression
Jean W. Helz, M.D.
Assistant Professor of Mental Health
Sciences
Director, Liaison Psychiatry
Hahnemann University

MAY 26th
Advances in Diagnosis and Treatment of Peripheral Vascular Disease
Morris D. Kerstein, M.D.
Deissler Professor and Chairman of Surgery
Hahnemann University

Wednesday Medical Seminar Series

8:30 a.m. to 3:30 p.m.

MARCH 10, 1993
Dermatology: Immunopathologic Mechanisms and Treatment of Selected Vesiculobullous Disorders
John R. Stanley, M.D.
Ernst H. Beutner, Ph.D.
Course Director:
Richard Spielvogel, M.D.

APRIL 14, 1993
Echocardiography
Ramesh, C Bansal, M.D.
Alan Manet, M.D.
Jae K. Oh, M.D.
A. J. Tajik, M.D.
Course Director:
K. Chandrasekaran, M.D.

MAY 5, 1993
Upper Gastrointestinal Acid-Peptic Disorders
Barry J. Marshall, M.D.
Stuart J. Spechler, M.D.
Course Director:
Harris R. Clearfield, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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A Matter of Cost Control: Comparing Priorities for Pennsylvania

Excerpted from a comparison prepared by the Pennsylvania Medical Society

The major recommendations of the state's health care reform plans and your State Society's proposals are described here to enable Society members to make informed comparisons as health care reform is discussed around the commonwealth.

Until the recent public outcry and governmental concern surrounding health care, the State Society's long-standing interests in reform were pursued persistently, but in piecemeal fashion, as specific legislation or public health issues arose. Early last year, however, the Society began to take a more systematic approach to articulating our overall goals for health care reform.

These broad-ranging goals—universal access, cost containment, quality, and freedom of choice—are now described in a comprehensive health care reform proposal discussion draft. Since late last year, the Society has been gathering comments from members, the health care community, business and labor organizations, and the public, for consideration as our proposals are refined and redrafted into final form.

Meanwhile, the plan developed by Governor Robert P. Casey's Economic Development Partnership (EDP) is spurring debate throughout the state. While the EDP plan shares some common goals with our proposals, it differs significantly in recommending methods of cost containment.

Both documents support a minimum benefit package for Pennsylvanians that would: include patient cost sharing, support an employer mandate requiring employers to provide coverage or contribute towards the minimum benefit package, include some consumer choice options for other coverage or expanded coverage, eventually incorporate Medicaid into the system, institute some type of insurance market reforms, and support measures to increase the numbers of and access to primary care physicians in Pennsylvania.

But the differences between the plans reflect the separate approaches and concerns that physicians and government bring to health care reform.

While our plan would focus on raising patients' cost consciousness as a principal means of controlling costs, the governor's plan emphasizes limiting patient choices by controlling providers—e.g. managed care, self-referral limitations, etc.

The State Society recommends federal tax reform and employee premium sharing to encourage consumers to become cost conscious in selecting coverage; the governor's plan recommends a variation of the managed competition model, and would incorporate limits on sponsor premium contributions and employee premium sharing. The governor's plan also shows a lack of confidence that competition alone will work by providing for premium rate setting.

Some major areas of concern to physicians are largely ignored in the EDP plan: tort reform, antitrust reform, and the role of today's socio-economic and public health crises in increasing costs.

Other major points of comparison between the two proposals are:

Employer mandated care

State Society

The Society has a number of reservations with a "pure" employer mandate model: lack of portability, disparate burden on business, economic impact on business, incomplete solution for unemployed or part-time workers, lack of market forces, and duplicative coverage. We propose that the state undertake the following short-term measures to fill in the coverage gaps and encourage patient cost consciousness:

- minimum benefit package,
- insurance reform,
- employer-based coverage,
- employee premium sharing,
- employee option,
- single coverage of working spouses,
- new and small employer protections,
- patient cost sharing, and
- gap filling through state-funded graduated subsidies.

EDP plan

Under the current state plan, employers would be required to contribute toward the premium of their employees' coverage for the

> *"The governor's plan shows a lack of confidence that competition alone will work ..."*

basic health care package. An employer's contribution would be tied to the "lowest basic health care package premium"; the premium would be determined through a bidding process that would be conducted by the Health Policy Board (HPB). An employer could not pay more than the "lowest Basic Health Care Package (BHCP) premium," i.e., unions could not negotiate for employers to pay for a higher-priced basic health care package.

The plan does not address a variation in the employer's share for part-time employees. It appears to require or at least allow employee premium sharing, based on ability to pay, and implies employees would also receive discounts for obtaining preventive and early detection services.

A fund, akin to the unemployment compensation fund, would contribute toward the premium of the short-term employed; the state would contribute toward the premium for the remainder of the population, based on need. The state and fund contributions would be capped at the "lowest BHCP premium," as determined by a bidding process. The plan appears to portray this system as not resulting in any increased state expenditures, and claims expenditures would be offset by savings from cost-containment measures. However, no empirical documentation or explanation is provided.

"The Society believes patients should have the option to enroll in a managed care program."

Patient cost sharing and freedom of choice

State Society

The Society believes patients should have the *option* to enroll in a managed care program. Some approaches can play a constructive role in controlling health care costs and result in reduced premiums. However, we generally oppose *involuntary* managed care because managed care—however defined—invariably restricts patient freedom of choice. The effectiveness of managed care in controlling costs is also limited by its focus. Managed care works by reducing unnecessary care; it will not control the use of expensive technology unless it is a euphemism for rationing.

We also oppose government-imposed rationing and global budgets, which lead to arbitrary and inefficient rationing. We believe it is far preferable for patients to personally make the cost decision or *freely* delegate their right to choose to a managed care organization in exchange for a reduced premium.

Inadequate patient cost sharing is a—if not *the*—primary cause of lack of patient cost consciousness and the resulting escalating health care costs. Some people have close to "first and last dollar" coverage—i.e., coverage of a wide range of services with a low deductible and no coinsurance. This virtual "first and last dollar" coverage adds to administrative costs associated with claim submission, review, and payment. The currently prevalent low deductibles increase the number of small claims that must be processed.

Because inadequate patient cost sharing increases the cost of care, we recommend that the mandated minimum benefit package include significant patient cost sharing. We recommend a tiered approach: the first tier should include covered services for which no patient cost sharing would be required, such as emergency services, childhood immunizations, and other preventive care and early detection and intervention services, which are always appropriate. Each remaining tier should have different cost-sharing requirements as appropriate for the included services.

Other innovative solutions to return market forces to the health care system should be explored, such as rewarding insureds for low expenditures.

EDP plan

There is no mention of federal tax reform or deductions for individual premium payments in the EDP plan. The plan appears to require—or at least allow—employee sharing as another means to make consumers more cost conscious when they select their plan. It also apparently relies on existing law and employers' willingness to set up cafeteria plans to protect employees from tax consequences of premium sharing.

Cost and quality data

State Society

Recognizing that renewed patient cost consciousness requires information to enable informed choices, we support the public availability of valid and reliable cost and quality data. However, we emphasize the need for further research to perfect quality measures, and are especially concerned about the need for improvement in adjustments for severity of illness and quality of life measures. We oppose continuation of the Pennsylvania Health Care Cost Containment Council (PHC4) as the mechanism to develop the data because its structure lacks sufficient provider involvement.

We believe a full scope of indemnity and managed care options should be permitted—including both "pure" indemnity plans and indemnity plans that incorporate managed care features such as a precertification requirement. To ensure that managed care plans do not sacrifice quality for costs, we advocate safeguards such as a requiring physician peer review, rather than review by nurses or computerized programs.

EDP plan

This plan would use PHC4 data to monitor the quality of care delivered by managed care networks. PHC4 would also probably be empowered to require managed care net-

works to implement safeguards, but the EDP plan makes no mention of this need.

Expanding managed care

State Society
While we acknowledge that managed care can reduce costs by facilitating preventive and early detection, reducing unnecessary and inefficient care, and coordinating care by multiple providers, we are concerned that managed care will do little to control the costs resulting from the explosion of medical technology. We fear that if managed care is effective in controlling costs, it will become merely a euphemism for rationing of care.

EDP plan
The governor's plan places great reliance on the potential of network managed care plans, such as HMOs and PPOs, to save costs. The plan mandates managed care for the basic health plan, and divides the state into regions and certifies managed care networks eligible to compete in each region. Consumers would be required to enroll in a managed care network in their region in order to obtain basic coverage.

Tort reform

State Society
Especially in systems relying on managed care, tort reform is essential to prevent the defensive medicine and high professional liability premiums that now plague our health care system. The Society recommends several specific measures:

- eliminating some duplicate payments for the same injury;
- clarifying informed consent requirements;
- limiting punitive damages, except in egregious circumstances, to 200 percent of compensatory damages;
- providing for installment payments for future damage awards exceeding $200,000;
- allowing for pre-treatment agreements between patients and providers;
- eliminating liability for non-economic damages for the deep-pocket defendant where his or her responsibility for the injury is 10 percent or less;
- requiring plaintiffs to bring their case forward within four years of the injury;
- requiring certification that an expert has reviewed the case and is prepared to testify on the plaintiff's behalf in order to eliminate frivolous suits; and
- requiring that pre-trial preparations be completed expeditiously and that pre-trial conferences be used to promote settlement.

EDP plan
The EDP plan largely ignores the need for tort reform, recommending "consideration of medical liability reform," but failing to endorse any specific measures other than "expanding alternative resolution systems."

Practice parameters

State Society
Practice parameters are another *potential* weapon against inappropriate utilization. The primary anticipated benefit of practice parameters is improved quality. However, an important secondary advantage could be reduced cost. We hope that practice parameters will help physicians identify the most cost-effective diagnostic and treatment regimen for an individual patient. This assistance should decrease both the direct cost of care and protect the physician from professional liability. Practice parameters should also improve the efficiency of the review process in quality assurance and utilization review programs.

EDP plan
The plan supports development of "uniform protocols and standards governing medical practice" but does not clarify whether the standards and protocols would be absolute, or acknowledge the need for physicians to be involved in the development or updating of the standards.

Administrative waste and hassles

State Society
A primary concern of physicians and other providers expressed in the State Society's proposal is the burden of administrative paperwork that increases daily within current claims process and utilization review. We recommend legislation to mandate uniform claim forms, regulate coding changes by payors, and regulate requests for information by payors and utilization review organizations. We also urge government to control its appetite for oversight.

EDP plan
The plan encourages *providers to* "adopt a uniform recordkeeping system as a mechanism to reduce costs," but does not mention the need to establish uniformity and standards in the claims and utilization review processes. Also, the role of government regulatory demands in increasing costs is not acknowledged in the EDP plan as being responsible for increases in health care costs.

"We fear that if managed care is effective in controlling costs, it will become merely a euphemism for rationing of care."

Physicians Speak Out on Reform Concerns

Ferdinand Soisson, MD,
Stephen Bush, MD,
James L. Sundheim, MD, and
Eric W. Blomain, MD

Physicians have taken an aggressive role testifying at hearings on a health care reform plan proposed late last year by the governor's Economic Development Partnership (EDP). The State Society has offered substantial support to those physicians and closely monitored each event. This article briefly overviews the proposed plan and includes excerpted testimonies submitted to the EDP by four concerned physicians.

Late in 1992, Governor Robert P. Casey's Economic Development Partnership (EDP) released its proposed health care reform plan. The plan heavily relies on: 1) managed competition, with a Central State Health Policy Board establishing a basic benefits package; 2) several regional managed care networks, selected by a low-bid process, to deliver basic benefits; and 3) employer funding. The governor has said the plan would require no additional taxes.

Members of the health care community, business, and other concerned individuals have testified at five regional hearings on the plan. Society members presented their expert views on such elements of health care reform as tort reform, patient choice, access to care, public health education, technology and specialization, physician volunteerism, and primary care realities.

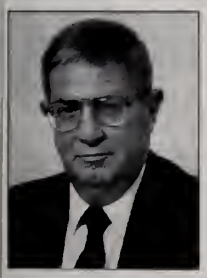
Prepared to testify January 21 in Altoona—the first of the two late January hearings featured in this article—were Betty L. Cottle, MD, Ferdinand L. Soisson, MD, and Stephen Bush, MD. However, because the hearing was behind schedule and a bad ice storm halted the proceedings, the physicians were allowed only to submit written testimony for the EDP's consideration.

At the second hearing, January 29 in Scranton, James L. Sundheim, MD, Eric W. Blomain, MD, and Norina D'Iorio, MD, testified. Each gave a five-minute presentation and answered questions from the governor and other panelists for 45 minutes.

The following excerpts of four physicians' testimonies focus on specific areas of concern.

Access to care

Ferdinand Soisson, MD, a practicing obstetrician-gynecologist and a trustee of the State Society, spoke of his concerns about care of the indigent.



Dr. Soisson

Physicians feel all too often that they are the last to be consulted when dealing with health care issues. I also believe that because we have a few less-than-ethical members in our profession, there are those who formulate erroneous opinions about physicians' motives and interests when dealing with health care reform. Make no mistake—all physicians are not rich, most physicians have high professional ethics, and we have an abiding concern for out patients.

Let me enumerate several issues within my specialty that relate to reform proposals, including some being debated here:

1) In our present system, too little has been devoted to prenatal care.

2) Access to care, especially for the uninsured, continues to be a problem, and it is first and foremost in my mind in terms of what needs urgent attention.

3) The liability problem is both a cost and access problem, especially in obstetrics.

With this kind of decline in physician providers, it will be difficult for the EDP reform plan, or any other managed care plan, to guarantee quality OB care and provide cost-efficient prenatal care.

Patients generally should have options, including whether or not to enroll in a particular managed care plan. I believe it will be healthier for the patient and the health care system if we allow competition between HMOs, indemnity plans, and other alternatives.

Finally, I agree with your concept of a basic benefits package, although you face difficult choices in determining what that package will include. Ours is a pluralistic society comprising numerous ethnic groups that require specialized medical programs. How can we ever afford a national health insurance system when we cannot afford our current Medicare and Medicaid programs?

Physicians can be extremely helpful in suggesting what procedures and new technologies have the most benefit. It is time for us to speak out, define our position, ask society what basic benefit plans it deems appropriate, and solicit the public's support in leading the way to reform.

Public health education

Stephen Bush, MD, a pathologist and board member of the Cambria County Medical Society, emphasized the "unrealistic expectations and failure of accountability" facing our health care system.

Dr. Bush

Today's health care expectations are much different than they were when I was growing up. Then, a patient sought treatment only after the onset of real disease. Now, patients seek treatment very often for discomfort or pain that would have been tolerated or ignored years ago. The quest for early diagnosis and treatment has gotten out of hand, resulting in huge unnecessary expenses.

The federal General Accounting Office reports that 43 percent of the people who went to emergency rooms in 1990 did not need emergency treatment. That totals 38 million non-urgent visits, resulting in billions of dollars of costs. Certainly, better access to primary care can help relieve this problem, but public education is obviously necessary.

Today, people are told there is a pill or an answer for everything, and the only barrier to *immediate* relief is having the financial resources to obtain care. The public needs health education that is based on reality. We all must work together to temper unreasonable expectations about what our system can afford to provide and how quickly, or we will continue to pay an unreasonable price.

Aggressive education programs should reach people at all levels on such issues as how to avoid AIDS; the dangers of smoking and drug and alcohol abuse; how to give birth to healthier babies; and how to deal with violence, both domestic and on our streets. Promotion of healthy lifestyles—including proper nutrition, avoidance of smoking, and the damage from alcohol—need continuing and more effective emphasis. According to the *American Journal of Health Promotion,* we could save 12 percent on medical costs by promoting exercise and 16 percent if everyone stopped smoking.

Too often I hear so-called business leaders who think the health care cost crisis can be solved by reducing physician income and hospital charges. This is a woeful lack of understanding of the nature of the problem.

Since inappropriate volume of services is part of the problem, managed care as proposed in the EDP plan can help control costs by reducing the volume *if the unnecessary services are first identified.* Unless this is part and parcel of the plan, wholesale reduction in volume of services should be called what it is—rationing.

Rationing is an option and may be necessary, but please let us all agree to call a spade a spade.

I am concerned that in the process of designing managed care and other coverage systems, we must insure accountability...Like most doctors, I worry about how patients will fare in a system designed primarily to deny them care and service. This is one reason why I believe strongly physicians must be involved in the process.

Technology and specialization

James L. Sundheim, MD, a practicing radiologist and president of the Lackawanna County Medical Society, discussed the costly effects of expensive medical education and the advance of medical technology.

I understand that in earlier hearings, medical specialists came under fire with the suggestion that their high incomes add to health care costs. It is true that some physicians make more money than many people in other professions, but they do that at a significant personal sacrifice.

The truth is that medicine requires a long and expensive education, a daily need to expand one's knowledge, long hours well beyond those required for patient care, and some significant risk and hassle that now come with being in the profession. In the real world, physicians can't rest a minute if they want to stay on the cutting edge of medical knowledge.

Physicians know that they are held to a higher standard than those in many other professions, and we are glad to accept that standard. But to criticism that we are lax in self-policing, I reply that we have been handcuffed by antitrust laws. If we could go back to the days of "Marcus Welby, MD," I'm sure many physicians would trade a significant hunk of income for that simpler system. In terms of health outcomes, however, we would not want to go back. Everyday I see the miracles—we now spot and treat a lurking cancer that meant certain death just a dozen years ago.

Someone said, medical technology to Americans is like wine to the French. I think that is true. We expect to be diagnosed and treated with the latest in technology that might have *any* benefit. In designing health care reform, we must address what to do about research and development (R&D)—how much are we willing to allow technology to advance? Without R&D the promise of new technology to better diagnose and treat—to save more lives—is gone!

Our love affair with high tech also distinguishes us from the Canadians: they have learned to share and accept some degree of mediocrity; most of us who see patients in the U.S. health care system believe that it will not be so easy to satisfy Americans.

[As for] creative ways to link indigent patients with physicians, Dr. Blomain will give you some details on these. However, we'd like to do more. Specifically, we'd like to establish a Medicaid managed care network. I'd like to formally request that Department of Public Welfare Secretary Karen Snider and the other appropriate members of your administration sit down and talk with us about our plan.

Physician volunteerism

Dr. Blomain, a practicing plastic surgeon and past president of the Lackawanna County Medical Society, detailed the activities by physicians involved in public health outreach in his region.

We have some very successful programs in Lackawanna County which provide needed health care to the underinsured and uninsured populations.

Physician volunteerism and participation have been critical to our success.

Our "PRN," physician referral network, is linking Medicaid patients and the uninsured with the appropriate primary care physician or other specialist through a computerized system connecting the hospital emergency department and a list of available physicians. As you are aware, many patients enter the emergency department for non-emergency services, which is costly and inappropriate for their long-term care. We're piloting the PRN here, and the rest of the state will benefit from our efforts.

Our local pregnancy programs help ensure that all women, indigent or otherwise, get an obstetrician at the time of their delivery and that 99.4 percent have prenatal care, a feat which is unrivaled anywhere in the commonwealth or anywhere else in the United States.

The specialty of plastic and reconstructive surgery has helped create and staff cleft palate clinics, plastic surgery clinics, and craniofacial centers throughout the state. These centers primarily serve the indigent or underinsured and are frequently staffed by physicians who donate their time in a pro-bono manner.

The average physician throughout the state donates [each year] approximately $33,000 in pro-bono care or in reduced fee care for the indigent or the underinsured patients of this state.

Managed care may be the way to go. Freedom of choice must be maintained. Choice is an absolute necessity. There are personal relationships in medicine which should never be violated. A woman with her gynecologist, a child with his or her pediatrician, and a patient with his or her psychiatrist are examples of this sacrosanct relationship. Not everyone should be forced into basic plans. An individual should be allowed to choose whatever plan meets his or her needs in a free enterprise system. A basic plan of managed care is a necessity for those who don't have insurance or who are underinsured.

This is the first in a series of articles highlighting Society members' concerns about health care reform. The contributors practice in the following locations: Drs. Soisson and Bush, Cambria County; Drs. Sundheim and Blomain, Lackawanna County. Testimonies by Dr. Cottle, Blair County, and Dr. D'Iorio, Luzerne County, will be published next month.

Cost Containment & Communications

Issues for Residents

The Institute for Physician Leadership and Jefferson Medical College of Thomas Jefferson University offer a morning seminar on cost containment and patient communication for house officers in the Greater Delaware Valley, Friday, May 14, at Jefferson, beginning at 8:30 a.m. and concluding at noon.

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SOCIETY ENDORSES AIDS GUIDELINES

Editor's note: the Society's Board of Trustees at its January 13 meeting authorized correspondence to the Pennsylvania secretary of health endorsing the department's AIDS guidelines for health care workers. The endorsement came after several months of debate within the health care community on proposed guidelines.

The new guidelines incorporate a number of changes, recommended by the Society in a November letter to the governor's office, which sought to correct inconsistencies within the original document and strengthen several sections to protect the HIV-positive health care worker. The following information is excerpted from "Guidelines for Preventing the Transmission of Human Immunodeficiency Virus from Infected Health Care Workers to Patients," Pennsylvania Department of Health, January 1993.

By last November, 241,505 cases of AIDS had been reported among adults/adolescents throughout this country. Of the 122,159 AIDS cases reported with occupational information to the federal Centers for Disease Control and Prevention (CDC) through September 1990, nearly five percent (5,815) were among health care workers,[1] including 156 in dental workers and 42 in surgeons.

With the exception of a single cluster of five patients of a dentist in Florida, studies have indicated that, to date, no evidence of transmission of HIV from a health care worker *to* a patient has been established. Data contained in the CDC's draft working paper and other CDC data on reported AIDS cases indicate that the risk of an HIV-infected health care worker infecting a patient is extremely low; this can be further reduced by adherence to routine infection control practice guidelines.

Mandatory testing

Mandatory testing of all health care workers for HIV infection, and removal of those testing seropositive from all practice, even from all invasive patient care procedures, is not scientifically substantiated at this time.

• *Using universal precautions and infection control procedures:* Infection from HIV-infected health care *workers to patients,* and from HIV-infected *patients to health care workers,* is best prevented by rigorous adherence to the CDC's universal precautions.[2,3]

• *Dealing with impaired health care workers:* As a general principle, limiting the practice of HIV-infected health care workers is not necessary or justified based solely upon HIV-infected status. There must be clear evidence that such workers pose a significant risk of transmitting infection through their inability to meet basic infection control standards, or unless they are functionally unable to care for their patients.[4]

Decisions about health care workers with evidence of functional impairment or lack of infection control competence should continue to be made on a case-by-case basis, involving the health care worker's personal physician. Employment limitations on HIV-infected workers should be based on the individual's ability to perform up to generally accepted standards and practices expected of that type of health care worker, independent of his or her known or suspected infection. If health care workers' functional status enables them to work, and they adhere to basic infection control practices, there should be no restrictions, including the prior notification of surgical patients, on job duties.

• *Maintaining confidentiality:* Health care institutions, their employees, and individual health care workers have a duty not only to refrain from disclosing information that identifies a patient's HIV status, but also to take precautions to prevent this information from becoming a matter of public knowledge.

Risk management/follow-up services

The department's Bureau of HIV/AIDS, through the Bureau's Division of Epidemiology, has created an expert review panel to assist health facilities and health care workers in conducting risk management and, as appropriate, patient follow-up services when dealing with cases of HIV-infected health care workers. Any HIV-infected health care worker, whether or not institutionally based, may request assistance of the expert review panel at any time.

Members of the expert review panel include an epidemiologist from the Bureau of HIV/AIDS, an infectious disease specialist with expertise in HIV, the infected health care worker's personal physician, and a professional with expertise in the procedures performed by the infected health care worker.

Any physician, dentist, nurse, or other health professional who is infected with HIV should consult with his/her physician so that a determination can be made of the potential risk of transmitting the virus to patients. This evaluation should take into account the medical condition of the health care worker, his or her ability to adhere to infection control procedures, his or her skill and technique, and the nature of the procedure(s) performed. Based upon this determination, the health care worker performing an exposure-prone invasive procedure should then voluntarily restrict his/her duties to whatever extent necessary to alleviate any significant risk of HIV transmission.

Upon learning of an HIV-infected staff person, facility administrators should convene a risk assessment team consisting of representatives of the medical and surgical staff, employee health, infectious diseases, hospital epidemiology, and infection control to assess the potential for transmission of HIV to a patient. This risk assessment team should also include the health care worker's personal physician and a specialist with expertise in the health care worker's specialty who is not affiliated with the health care worker's direct practice.

In the absence of records or recollections reasonably indicating that an exposure actually occurred, the team should assume that no exposure occurred. Because of the low risk of transmission, exposure should not be inferred from the absence of records.

Retroactive notification of patients is only indicated if evidence of significant exposure to that patient has occurred, and should be conducted only after the department's expert review panel has completed its assessment. If disagreement on the management of an HIV-infected health care worker exists after the institution's risk assessment team has completed its evaluation, the institution or the infected health care

worker may request an assessment by the department's expert review panel.

If the panel determines that the health care worker's performance does not pose a significant risk for infection to the patient during any procedures within his/her scope of practice, no restrictions are indicated and prospective notification of patients is not warranted. If a significant risk of transmission is determined and cannot be eliminated by reasonable accommodation, then appropriate risk-reduction activities will be implemented by the department.

For additional information or a full copy of the AIDS guidelines for health care workers, write or call the Division of HIV Epidemiology, Bureau of HIV/AIDS, Pennsylvania Department of Health, P.O. Box 90, Harrisburg, PA 17108; (717) 783-0481.

References

1. "Estimates of the risk of endemic transmission of hepatitis B virus and human immunodeficiency virus to patients by the percutaneous route during invasive surgical and dental procedures." Draft working paper, U.S. Department of Health and Human Services, Atlanta: January 30, 1991.
2. **CDC.** Recommendations for prevention of HIV transmission in health-care settings. *MMWR* 36 (suppl. no. 2S):1-18S, 1987.
3. **CDC.** Update: universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health care settings. *MMWR* 37: 377-82, 387-8, 1988.
4. Mandatory testing of health care workers poses legal risks. *AIDS Alert* 6 (no. 3): 41-60, March 1991.

COALITION WILL SEEK AMENDMENT TO REGS

The Pennsylvania School Health Education Coalition will seek amendment to student learning outcomes regulations adopted by the State Board of Education in mid-January. The coalition, which includes representatives of the State Society, believes the regulations do not adequately include health education information.

More than two years ago, the Department of Education began work to implement outcomes-based regulations, replacing classroom learning with criteria for students "to demonstrate the acquisition and application of knowledge and appropriate actions." The initial draft of the proposed regulations included many health education outcomes, specifically family health education outcomes.

After a series of hearings last year, and debate between the department and the governor in late January, many of those outcomes were removed, including outcomes teaching about community health resources ranging from "911" to Planned Parenthood.

Though the Society understands the regulations have been put on hold indefinitely by the state's secretary of education, the coalition will seek: 1) reinstatement of the community resources outcomes; 2) inclusion of the role of the family in promoting health and preventing disease; and 3) inclusion of analysis of health information, services, and products for their impact on health and illness.

Physicians are urged to contact their state senators and representatives in support of family health education outcomes. For more information, contact the Society's Department of Educational and Scientific Affairs at (800) 228-7823.

Next month

Look for the second in a series of articles by John A. Malcolm Jr., MD, outlining State Society initiatives and programs available to help the medically indigent and underserved.

MEDICALIZATION OF SOCIAL ILLS RAISES COSTS

One of the major, yet often overlooked, causes underlying the higher cost of American health care is the medicalization of social problems which increases costs in the health care system, according to a study released by Pennsylvania Blue Shield Institute.

"Social Problems and the Rising Health Care Costs in Pennsylvania," highlights Pennsylvania's health care costs associated with selected social problems which, when unaddressed or unresolved, are ultimately confronted in the health care system. Society problems studied include family violence, street violence, and the costs of poor birth outcomes.

For additional information or to request a copy of the study summary, call Pennsylvania Blue Shield Institute at (717) 731-2261.

Jeff Greenawalt, the Society's director of educational and scientific affairs, contributed to this page.

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Building Blocks of the Public Health System

Juli C. McGreevy

David L. Hawk, MD, MPH, has been the director of the York City Bureau of Health since its inception in 1985. He is a member of the Society's Commission on Public Health. A former board member of the Pennsylvania Public Health Association, he was also on the Healthy Pennsylvania 2000 steering committee, which developed a set of priority areas to guide the commonwealth's public health community during the 1990s.

"Every area has its infrastructure: in public health it is the network of local health departments."

Question: *What is the greatest public health need in Pennsylvania?*

Dr. Hawk: The infrastructure of the public health system. Pennsylvania has six county health departments, but there are 67 counties. York is one of three city health departments (see next page for map). These nine local departments provide a broad range of personal and environmental health services. Elsewhere in the state, public health nurses at state health centers and health officers in some townships and boroughs provide limited public health services.

Question: *President Clinton campaigned on building the infrastructure in this country. Do you think he meant the public health infrastructure?*

Dr. Hawk: In the broadest sense, yes, I do. Every area has its infrastructure: in public health it is the network of local health departments. Once you have a strong foundation, you can plug in the programs; but without the infrastructure, I don't see how you can be successful in your programs.

Pennsylvania needs to set the stage for the twenty-first century by developing this infrastructure. How are we going to deal with the problems of AIDS, maternal and child health, tuberculosis, or whatever public health problem you choose, if we don't have a sound infrastructure?

Question: *Why does Pennsylvania have so few local health departments?*

Dr. Hawk: We have not recognized the importance of putting money into public health. Most states have a network of local and county (or multi-county) health departments.

One objective proposed by the Healthy Pennsylvania 2000 steering committee is: "increase to 100 percent the number of citizens who are served by a vital and effective public health system capable of the full range of responses necessary to make further progress against disease, disability, and premature death." Local health departments are critical to addressing local needs and accomplishing this objective.

Question: *What is an example of how York addresses a local public health need more effectively because of the city health department?*

Photo by Jack Radcliff

In addition to his administrative and clinical duties at the Bureau of Health, Dr. Hawk is medical director of York House Hospice for terminally ill AIDS patients.

Dr. Hawk: Most of our active tuberculosis patients are on observed therapy, meaning twice a week they come into the clinic or our nurse goes to their homes to watch them take their medicine. When patients don't show up, we send somebody out the next morning to find them. If you don't have the staff to monitor TB patients, then some

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's endeavor to address public health needs, called Keystones of Public Health.

patients take their medicines intermittently, which leads to inadequate treatment and resistant strains of tuberculosis. Then you've got more problems.

Question: *Funding has been a stumbling block to other communities forming local health departments. How is the York City Bureau of Health funded?*

Dr. Hawk: Act 315 of 1951, the Local Health Administration Law, provides state money to fund local health departments and requires a dollar-for-dollar match. We have approximately 42,000 people living in the city of York, and under one part of Act 315, we receive $6 per capita or about $250,000. To receive that money from the state, we have to match it with $250,000 from local sources.

Question: *Where do you get the local funds?*

Dr. Hawk: We have two sources. Some is city tax money—in 1993, we're going to take about $90,000 out of the general fund. We will return approximately $70,000 in revenues generated through fees and health fines.

The other source of money is probably the reason why we have a health department in York: a man named Albert Weyer, who owned a tin sheet manufacturing company. When he died in 1906, he left $82,000 to the city, putting two stipulations on the money: a) it couldn't be touched for 100 years, and b) it had to be used at the end of that 100 years for a hospital for the poor.

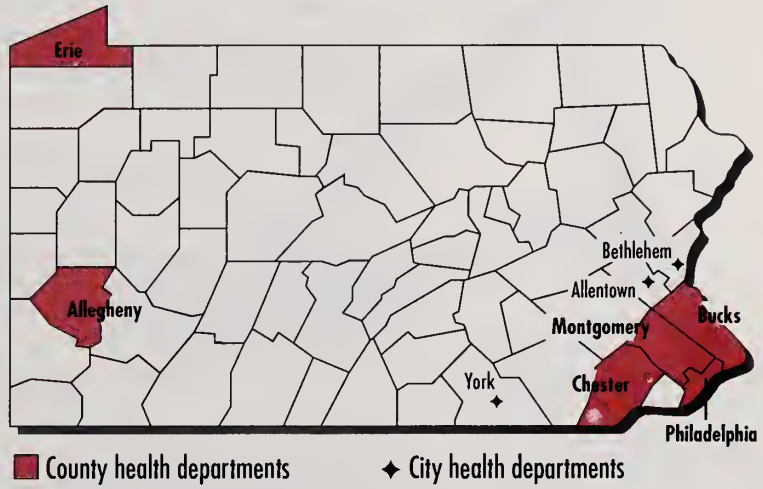
After successfully petitioning the court to amend the will in the early 1980s, the city now receives about $160,000 in interest and dividends from the Weyer Trust Fund each year. Added to the $90,000 from the general fund, we come up with $250,000 to match what's available to us from the state. Without the money from Albert Weyer, I don't think the city would be able to put $250,000 into public health.

Question: *What programs does the Weyer Trust Fund pay for?*

Dr. Hawk: We use the Weyer Trust money for a mobile screening hospital, set up to do health screenings in poor sections of the city. Since it answered the stipulation of a hospital tailored to the care of the poor, the court approved the use of dividends and interest from the trust fund. The $2.8 million principle remains untouched.

We also use Weyer money to support ambulance services. We contract with a private service so an ambulance is available to any citizen of the city regardless of ability to pay. Albert Weyer would be pleased with the way his monies are being used to serve the city. Because of this money, we have a mobile screening unit, an ambulance service, and a health department.

Pennsylvania Local Health Departments 1993



Source: National Association of County Health Officials

Question: *What other sources of funding are available to communities with local health departments?*

Dr. Hawk: We receive grants for our programs in childhood lead poisoning prevention, maternal and child health, cardiovascular disease risk reduction, and AIDS. So we have a $1 million health department here. As far as city tax money goes, the net cost is $20,000. Another blessing we have is a supportive administration and city council. Without them it would be very difficult for us to make the successes we've made in the last seven years.

Question: *Describe a public health need in York and one of the programs the community has to address it.*

Dr. Hawk: York has one of the highest rates of births to teenagers in the nation—25 percent. One program in York to help deal with this problem is a day-care center in the city high school, available to teen mothers so they can finish their high school education. When mothers have study hall or a free period, they feed or play with their babies, while at the same time learning good parenting skills.

Having a baby as a teenager can lead to not completing your education, which can lead to joblessness, poverty, and poor health. We physicians should be con-

"We physicians should be concerned about whether young people get educated."

cerned about whether young people get educated. If that means we become advocates for day care and parenting programs in high schools, then we've got to put down our stethoscopes, leave our offices, and lobby to have these kinds of services available, because in the long run, they do affect our patients' health.

Question: *Why don't we put more emphasis and money into prevention?*

Dr. Hawk: If you do a good job in prevention, you end up seeing nothing. Everybody gets excited when there's a measles outbreak, but if we're highly successful at our jobs, there shouldn't be any measles outbreaks. I believe education and prevention are *very* important.

Question: *How can county medical societies support public health?*

Dr. Hawk: In our county, the medical society put together an environmental impact committee to evaluate a proposal to build a coal burning cogeneration plant. This is a very appropriate role for the county medical society to be in: who can speak better for the health of the community than the physicians who practice in that community? As physicians, we are experienced at looking at studies scientifically, separating fact from hysteria.

Question: *Why would physicians be interested in a community's public health problems, and how would you encourage physicians to become involved?*

Dr. Hawk: Physicians really do care not only about the health of their patients but also about the health of the community where they live and practice. There are many local and state committees that deal with important public health topics and that need and would appreciate input from practicing physicians. The Pennsylvania Public Health Association would welcome more physician members. Committees at the county or state medical society level would also be an excellent place to start.

Resources

If you are a physician interested in becoming involved in public health issues at the local level, contact your local ***county medical society*** directly. At the state level, submit your interest in writing to the Director of House Operations and Policy Maintenance, ***Pennsylvania Medical Society***, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

To request membership information about the ***Pennsylvania Public Health Association,*** write or call the association at: 1 Lafayette Place, Suite 325, Norristown, PA 19401; (215) 278-5120.

Two versions of ***Healthy Pennsylvania 2000: Priorities for Pennsylvania*** are available while supplies last: the complete report and the summary report. To request free copies, write or call: The Educational and Scientific Trust, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820; (800) 228-7823.

Health Education Center Becoming A Reality

Four years ago, Susan P. Byrnes, a registered nurse in York County, called Dr. David Hawk with an idea to create an area center to help prevent disease through education. Today, that idea is growing into the Central Pennsylvania Health Education Center.

Byrnes, who volunteers her time and serves as president of the center's board of directors, says she first got the idea for the center when she was working as an emergency room nurse: "I was frustrated by all the diseases I was seeing...I knew they could be prevented if people lived healthier lives."

The goal of the center, which is scheduled to open in downtown York next year, is threefold: to promote a healthy lifestyle, produce quality living, and reduce health care costs. The basic concept is to bus students—pre-school to high school aged—to the center several times a year for exciting educational presentations on health topics, as well as to offer helpful courses for adults.

Anne M. Woods, MD, family practitioner and chairman of the center's fundraising campaign of medical professions, first got involved with the project in 1990, when she was serving as president of the York County Medical Society. "I immediately felt it was an excellent project for the city of York," she says. "The goal is to prevent people from developing destructive habits in their lives."

Preliminary blueprints of the Central Pennsylvania Health Education Center include five classrooms and a 100-seat auditorium, each equipped with high-technology exhibits such as a six-foot brain that lights up. Programs will focus on family life, general health, nutrition and fitness, and drug and alcohol abuse; common themes will address self-esteem, communication, decision making, positive attitude, peer pressure, and stress.

According to a summer 1992 newsletter, the center expects at least 50,000 school children and adults will visit annually. It will become one of 16 centers currently in operation in the nation, including one in Easton.

Byrnes and Dr. Woods are both excited by the movement of the project, the community's support, and the opportunity to help central Pennsylvania children and adults alike. As for Dr. Hawk, he says, "I feel very strongly about the importance of health education and what that means in terms of prevention of certain diseases and of teaching healthy lifestyles. I believe that this will be a big help to people's health and the health of the community."

For additional information or to lend your support, write or call the Central Pennsylvania Health Education Center at 1508 East Market Street, York, PA 17403; (717) 848-3064.

Maria T. Montesano
Assistant Managing Editor

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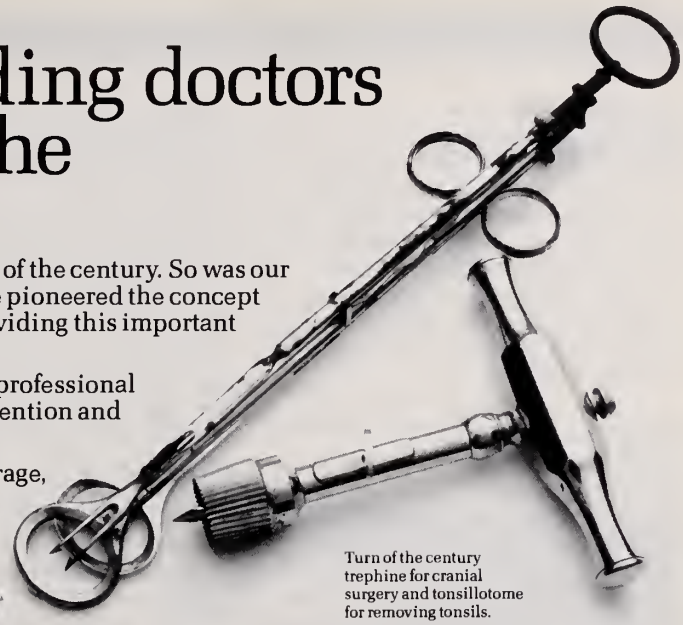

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Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, the Geisinger Clinic designates these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, at 1-800-272-6692. There is a 24-hour answering service available. You may also write to her at North Academy Avenue, Danville, PA 17822-1350.

BILLING FOR EXTENDER SERVICES

The use of physician extenders such as physician assistants (PAs) has increased along with the complexity of the reimbursement process for PAs. This article attempts to clarify the billing of PA services to Pennsylvania Medicare, Medicaid, and Blue Shield.

Medicare

PA payments are made either as an "incident to benefit" or a "PA benefit." Under both benefits, the PA can only perform services for which he or she has been licensed by the state (see "State Licensure of Physician Assistants," below).

When a PA is reimbursed under the incident to benefit, the service is submitted under the employing physician's Medicare provider number, and the payment amount is the same as the physician would have received under the Medicare fee schedule. Also, the supervising physician must be present in the setting in which the service is rendered. This supervision does not require the physician to be present in the same room with the PA, but rather, immediately available to provide assistance and direction. Please note: communicating by telephone does not constitute direct supervision in an institution.

When a PA is reimbursed under the PA benefit, the service is submitted under the PA's individual provider number. To be assigned a provider number, the PA must meet state requirements and meet one of three specific educational requirements established by Medicare:

1) certification by the National Commission of Certification of PAs to assist primary care physicians; or

2) satisfactory completion of a program, accredited by the AMA Committee on Allied Health Education and Accreditation, for preparing PAs that was at least one academic year in length, and that consisted of supervised clinical practice and at least four months (in the aggregate) of classroom instruction directed towards preparing students to deliver health care; or

3) satisfactory completion of a formal program preparing PAs that does not meet the requirements of the second requirement and assisting primary care physicians for a total of 12 months during the 18-month period immediately preceding January 1, 1987.

Under the "PA benefit," payment is made to the employing physician. The payment amount is a percentage of the physician fee schedule amount depending on the type of service performed and the place of service; the supervision requirement is met if the supervising physician is available by radio, telephone, or telecommunication. Additionally, a modifier must be used to indicate the service was performed by a PA. The "AS" modifier is used when a PA performs assistant-at-surgery services, and an "AN" modifier is used in all other cases.

The discussion below primarily focuses on reimbursement under the PA benefit. In each scenario, unless otherwise noted, reimbursement under the incident to benefit requires the supervising physician to: 1) bill the PA service as if he or she performed it; and 2) be present in the setting and immediately available to provide assistance and direction to the PA in order for the supervision requirement to be met.

• *Physician's office:* If a service is performed in a non-rural office setting, the PA service is always considered an incident to benefit, and the supervising physician must be present in order for payment to be made. For services provided in a Rural Health Professional Shortage Areas as defined by the Public Health Service, the PA service can also be reimbursed under the PA benefit payment at 85 percent of the physician fee schedule amount. The PA service should be submitted with an "AN" modifier.

• *Hospital/skilled nursing facility/ nursing facility:* Under the PA benefit, payments are limited to 75 percent of the physician fee schedule amount in a hospital setting and 85 percent of the physician fee schedule amount for services performed in a skilled nursing facility or nursing facility. The service should be submitted with an "AN" modifier.

• *Assistant-at-surgery:* Under the PA benefit, payment is limited to 65 percent of the assistant surgeon fee schedule amount (16 percent of the surgeon's fee schedule amount). The service should be submitted with an "AS" modifier. Reimbursement is not available under the incident to benefit.

• *Rural health clinic (RHC):* An RHC is a physician practice located in an area designated by the Bureau of Census as non-urbanized and by the Department of Health and Human Services as a shortage area wherein a shortage of personal health services or a shortage of primary medical manpower exists. RHCs must employ at least one nurse practitioner or PA. Reimbursement for services is on cost-basis by the designated RHC carrier or the intermediary rather than the Part B carrier. Supervision requirements are met if the supervising physician is available by direct telecommunication for assistance with medical emergencies.

Medicaid and Blue Shield

Pennsylvania Medicaid and Pennsylvania Blue Shield (PBS) reimburse for services rendered by PAs. However, PAs cannot enroll in the programs, but must bill through the supervising physician. There are no special educational or training requirements other than those imposed by state law—the PA service must be performed under the direct supervision of the supervising physician.

Direct supervision does not mean the supervising physician must be present

State Licensure of Physician Assistants

To be certified by the Medical Board of Pennsylvania as a physician assistant (PA), applicants are required to:

1) complete a board-certified PA training program,
2) pass the national certifying examination, and
3) provide evidence of good character and reputation.

The state also requires that a PA be supervised by a physician (licensed to practice medicine and surgery in the commonwealth) who will accept responsibility for the supervision of services rendered by the PA. Under Pennsylvania law, supervision does not require the constant physical presence of the supervising physician, but rather, easy contact by radio, telephone, or telecommunications.

in the same room as the PA, but must be immediately available to provide direction and assistance. Additionally, assistant-at-surgery services are ineligible for reimbursement when performed by a PA.

Direct questions about billing for physician extender services to the Society's Department of Medical Economics, (800) 228-7823.

CONSUMERS WARNED OF ILLEGAL HEALTH INSURERS

The state Insurance Department encourages consumers and businesses to check with the department before purchasing insurance from entities identifying themselves as Multiple Employer Welfare Arrangements, or MEWAs. According to the department, such entities often falsely claim to be established under the federal Employees Retirement Income Security Act and to be exempt from state insurance regulation.

In a recent incident, the department advised consumers and businesses who purchased health insurance coverage from Atlantic Healthcare Benefits Trust and United Healthcare Benefits Trust to find replacement coverage from licensed companies. Both are unlicensed insurance companies that have operated illegally in the Philadelphia, Reading, and Allentown areas.

Physicians and consumers with questions about the license status of insurance companies may call the department's consumer services in Pittsburgh, (412) 565-5020; Erie, (814) 871-4466; Philadelphia, (215) 560-2630; or Harrisburg, (717) 787-2317.

Dennis L. Olmstead, the State Society's director of medical economics, and Sandra K. Patterson, medical economics analyst, contributed to this page.

Questions about Reimbursement? Third party? Claims?

For immediate answers, call the Society's Department of Medical Economics at (800) 228-7823. To bring issues to everyone's attention, write to this publication, c/o Letters to the Editor.

PENNSYLVANIA MEDICINE HITS THE ISSUES

Watch next month for:

Medical economics and medical ethics:

Physicians and health care reformers are reminded by a medical ethicist that these two areas are intertwined.

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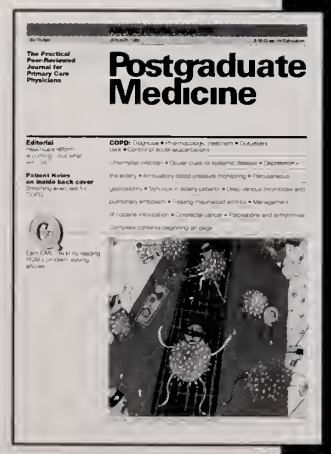

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Postgraduate Medicine

New Trustee Stresses Participation, Cooperation

Maria T. Montesano
Assistant Managing Editor

Dr. McAndrew

In this second of three articles profiling the State Society's newly elected trustees, John J. McAndrew, MD, Third District, discusses organized medicine and the major issues facing physicians today.

John J. McAndrew, MD, has been involved in organized medicine for more than 30 years. As the newest trustee representing the State Society's Third District, he hopes to communicate on a county level what is happening on the state and national levels within the Pennsylvania Medical Society and the American Medical Association.

Dr. McAndrew's interest in medicine was peaked while he was in high school. A native of northeastern Pennsylvania, he received his undergraduate degree from the University of Scranton and his medical degree from Georgetown Medical School in Washington, DC. After an internship at Mercy Hospital in Buffalo, New York, he returned to Clarks Summit to start family practice, he says, "in the same building I'm in now." Married since 1962, he and his wife have six children and one grandchild.

Benefits of organized medicine

Dr. McAndrew's firm belief in organized medicine led him to pursue his trustee position. "I think the most important benefit of organized medicine is that it takes a group approach, rather than individuals going out on their own," he says. "It doesn't mean that it always works and is always successful, but as a group, you have a better chance of succeeding in certain areas than you would as an individual."

Prior to his election to the board, Dr. McAndrew served as chairman of the Society's Council on Medical Economics and as a member of the Long Range Assessment and Access to Health Care committees. As a trustee he hopes to be more active on a grassroots level: "to see more, do more, get involved more, affect outcomes more." He adds, "I've been involved for a long time, and I think I can add to the organization."

His greatest concern as a trustee is that "there are not enough people [members] pushing the stone...there's a lot of apathy in the trenches." He explains: "Members keep asking, 'What are you doing for me?' but they don't take an active interest in trying to find out what we *are doing* for them. Well, now they won't have to ask that question, because they'll see me around enough, and I'll *tell them* what we're doing *for them*."

Dr. McAndrew says he's seeing a little more involvement from members on the local level, but he believes it's the young physicians—"the guys who are 35, 40"—who really need to become active, "so when they really peak with their knowledge of what they can do, they're into positions where they can do some good." While he says, "I think that's starting to happen," he continues to encourage members to "join on" and participate in organized medicine. He says, "Even if you're not on the Board of Trustees, you can come to the meetings."

Issues facing physicians

Among the most important issues facing physicians today, according to Dr. McAndrew, are malpractice/tort reform and access to care. "The first issue alone raises the cost of medicine significantly," he says. "You have people who disagree with that idea, but it's true." He adds, "Tort reform's not a problem in any other country. Does that mean the other countries are practicing a better brand of medicine?" That theory is "ridiculous," according to Dr. McAndrew.

Of access to care, he says: "It's important for organized medicine and physicians to participate actively in assuring that everyone in this country gets care...we should look on that as an obligation."

Dr. McAndrew is skeptical but hopeful about the top issue of the '90s—health care reform. He looks at the debate from the perspective of many older physicians who have witnessed the mounting crisis in a system that once worked for nearly everyone. "I came into medicine before Medi-

Next month
Look for a profile of newly elected medical student trustee, Rebecca Kunkel.

care, and I have lived through the whole odyssey," he says. "We started off with no Medicare, when all this free medicine wasn't even a topic—if someone walked in and couldn't pay, you took care of them."

"Then we went through Medicare," he says. "It was the goose that laid the golden egg for a long period of time, until they broke themselves. And now we're into a blame type of situation where we're asking, 'Whose fault is all of this?'" According to Dr. McAndrew, it's not the physicians' fault that the American public wants "Cadillac medicine for Ford prices."

Though not an advocate of any specific reform plan, he feels government may be going about it in the wrong way: "There's probably some good in all health care reform models. Maybe people should sit down and talk together and try to work things out to *everyone's* advantage."

"It's very interesting to me," he continues, "that our futures and out patients' futures are being debated by people who are not physicians or medically oriented. The people who pay the bills certainly have a right to say what they're going to pay for and how much, but they should also have learned counsel—in this case, physicians—on the other side...Organized medicine is the only way this is ever going to happen."

"When you participate in the discussion that affects the high technology which is medicine," Dr. McAndrew says, "you should have all of the players at the table—not just the doctors, lawyers, politicians, and hospitals, but maybe some patients too." He concludes, "And stop trying to blame everyone else...It's not a blame type of situation. We're *all* part of the problem, and it would be nice if we could *all* be part of the solution."

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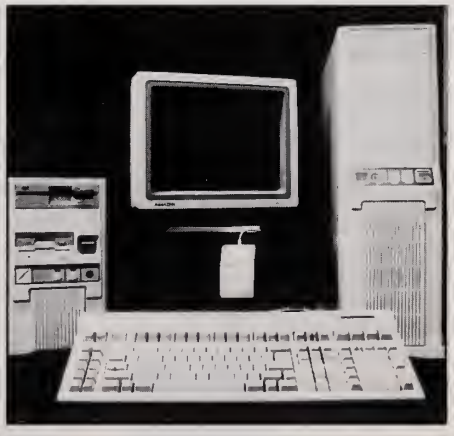

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ACTIONS OF THE BOARD OF TRUSTEES, JANUARY 13, 1993

TASK FORCE TO CONSIDER MANAGED CARE EFFORTS

Consistent with State Society efforts to help physicians deal with managed care contracts, the Board of Trustees at its January meeting referred for consideration to the Task Force on Development of a Managed Care Network two recommendations from an AMA Board report.

As adopted by the AMA House of Delegates last December, the recommendations direct the AMA to:

- adopt the policy that all "hold harmless" clauses in managed care contracts be explicitly identified as such, urge physicians to consult with legal counsel prior to signing such contracts to prevent unfair liability, and develop model state legislation to prohibit "hold harmless" clauses in managed care contracts and encourage state medical societies to pursue such legislation; and
- study the concept of establishing managed care appeals bodies with the power to suspend a reviewing physician's right to participate in further review based on a pattern of reversals on appeal.

The Society continues to seek safeguards to protect physicians from cost-control practices which may sacrifice quality, unnecessary administrative burdens, and loss of individual physician rights.

TORT REFORM POSITION PAPER APPROVED

The Board of Trustees, in light of recent health care reform proposals, approved a new position paper on tort reform.

The first portion of the paper reflects the increasing importance of tort reform in an era of cost controls. The Society's present legislative position on tort reform was emphasized, addressing such issues as: duplicate payments for the same injury, clarifying informed consent requirements, punitive damage limits, installment payment options, pre-treatment agreements, and expert opinions, among others.

The paper also suggests that if real cost containment is to be pursued, then more significant tort reform measures, like caps on awards and alternative systems to the existing one, must be developed.

Finally, the paper notes that most cost control measures are aimed at controlling utilization, leaving the physician in a dilemma between complying with the standard of care and cost controls. The paper suggests that all utilization and cost controls must be accompanied by liability protections for the physician who acts in accordance with the controls.

SOCIETY REEVALUATING SELF-REFERRAL POLICY

The Board is awaiting review by the Society's Judicial Council and Council on Medical Economics on the issue of physician referrals.

The matter was referred after the Executive Committee reaffirmed the Society's current policy, adopted by the 1992 House of Delegates, to "support the physician's use of any facility providing procedural services, laboratory, diagnostic, and other testing services which the physician determines to be in the best interest of the patient's health and well-being" and provided that "if a physician has a financial interest in the facility, that financial interest should be disclosed and alternate facilities offered."

The Executive Committee reevaluation resulted from actions of the AMA House supporting a more restrictive position.

BOARD DIRECTS RESPONSE TO MA SHORTFALL

The Board in January directed a careful response to the state's projected Medical Assistance (MA) budget shortfall.

A recommendation of the Council on Medical Economics' Executive Committee calls for the Society's position on the projected shortfall to include: opposition to any provider tax; opposition to any cost-containment measures that involve the elimination of MA Medical Education payments to hospitals; and support of several revenue-generating proposals, including federalizing the General Assistance program, intergovernmental transfers, and increasing "sin taxes."

BENEVOLENCE FUND MEASURES APPROVED

Measures to ensure the efficient use of the Society's Medical Benevolence Fund were approved. Two recommendations of the Society's Committee on Medical Benevolence are intended to ensure its fund is used according to the intent of the bylaws and the fund's contributors.

The first recommendation directs the Society to follow new "Guidelines for Processing Requests for Funding" from the Medical Benevolence Fund. The committee, agreeing a more formalized and structured process was needed to administer the fund properly, developed the guidelines to: 1) strengthen the evaluation process for new applications for assistance from the fund; 2) establish a periodic reevaluation process; 3) streamline the evaluation process; 4) develop a monitoring system to keep track of recipients; and 5) establish certain repayment provisions.

The second recommendation transfers the fund and its administration to the Society's Educational and Scientific Trust which will result in a number of advantages, such as tax-deductibility of contributions, enhanced efficiency of administration, added expertise in fund distribution, and increased promotion.

BOARD APPROVES ISS RECOMMENDATIONS

The Board approved three recommendations of the Society's Interspecialty Section (ISS) that direct the Society to:

- seek adoption of regulations by the State Board of Medicine to specify under which circumstances physicians can delegate the prescription and administration of anesthetic agents to nurse anesthetists;
- work with certified registered nurse practitioner representatives in an effort to structure appropriate therapeutic prescribing by certified registered nurse practitioners; and
- educate physicians on how to better manage and code appropriately when consultants are used in concurrent care.

Pennsylvania Medical Society
Capital Blue Cross/Pennsylvania Blue Shield
Open Enrollment Now Underway!
April 1, 1993 Effective Date

Bertholon-Rowland, the Pennsylvania Medical Society's endorsed insurance administrator, is now offering a Blue Cross/Blue Shield open enrollment to members in the Capital Blue Cross area (see counties below).

Take this time to review your health care needs. Does your current plan offer the comprehensive coverage available through your Society-sponsored plans? The Pennsylvania Medical Society and Bertholon-Rowland have developed two Blue Cross/Blue Shield plans designed especially for Society members...plans that are custom-tailored to meet the needs of the medical professional.

The **MD–365 plan** offers the most comprehensive coverage available to Society members. The new **MD–120 plan** incorporates cost-sharing elements—such as a limitation on inpatient medical days and increased deductibles—in order to substantially reduce premiums. Both plans include attractive features rarely found in today's marketplace: guaranteed acceptance, coverage for individuals as well as group practices, a mail-order prescription service, optional dental and vision coverage, and more!

Coverage is available only for members who reside in the following counties served by Capital Blue Cross: Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York.

The Pennsylvania Medical Society and Bertholon-Rowland are pleased to offer you the option of choosing from two of the most comprehensive and competitively priced health insurance products on the market today. We would be happy to send you more information on these plans—please call either Sheryl Weaver or Kim Wilburn in Bertholon-Rowland's Medical Insurance Department at **(215) 565-3575** or **(800) 551-4504** between 9:00 and 5:00 and they will provide you with coverage information, applications, and any help you may need.

Sponsored by:

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200 EAST STATE STREET ◆ BOX 77
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LEADERSHIP CONFERENCE TARGETS REFORM

The debate on one issue within organized medicine has been settled: health care reform is indeed the most important medical issue of the '90s. Yet, controversies rage on about what it will all mean to physicians. Join the discussion on reform at your State Society's annual Leadership Conference, "Time to Lead: A Clarion Call," on April 27-28, 1993, at the Harrisburg Hilton and Towers. Participants are also encouraged to attend specially designed workshops on all aspects of medical practice. Registrations for the conference are due no later than April 16.

Paul Ellwood, MD, nationally known for his role in reform during the past two decades, will speak about managed care and managed competition, two key ideas in health care reform. He is founder of the InterStudy group, which created the concepts of health maintenance organizations and preferred provider organizations.

Dr. Ellwood

Dr. Ellwood is also co-founder of the influential Jackson Hole group, an informal panel which has been meeting for two decades to discuss health policy issues. He was a featured speaker at the AMA's Leadership Conference in Atlanta in February.

Jack Chow, MD, assistant director for international relations, Fogerty International Center, National Institutes for Health, will keynote the conference with a presentation on health care reform, and Robert Berenson, MD, a Washington, DC, internist involved in quality issues on the Clinton campaign's health care reform team, will provide his insights. Former state representative Donald W. Dorr, Esq., will tackle state legislative issues.

Listening to key players involved in the health care reform debate will turn into active participation at the "town meeting" Tuesday afternoon. Sponsored by the Institute for Physician Leadership of the Society's Educational and Scientific Trust, the "town meeting" will place physicians at center stage, with colleagues—you, the attendee—surrounding them with open debate on organized medicine and any other issues of concern.

According to Victor F. Greco, MD, Society trustee and chairman of the Leadership Conference Committee, "Physicians must make the decision to take an active role in organized medicine, because if they don't participate, they'll have to deal with the consequences. That's the message we'll try to communicate at the Leadership Conference." He says the town meeting "is one part of that."

Professional workshops

Workshops on Wednesday morning will address the hospital-physician relationship, stress management, grassroots lobbying, public speaking and media relations, and marketing physician image. A sixth workshop on domestic violence, a major theme of the AMA at the national level and part of the overall health care crisis affecting the U.S. today, will be led by Virginia Dietz, president of Intervention Insights, a firm specializing in intervention/prevention programs for health care professionals.

Registration fees remain the same as last year: $60 for Society members, $30 for residents, and $80 for non-members; medical students may register free of charge. Participants are eligible for 7 hours of Category 1 continuing medical education (CME) credit. For registration materials and information, call the Society's Department of Member Communications at (800) 228-7823.

HMSS ANNUAL MEETING SCHEDULED

The Society's Hospital Medical Staff Section (HMSS) will hold it's Eighteenth Assembly Meeting Tuesday morning, April 27, 1993, just prior to the Society's Leadership Conference.

A one-hour presentation will address the PRO Fourth Scope of Work, and the HMSS has scheduled an open forum to answer questions about critical issues facing medical staffs. For registration materials and information, call (800) 228-7823, extension 457.

STUDY SHOWS REFORM IS TOP PRIORITY

The Pennsylvania Medical Society's top priority should be to address health care reform, according to the 1992 Membership/Leadership Poll released by the Society.

Conducted by The Educational and Scientific Trust in May and June of 1992, the poll sought to discover how members and leaders view specific medical practice and public health and policy issues. Where possible, physicians' opinions were compared with Gallup Poll public opinion of specific health care issues.

YOUTH AGAINST TOBACCO FINDS SUCCESS AT STATE FARM SHOW

During the onnual State Farm Show in Horrisburg, Jonuory 9-14, 1993, more thon 3,270 youth joined the "Youth Against Tobacco" compoign, sponsored by the Pennsylvonio Deportment of Heolth in portnership with the Stote Society ond the Pennsylvonio Deportment of Education. The progrom, kicked off in foll 1992, seeks to reduce tobocco usage omong teenogers. Pictured: Michelle J. Weaver (below left) of the Deportment of Health ond Petrono C. Pearson (below right) of the Deportment of Education share program information with youth ot the form show. Future progrom disploys ore scheduled in conjunction with the Heolth Educotors' Institute conference and the Pennsylvanions AWARE stotewide leadership conference, both this month, and with the Pennsylvonio Medicol Society's onnuol Leadership Conference in April. Also, Youth Against Tobacco representotives will speak at the Second Annuol Keystone Heolth Promotion Conference this summer.

TIME • TO • LEAD

A Clarion Call

PENNSYLVANIA MEDICAL SOCIETY

Leadership Conference

April 27 & 28, 1993

Harrisburg Hilton and Towers

Six Workshops:

The Hospital-Physician Relationship

Lee H. McCormick, MD, chairman of the American Medical Association Hospital Medical Staff Section and member of the Society's Board of Trustees, is joined by a representative of the American Hospital Association in this exploration of the need for better communication and mutual support in the hospital setting.

Stress Management

Robert S. Eliot, MD, director of the Institute of Stress Management in Denver, one of the most popular and highly rated speakers from last year's conference, offers fresh insights into the special stresses on physicians.

Domestic Violence

Virginia Dietz, president of Intervention Insights, a firm specializing in intervention/prevention programs for health care professionals, will conduct a workshop on one of organized medicine's major concerns.

Grassroots Lobbying Effectiveness

This legislative workshop will improve your skills with practice sessions in persuasive communication on legislative issues. Facilitator is **Robert L. Lamb,** of the Institute for Physician Leadership.

Public Speaking and Media Relations

Staff from the **Society's Division of Communications and Public Affairs** bring extensive experience in media, government, and public relations to this hands-on session.

Marketing Physician Image

Eric N. Berkowitz, PhD, of the University of Massachusetts at Amherst, discusses strategies for applying marketing principles to health care organizations.

Town Meeting:

- Sponsored by **The Institute for Physician Leadership,** this forum gives attendees the opportunity to engage in substantive discussions with the Society's officers and leaders. Moderator **Bud Crouch** is a consultant who specializes in all aspects of effective leadership. He will keep things moving—and on target—in this valuable exchange of information and opinion.

Speakers:

- **Paul Ellwood, MD**
- **Donald W. Dorr, Esq.**
- **Jack Chow, MD**
- **Robert Berenson, MD**

HMSS Assembly April 27 — 9 a.m.-noon

Come to the Hospital Medical Staff Section Assembly and stay for Leadership!

For HMSS information, contact Debora Faesel at the Pennsylvania Medical Society (800) 228-7823.

Health care reform

Twenty percent of the respondents cited health care reform as the issue the Society should concentrate its efforts on in the next year. Viewpoints varied: some respondents believe health care costs should be shared by all who demand it and everyone in America should have health care coverage, while others think the Society should oppose implementation of government strategies for health care reform. Many also emphasized the need to contain costs and reform aspects of the current system.

Other areas of concentration, according to respondents, are: public perception of physicians (14 percent), medical malpractice/tort reform (12 percent), reimbursement issues (10 percent), third-party interference/over-regulation (7 percent), and Society strength (6 percent).

In a similar question, respondents were asked to rank the three most important practice issues the Society should address. Health care reform again topped the list of 28.7 percent of respondents. Outside regulation of the practice of medicine and Medicare reimbursement issues ranked second and third, respectively, with 20.2 percent and 19.2 percent of respondents ranking them first (see "Practice Issues of Importance to Physicians," above right). Last year, respondents listed outside regulation of the practice of medicine as the number one response.

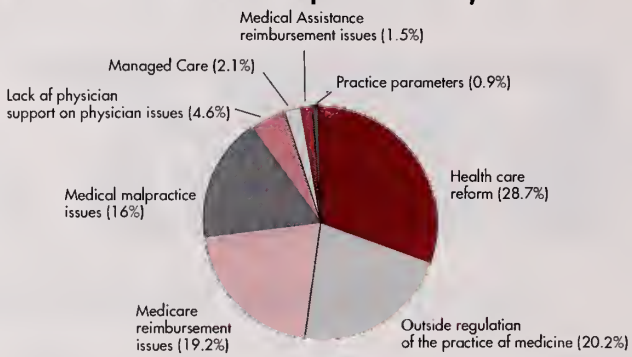
Public health/policy issues

The majority of Society members and leaders responding agreed the Society should allocate resources to address public health and policy issues. Access to health care, health care costs, issues surrounding AIDS, substance abuse, and smoking were listed as the five most important issues for the Society to address.

Other public health and policy concerns of member physicians included vaccination of children, interpersonal violence, air/water quality, hazardous/radioactive waste, and use of animals in biomedical research.

Consistent with last year's poll, the 1992 Gallup Public Opinion Poll found that nearly half of Pennsylvania residents perceive high or rising costs as the main problem facing medicine.

Practice Issues of Importance to Physicians



The pie chart at left shows responses to the 1992 Pennsylvania Medical Society Membership/Leadership Poll question: "Please rank the three most important practice issues the Society should address." Answers are in percentages of respondents who ranked the specific issue as top priority.

Conducted annually, the Membership/Leadership Poll helps to guide Society efforts in the year to come. For more information, contact the Society's Division of Communications and Public Affairs at (800) 228-7823.

AMA DELEGATION NEWS

BOARD ENDORSING AMA CANDIDATES

The State Society's Board of Trustees has endorsed two candidates for AMA positions.

Jonathan E. Rhoads Jr., MD, was endorsed for a third term on the AMA's Council on Long Range Planning. Dr. Rhoads, chairman and residency program director, Department of Surgery, York Hospital, serves as speaker of the Society's House of Delegates.

Also, the Board has endorsed Ronald J. Clearfield, MD, for a position on the AMA's Council of Constitution and Bylaws. Dr. Clearfield is radiologist, Citizen General Hospital, New Kensington.

At present, along with Dr. Rhoads, William H. Mahood, MD, serves on the Council on Medical Services; Robert N. Moyers, MD, on the Council on Medical Education; and R. William Alexander, MD, on the American Medical Political Action Committee (AMPAC) Board.

AMA RESOLUTIONS DUE MARCH 31

The Resolution Committee of the Pennsylvania Delegation to the AMA has set *March 31* as the deadline for receiving resolutions to be considered for submission to the AMA House of Delegates at the June 1993 Annual Meeting. Resolutions received after this date will be considered for the December 1993 Interim Meeting of the AMA House. Send resolutions to Arnold Cushner, Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820; or fax to (717) 558-7830.

EMF RESEARCH SEMINAR SCHEDULED

A one-day seminar for physicians, "Electric and Magnetic Fields: Status of Health Effects Research," sponsored by the State Society's Commission on Environmental and Occupational Health, is scheduled for April 20, 1993, at the Ramada Hotel, Harrisburg.

Recently, public interest, awareness, and controversy concerning possible human health effects of extremely low-frequency electric and magnetic fields (EMF) have been increasing. Because EMF is prevalent, and activities which are beneficial to society may generate more EMF, physicians must be prepared to answer questions from concerned patients. This seminar is intended to equip physicians with information to respond to such inquiries.

The Society has designated this seminar for 5.25 hours of Category 1 credit. Registration, along with a $10 fee, is due no later than April 2. Funding is provided via the Educational and Scientific Trust, supported by an unrestricted grant from Pennsylvania Power and Light and Metropolitan Edison.

For additional program information or an application form, call the Society at (800) 228-7823, extension 476.

RESIDENT SECTION NEWS

PHILADELPHIA MEETING TARGETS RESIDENTS

Resident physicians in the Greater Delaware Valley will have the opportunity on May 14 to attend a half-day seminar on "Cost Containment and Communication in the Clinical Setting." The morning meeting will be held at Jefferson Medical College, Tenth and Walnut Streets, Philadelphia.

David Blumenthal, MD, MPP, chief of health policy research and development, Massachusetts General Hospital, will speak on cost containment and the role of the house officer. Cecile A. Carson, MD, Integrated Health Institute, Rochester, New York, and a member of the faculty at the University of Rochester School of Medicine, will speak on communication in the clinical setting. David B. Nash, MD, MBA, director of health policy and clinical outcomes, Jefferson Medical College and Hospital, will provice an overview of the ecomonic forces which are changing the ways in which physicians practice medicine.

Resident physicians may attend the seminar at no cost; support from the pharmaceutical industry is underwriting the program. To assure a place at the seminar, physicians should return the coupon in the ad on page 21 or call Bob Lamb at The Institute for Physician Leadership in Harrisburg at (800) 228-7823.

MEDICAL SCHOOL NEWS

PENN LAUNCHES SCHOLARS TUITION CAMPAIGN

The University of Pennsylvania School of Medicine launched in January a campaign to eliminate the burden of tuition for medical students and increase their freedom to choose from a full range of medical career options.

The Twenty-First Century Endowed Scholars Fund was established by anonymous donors through a $10 million gift, designed to provide full tuition payment for the first 25 selected scholars. The first six of these scholars entered Penn's School of Medicine this past fall.

Criteria for selecting current scholars include personal excellence and outstanding academic achievement. Criteria for selecting additional scholars will be determined as new endowments for the scholars are funded. The goal of the campaign is to enroll 200 students in the program by the year 2000 and ultimately reach an endowment of $240 million in current dollars.

DOCTORS' DAY SET

March 30 is nationally recognized as Doctors' Day; once again this year, the Pennsylvania Medical Society Auxiliary will celebrate Doctors' Day by using a special imprint on the postage meter during the month of March. Also, county auxiliaries throughout the state are planning a variety of events. The day was initiated by Georgia's auxiliary in 1933.

PMSLIC ISSUES SEMI-ANNUAL CLAIMS STATISTICS REPORT

House of Delegates Resolution 86-17 requires that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) report certain claims statistics to the House on a semi-annual basis.

In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 PENNSYLVANIA MEDICINE. The data included in the tables below and on page 38 is an update of the most recent five years' experience of the data requested by the resolution.

Table 1: Joinders—includes PMSLIC physicians joined by other parties and other parties joined by PMSLIC.

Table 2: Number of claims and suits filed by specialty, January 1, 1988-December 31, 1992.

Table 3: Cost of claims and suits filed by specialty, January 1, 1988-December 31, 1992.

Questions or comments should be directed to Lori A. Bartholomew, Director of Governmental Relations and Research, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375.

TABLE 1: Number of cases in which a physician is joined as an additional defendant by a hospital or physician

Since beginning tracking joinder data on April 1, 1987,100 PMSLIC insureds were joined by other parties through December 31, 1992, as follows:

PMSLIC insured joined by:	Number of times:
Hospital	49
Other Physician	23
Nursing Home	3
Drug Company	1
Commercial Business	6
Plaintiff	4
Pharmacy/Pharmacist	6
Manufacturer	1
Other	7
TOTAL	100

During the same period, PMSLIC joined 21 other parties, as follows:

Party joined by PMSLIC	Number of times:
Hospital	2
Physician	10
Drug Company	1
Manufacturer	4
Other	4
TOTAL	21

TABLE 2: Number of claims filed by specialty from January 1, 1988-December 31, 1992*

Specialty	Number of claims
Allergy	10
Anesthesiology	147
Cardiology	173
Cardiac Surgery	20
Cardio-Thoracic Surgery	22
Cardio-Vascular & Thoracic Surgery	56
Cardio-Vascular Surgery	50
Dermatology	48
Emergency Medicine	124
Family Practice	373
Gastroenterology	21
General Practice	227
General Surgery	442
Geriatrics	1
Gynecology	18
Hematology	1
Hematology/Oncology	7
Industrial Medicine	5
Infectious Diseases	1
Internal Medicine	747
Nephrology	2
Neurology	75
Neurosurgery	118
Nuclear Medicine	3
OB/GYN	534
Oncology	7
Ophthalmology	145
Orthopedics	6
Orthopedic Surgery	388
Other	82
Otolaryngology	23
Pathology	195
Pediatrics	122
Plastic Surgery	1
Preventive Medicine	7
Proctology	32
Psychiatry	282
Pulmonary Diseases	64
Radiology	6
Rehab/Physiatry	17
Rheumatology	81
Surgical Technician	11
Thoracic Surgery	7
Urology	28
Vascular Surgery	11
Vascular and Thoracic Surgery	7
Not Otherwise Classified	28
Corporate Liability	759
Partnership Liability	38
Nurse Anesthetist	11
Nurse Midwives	0
Nurse Practitioner	4
Physiotherapist	6
Physician's Assistant	1
Registered Nurse	2
X-Ray Technician	1
TOTAL	5,553

TABLE 3
Number of claims and suits (C & S) filed by specialty—January 1, 1988-December 31, 1992*

Specialty	# Open C & S	Closed settlements with no loss payment # C & S	Closed settlements with no loss payment avg exp pmt	Closed verdicts with no loss payment # C & S	Closed verdicts with no loss payment avg exp pmt	Closed settlements with loss payment # C & S	Closed settlements with loss payment avg loss pmt	Closed settlements with loss payment avg exp pmt	Closed verdicts with loss payment # C & S	Closed verdicts with loss payment avg loss pmt	Closed verdicts with loss payment avg exp pmt
Allergy	9	1	$ 484	0	-0-	0	$ -0-	$ -0-	0	-0-	$ -0-
Anesthesiology	67	43	3,011	3	$17,744	33	27,245	1,526	1	200,000	19,470
Cardioc Surgery	11	9	1,940	0	-0-	0	-0-	-0-	0	-0-	-0-
Cardio-Thorocic Surg.	14	8	2,710	0	-0-	0	-0-	-0-	0	-0-	-0-
Cardio-Vosc. Surg.	27	11	3,075	3	26,457	7	87,143	9,807	2	150,000	35,128
Cardio-Vasculor & Thoracic Surgery	46	7	3,238	1	10,197	3	55,000	8,159	0	-0-	-0-
Cardiology	124	44	4,113	0	-0-	5	108,950	11,643	0	-0-	-0-
Colon-Rectol Surgery	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermotology	23	21	2,262	1	10,197	3	18,667	167	0	-0-	-0-
Emergency Medicine	57	48	4,062	2	28,981	15	72,160	7,999	2	48,750	10,594
Family Practice	226	103	3,757	7	22,286	36	114,566	9,752	1	3,600	4,350
Gastroenterology	12	8	3,059	0	-0-	1	52,500	558	0	-0-	-0-
General Practice	118	62	3,537	8	39,784	38	83,557	9,123	1	4,050	6,397
General Surgery	237	117	4,035	12	22,018	76	100,021	8,810	0	-0-	-0-
Geriatrics	0	1	8,658	0	-0-	0	-0-	-0-	0	-0-	-0-
Gynecology	8	4	2,934	0	-0-	6	107,500	4,299	0	-0-	-0-
Hematology	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Hematology/Oncology	5	2	1,318	0	-0-	0	-0-	-0-	0	-0-	-0-
Industrial Medicine	3	1	9,794	0	-0-	1	130,000	699	0	-0-	-0-
Infectious Diseases	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	440	228	4,214	11	22,778	65	109,170	9,527	3	70,835	20,265
Nephrology	2	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Neurology	36	34	5,347	1	32,648	4	111,875	24,272	0	-0-	-0-
Neurosurgery	60	43	6,992	4	6,101	8	73,583	11,193	3	78,436	16,233
Nuclear Medicine	3	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
OB/GYN	285	167	3,863	7	24,149	73	109,921	8,607	2	141,243	23,246
Oncology	7	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Ophthalmology	80	46	2,990	4	10,572	15	113,558	5,703	0	-0-	-0-
Orthopedics	1	5	3,682	0	-0-	0	-0-	-0-	0	-0-	-0-
Orthopedic Surgery	194	137	3,065	9	21,702	48	89,212	8,057	0	-0-	-0-
Otoloryngology	34	36	3,720	2	6,723	10	43,303	3,508	0	-0-	-0-
Pothology	17	4	10,047	0	-0-	2	127,500	9,064	0	-0-	-0-
Pediotrics	115	51	5,371	8	16,996	20	115,538	10,452	1	200,000	41,077
Plostic Surgery	83	26	2,324	3	25,841	9	59,494	7,907	1	3,803	18,586
Preventive Medicine	0	1	21,584	0	-0-	0	-0-	-0-	0	-0-	-0-
Proctology	1	0	-0-	0	-0-	6	131,667	14,934	0	-0-	-0-
Psychiatry	18	11	7,158	2	22,965	1	4,800	16,362	0	-0-	-0-
Pulmonary Diseases	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiology	172	84	4,395	3	21,920	22	82,502	8,387	1	70,000	12,658
Rehab/Physiatry	42	20	5,835	0	-0-	2	200,000	26,865	0	-0-	-0-
Rheumatology	4	2	8,477	0	-0-	0	-0-	-0-	0	-0-	-0-
Thorocic Surgery	8	6	4,953	0	-0-	3	53,233	2,305	0	-0-	-0-
Urology	52	22	3,443	0	15,459	7	86,500	9,795	0	-0-	-0-
Vosculor Surgery	6	4	6,206	1	-0-	0	-0-	-0-	0	-0-	-0-
Vosc. & Thorocic Srg.	4	3	1,870	0	-0-	0	-0-	-0-	0	-0-	-0-
Not Oth. Classified	14	8	2,491	1	3,076	4	23,750	7,349	1	162,784	25,636
Physicion's Assistont	3	1	1,425	0	-0-	0	-0-	-0-	0	-0-	-0-
Registered Nurse	5	0	-0-	0	-0-	1	7,500	134	0	-0-	-0-
Physiotheropist	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Anesthetist	2	4	1,669	0	-0-	5	18,979	2,028	0	-0-	-0-
Nurse Midwife	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Practitioner	1	0	-0-	1	6,265	0	-0-	-0-	0	-0-	-0-
Surgical Technician	1	1	6,813	0	-0-	0	-0-	-0-	0	-0-	-0-
X-ray Technician	0	1	1,484	0	-0-	0	-0-	-0-	0	-0-	-0-
Other	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Corporate Liability	509	199	4,888	25	14,556	1	4,000	2,923	0	-0-	-0-
Portnership Liability	27	10	7,532	1	4,431	22	100,639	6,581	4	118,750	21,490
GRAND TOTALS	**3,215**	**1,644**	**$4,124.34**	**119**	**$20,044.96**	**552**	**$92,305.40**	**$ 8,267.22**	**23**	**$ 97,697.25**	**$20,068.10**

* Claims and suits filed during this period resulted from policy years 1978-1988. PMSLIC's limit of liability is $100,000 per incident for policy years 1978-1982, $150,000 for 1983 ,and $200,000 for 1984-1992.

SPECIALTY SOCIETY NEWS

NEUROSURGICAL SPRING MEETING SET

The 1993 Spring Scientific Meeting of the Pennsylvania Neurosurgical Society is on April 2 at the Guest Quarters Suite Hotel, Philadelphia Airport. For information about the half-day program, "Endoscopic Techniques Available to Neurosurgeons," call (800) 228-7823, extension 474.

ATS CONFERENCE SLATED FOR APRIL

The American Trauma Society (ATS) Pennsylvania Division will hold its seventh annual conference, "Behind Closed Doors: Victims of Violence," April 22-23, 1993, at the Hershey Lodge and Convention Center.

Howard R. Champion, MD, chief of trauma services, Washington Hospital Center, Washington, DC, will be the featured speaker. Tentative workshops will address early 20s suicide, death notification, non-violent crisis management, profile of the repetitive trauma patient, pediatric trauma, and issues of managed care.

Registration fees for the two-day conference are $155 for physicians and $80 for residents and students. Member discounts and one-day fees with no discount are also available. For information, call (717) 766-1616.

STATE SOCIETY REPORT

QUARTERLY REPORT OF HOUSE AVAILABLE

In accordance with Resolution 92-27 of the House of Delegates, the quarterly report on actions of the House is now available from the State Society. The report is provided to members to enable them to respond to and participate in upcoming House activities. To request a copy, call (800) 228-7823, extension 403.

PHILADELPHIA HEART INSTITUTE

at Presbyterian Medical Center

Cardiology Update

designed for the physician and provides an intensive survey of the current status of clinical cardiology . . .

Wednesday, April 7, 1993

Heart Failure

Moderator: Mariell Jessup, M.D.

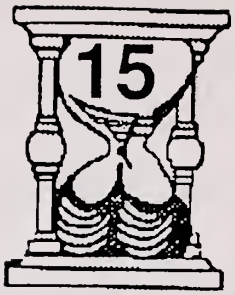
3:00-3:30	Diagnosis, management and risk factors determining prognosis. Who will live and who will die?	*Mariell Jessup, M.D.*
3:30-4:00	Expansion and remodeling of the heart after myocardial infarction; interventions that will reduce complications	*William J. Corin, M.D.*
4:00-5:00	Case Presentations	*Scott Fuchs, M.D.*
	Panel Discussion *Elliott Rosenberg, M.D.*	
	Samuel Ruby, M.D.	*Frederic J. Weber, M.D.*

- *Case Presentations and Panel Discussions*
- *CME Credits**
- *No Registration Fee*
- *Call for Reservation 662-8627*

Scheie Auditorium
Presbyterian Medical Center
39th & Market Streets
Philadelphia, Pennsylvania 19104

The Philadelphia Heart Institute at Presbyterian Medical Center is an affiliate of the University of Pennsylvania.

**Presbyterian Medical Center designates this continued medical education activity for 2 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association and the Pennsylvania Medical Society Membership requirement. Nine sessions. 18 credits.*

ONLY 

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PITT HOSTS STUDENT SECTION MEETING

The University of Pittsburgh was this year's host for the AMA Medical Student Section Six meeting, January 16, on substance abuse.

The seminar was conducted by Mark Publicker, MD, clinical instructor at the University of Pittsburgh School of Medicine, president of the Pennsylvania Society of Addiction Medicine, and chairman of the Allegheny County Medical Society Substance Abuse Committee. He spoke to students from state medical schools about his experience and research in the field.

The seminar began with an in-depth look at addiction medicine. Dr. Publicker presented a working definition of addiction and how to recognize it, both in yourself and in your patients. One useful tool is the CAGE test, a series of questions to asked during a patient interview:

C—Have you ever felt the need to Cut down on your drinking?

A—Has anyone ever been Annoyed at you concerning your drinking habits?

G—Have you ever had Guilty feelings about your drinking or about its consequences?

E—Have you ever taken an Eye-opener in the morning to get you going?

An answer of 'yes' to two or more of these questions strongly indicates the presence of alcoholism and should elicit further investigation, especially when coupled with a family history of alcohol abuse.

Participants in Alcoholics Anonymous related experiences about the course of their addiction. A recovering alcoholic physician pointed out that even those who should know better become victims. He revealed an addiction history from a health care worker's point of view: "Alcoholism is not a matter of control, it's a progressive and fatal disease. You can put it into remission, but it will never let up."

Author George Vaillant, MD, offers a defense of classifying alcoholism as a disease: "It may be true that alcoholism conforms to none of Koch's postulates and there is no known underlying biological defect. Rather, alcohol abuse reflects a multi-determined continuum of drinking behaviors whose determinants are differently weighed for different people and include culture, habits, social mores, and genes. But the same can be said of hypertension. The point of using the term 'disease' is simply to underscore that once an individual has lost the capacity to consistently control how much and how often he (or she) drinks, the continued use of alcohol can be both a necessary and sufficient cause of the syndrome that we label 'alcoholism.' "

Health care workers need greater awareness about the extent of addiction in medicine and the many consequences that stem from the problem. Dr. Publicker noted that, contrary to what may be expected, the topic of alcoholism and addiction is under-represented in a vast majority of the nation's medical school curricula. This seminar was an excellent opportunity for medical students to enhance their insightfullness as clinicians through additional exposure to addiction medicine.

Kenneth W. Anderson
University of Pittsburgh
School of Medicine

SENATE PASSES FUNDING BILLS

The Senate in January passed a number of bills introduced by Senator Vincent J. Fumo (D-Philadelphia) to provide funds to non-state-related schools in the commonwealth for the 1992-93 fiscal year. Funding was cut last year.

The bills appropriate: $10.3 million to Thomas Jefferson University, $6.2 million to Hahnemann, $5.4 million to the Philadelphia College of Osteopathic Medicine, $4.435 million to the University of Pennsylvania Medical School, and $4.4 million to the Medical College of Pennsylvania. Similar appropriations were made for the podiatry and optometry schools.

The amount appropriated to each institution represents a three percent cut from the 1991-92 fiscal year. No additional appropriations were made for the University of Pittsburgh, The Pennsylvania State University, or Temple University.

PENN STUDENTS TRAVEL TO SCOTLAND

During the summer of 1992, Donald Dibbern was one of four University of Pennsylvania Medical School students to travel to Scotland to participate in a clinical preceptorship at the City Hospital of Edinburgh, an affiliate of the University of Edinburgh. Dibbern spent the month of August in the hospital's Care of the Elderly Unit, under the supervision of Dr. William MacLennan, professor of geriatrics.

Dibbern's typical day at the hospital began with morning rounds, after which he attended the daily team meeting of physicians, nurses, and physical therapists. These routine meetings offer an opportunity for the various health care providers to discuss a patient's health as a whole and examine medical problems in the context of the patient's role in society and relationships with family and friends. After this assessment, a coherent treatment and therapy strategy is developed.

Dibbern spent each afternoon learning simple procedures, such as taking histories and performing physical exams, or visiting other Edinburgh hospitals. He was most impressed by the practice of home visits, required for each geriatric patient before release from the hospital.

A team consisting of a county health representative and a physical therapist, and often a physician and nurse as well, meets with a patient at his or her home to determine how daily activities are affected by the patient's condition. They ask the patient to perform routine chores and note instances of difficulty and awkwardness.

Once this is done, the team makes necessary changes to improve the situation. For example, they may replace a patient's walker with a narrower one if they observe it's too wide for the home's doorways. The goal of the home visit is to help the patient enjoy as much independence and to lead as normal a life as possible in his or her own home.

Dibbern was most inspired by the great measure of cooperation among Scotland's health care providers and their concern about the patient as a whole and as a member of society.

Peter Kang
University of Pennsylvania
School of Medicine
Philadelphia

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Protecting Your Practice from Insurance Defaults

The Health Care Group

The number of bankruptcies among insurers, health maintenance organizations (HMOs), and self-insured plans is giving physicians legitimate reason for concern. The weakening financial condition of some health insurance companies or managed care contractors could lead to a dramatic rise in uncollectible claims and threaten a practice's financial health.

It's no secret that profits of the ailing insurance industry have declined in recent years; however, indications now are that even solvent insurers could be in trouble. In 1990, the 20 largest underwriters of group health insurance incurred a combined net underwriting loss of over $100 million, according to the Health Insurance Association of America. The largest underwriters of individual health policies lost nearly $510 million the same year. In fact, while Pennsylvania's Blues plans are among the most healthy nationwide, 29 percent of all Blues plans are deemed "financially troubled." As more insurers begin to feel the effects of competitive pricing throughout the industry, the financial forecast for the future is far from encouraging.

The best measures physicians can take to protect their practices from insurance defaults are preventive ones. Begin by instilling an early warning system approach among administrative staff that includes tracking payment patterns or noting any significant financial trends among specific carriers. Office managers should be on the lookout for *any* early warning signs of trouble. Proactive measures should also be implemented:

• *Analyze your payors.* To get some sense of where the practice's income is generated, review which insurance companies and other payor organizations are dealt with most often. As a rule of thumb, the percentage of patients affiliating with an HMO should not exceed the proportion of HMO affiliation in the community at large.

• *Review the financial status of various insurers and HMOs.* Publications such as *A.M. Best* provide ratings of the financial health of many organizations, which a broker or practice consultant can help translate. Also, check other organizations that regularly monitor the financial status of these groups, such as Weiss Research, Inc., of Florida. Request copies of insurers' recently audited financial statements, review background and experience of owners and administrators, and review the group's past performance.

• *Investigate the track record.* Check with the state insurance commissioner to ensure that insurers are properly licensed, comply with state regulations, and have no reports on file.

• *Carefully monitor accounts receivable by payor.* Look for any significant upward trends in the receivables balance of any carrier. Does a carrier constantly require follow-up inquiries or have a pattern of stretching out payments?

• *Know your rights.* While state law varies, a practice is usually entitled to payment within 30 days from the date the claim is submitted. To avoid payment delays, make sure "clean claims" are submitted.

• *Take action when appropriate.* Sending a letter in response to a delayed claim (copy the insurance commissioner) will expedite reimbursement from a slow-paying carrier.

• *Plan for the long term.* The best protection from defaults is to avoid becoming overly dependent on any one payor. Expand the practice's population and aggressively market services to bolster the patient base.

Despite preventive measures a practice may take, action is sometimes necessary to recoup outstanding fees in the event of plan bankruptcy. When dealing with traditional insurance companies, physicians' best recourse is to file claims with their state guaranty association that uses a pool of assessments from other insurers to cover claims. In Pennsylvania, contact the Pennsylvania Life Health Insurance Guaranty Association (PLHIGA) for assistance.

However, the scope of these funds is limited. For example, PLHIGA does not apply to bankrupt HMOs, nor does it provide protection for self-insured plans, such as multiple-employer welfare arrangements (MEWAs). In fact, very few states have guaranty funds to cover unpaid claims from bankrupt HMOs. These popular plans are governed by less-than-stringent licensing and regulatory provisions, increasing the potential for fraud. The effectiveness of guaranty funds has also been questioned, especially their limited payments, long turnaround time, and possible function as a "fail safe" mechanism for insurers.

Collecting from HMOs

Physicians with uncollectible accounts from HMOs face a different set of circumstances. If a practice suspects an HMO is in financial trouble, yet the HMO has not filed for bankruptcy, the practice should immediately give notice of termination of the agreement. This will protect physicians from providing further services and meeting contractual obligations. Most contracts cover a single term, with no provision for renewal, while others may state that the contract is renewed automatically unless the provider gives notice of nonrenewal. Check contract termination provisions before signing or review them if already on board.

However, if the HMO has already filed for bankruptcy, it receives an

"automatic stay," which stops all efforts to collect the financial obligations insured prior to the filing. In this case, the practice usually files a Proof of Claim and proceeds through bankruptcy court. The provider has the option of petitioning the court for relief from stay; the outcome, however, is highly dependent upon the specific circumstances of the case.

A provider may be obligated to continue to provide medical services during bankruptcy proceedings—again depending upon the discretion of the court and the specific terms of the HMO contract. The terms of the contract will also determine whether a provider is permitted to bill the patient directly for the outstanding claims. Some contracts contain specific clauses that exempt the patient from any financial liability.

The type of bankruptcy proceedings the HMO initiates will also affect the physician's options. A Chapter 7 bankruptcy, which seeks to terminate operations and liquidate assets, leaves little recourse for the provider. However, if the HMO has filed for a Chapter 11 bankruptcy, in which the HMO seeks to reorganize, the physician can attempt to become involved in the creditors' committee to obtain knowledge about the HMO's financial status and participate more closely in its reorganization plan.

Depending on reorganization, the physician may be able to negotiate with the committee to resolve outstanding claims. All negotiations must be approved by the court. This effort on the doctor's part may help to ensure that funds are set aside for payment of future services.

While various legal avenues for recouping financial losses are open, physicians should avoid or terminate relationships with financially troubled payors. If that isn't possible, try to minimize the damage. In either case, "preventive medicine" is wise when negotiating contracts and maintaining relationships with HMOs and other payors.

The contributing authors, Edward L. Grab, CPBC, and Bruce J. Goldstein, JD, are consultants with The Health Care Group, Plymouth Meeting.

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

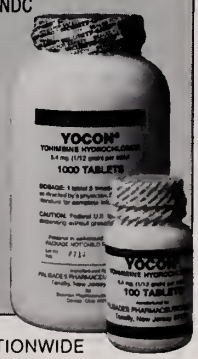
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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OBITUARIES

Mark D. Grim, *Oley*
Jefferson Medical College, 1934; age 84, died January 7, 1993. Dr. Grim was a general practitioner.•

Paul L. Krzywicki, *Philadelphia*
Hahnemann University School of Medicine, 1942; age 76, died January 14, 1993. Dr. Krzywicki was a family practitioner.•

Thomas M. Loftus, *Philadelphia*
Jefferson Medical College, 1944; age 74, died January 13, 1993. Dr. Loftus was a general practitioner.•

John J. McGraw, *Newtown Square*
Syracuse University College of Medicine, 1938; age 78, died December 24, 1992. Dr. McGraw was a pathologist.•

James J. Robinson Jr., *Philadelphia*
Hahnemann University School of Medicine, 1942; age 78, died December 11, 1992. Dr. Robinson was a family physician.•

Charles Weiss, *Philadelphia*
University of Pennsylvania School of Medicine, 1924; age 97, died September 25, 1992.•

Richard H. Wellman, *Butler*
University of Pittsburgh School of Medicine, 1944; age 73, died December 5, 1992.•

Moises Wodnicki, *Pittsburgh*
Inst. Sup. De Cien, Cuba, 1953; age 64, died December 1992. Dr. Wodnicki was a psychiatrist.•

Dorothy D. Chacko, *Chester*
Columbia University College of Physicians and Surgeons, 1929; age 88, died December 30, 1992.

L. Kenneth Cook, *Mechanicsburg*
Philadelphia College of Osteopathic Medicine, 1951; age 70, died December 16, 1992. Dr. Cook was a general surgeon.

Francis L. Lally, *Hermitage*
University of Pittsburgh School of Medicine, 1943; age 77, died December 26, 1992. Dr. Lally was an internist.

Russell L. Moseley, *Warren*
University of Minnesota, 1950; age 79, died December 4, 1992. Dr. Moseley was a clinical pathologist.

Hans M. Sylvester, *Philadelphia*
Fried-Wilhelms University, Berlin, Germany, 1923; age 99, died January 2, 1993. Dr. Sylvester was an internist.

Gordon van den Noort, *Huntingdon Valley*
Temple University School of Medicine, 1947; age 70, died November 27, 1992. Dr. van den Noort was a neurosurgeon.

Sydney Waldman, *Haverford*
Hahnemann University School of Medicine, 1939; age 79, died January 14, 1993. Dr. Waldman was a pediatrician.

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THE EDUCATIONAL & SCIENTIFIC TRUST
of the Pennsylvania Medical Society
777 East Park Drive, Harrisburg, PA 17105

ANNUAL 1992 REPORT

THE EDUCATIONAL AND SCIENTIFIC TRUST: A Legacy to Medicine

FOR 38 YEARS, THE EDUCATIONAL AND SCIENTIFIC TRUST of the Pennsylvania Medical Society has been establishing a legacy of helping people. As the charitable arm of the state medical society, our legacy is about people-to-people outreach. From our first projects in public health to our current loan and research programs, Trust good works help physicians provide better health care for all Pennsylvanians, thus establishing a legacy to medicine.

The Trust is pleased to report on the following notable accomplishments in each of our major areas of activities in 1992: loans, projects and programs, Physicians' Health Programs, The Institute for Physician Leadership, fund-raising, and finance. We also gratefully recognize the many generous contributors to the Trust in 1992. This is a report on the growing heritage of The Educational and Scientific Trust . . . a continuing legacy to medicine.

Loan Programs

Student Loans. Since 1948, when the Society's first student financial support program was established, 3,100 individuals have received $9.4 million in financial aid. During the 1992-93 school year, the Trust provided 131 medical students and 30 allied health students with low-interest loans totaling $372,300. All student loan recipients are Pennsylvania residents, and 90 percent of the medical students funded attend Pennsylvania medical schools. The average loan amount is $3,000 for medical students and $1,500 for allied health students, both at an interest rate of 6 percent.

The Trust's student loan program is funded primarily by contributions, Pennsylvania Medical Society members' dues allocations, loan repayments, and investment income. Unfortunately, due to limited finances, the Trust was unable to fund over 60 percent of its eligible applicants in the 1992-93 school year. We estimate that the same situation will occur during the next school year.

Residency Relocation Loan. During its second year in existence, the Residency Relocation Loan was popular among our graduating medical student loan borrowers preparing to enter residency training programs. Recipients can receive up to $1,000 to help with relocation and living expenses. This past spring, 42 students took advantage of this loan for a total allocation of $41,900.

Loans for Children of Deceased or Disabled Physicians. This is a special loan program to help unmarried, dependent children of deceased or disabled Pennsylvania Medical Society members complete their education if the family's financial resources are not adequate to do so. This loan is given to any eligible student enrolled in a high school, college, or graduate school located in the United States. The loan is interest-free while the student is in school. This past year, the Trust awarded loans totaling $9,000 to three medical students.

Medical School Luncheons. This past winter, representatives from the Trust's loan department visited four of Pennsylvania's medical schools and sponsored special "Get to Know the Trust" luncheons for loan recipients. Information was distributed and questions were answered about the student loan program and other activities of the Trust. Many of the students expressed gratitude for all that the Trust and its contributors have done for them.

Pennsylvania Medical Society Student Memberships. For the fifth consecutive year, the Trust offered to pay Pennsylvania Medical Society student membership dues for our Pennsylvania medical school loan borrowers. The Trust hopes that providing

Loan Programs
continued

students with Society memberships will help build an alliance among the students, the Trust, and the Society. Fifty-three borrowers took advantage of our offer in 1992.

Practice Expansion Loan. A practice expansion loan was granted to a husband and wife physician team who practice in an underserved area in northeastern Pennsylvania. The loan amounted to $20,000 at an interest rate of 9 percent to be repaid over 5 years.

Financial Aid Officers' Workshop. Representatives from the eight Pennsylvania medical schools, the Pennsylvania Higher Education Assistance Agency, and the U.S. Department of Health and Human Services attended the Trust's 19th Annual Financial Aid Officers' Workshop this past May. The workshop provides a forum in which student financial aid personnel and government loan officials exchange information. During the lunch hour, American Medical Association Education and Research Foundation (AMA-ERF) checks totaling $86,051 were presented to the Pennsylvania medical school representatives by a member of the Pennsylvania Medical Society Auxiliary.

Pennsylvania Medical Society Installment Dues. Since 1990, the Trust has been helping members of the Pennsylvania Medical Society to pay their membership dues by providing a quarterly installment payment plan. The Trust pays the annual unified dues for the Society members and allows them to repay the dues to the Trust in quarterly payments. One hundred twenty-three Society members took advantage of the program this year. The program has grown substantially over last year's participation of 16 members.

Pfahler Foundation. The Trust again thanks the Pfahler Foundation, administered by the Philadelphia County Medical Society, for its contribution of an outstanding student loan portfolio valued at $108,295. We have now collected $133,801 in principal and interest and are pleased to report that only three loans remain outstanding. Over the years, this money has been added to the Medical Student (Educational) Fund to support new student loans.

Projects and Programs

Continuing in its efforts to support the Pennsylvania Medical Society and address relevant health care issues, the Trust conducted several projects in 1992. They are highlighted below.

Auto Insurance Reform (Act 6) Study. The Pennsylvania Medical Society contracted with the Trust to conduct a study of the impact of Act 6 on patient care and physician services in Pennsylvania. The study consisted of a written survey to a random sample of selected specialists. The Trust identified practice changes being made as a result of the law, physicians' perceptions of the impact of Act 6 on patient care and access to care, and physician experiences with insurance carriers and peer review organizations.

Cult Survey. The Trust assisted the Society in developing a questionnaire on physicians' experiences, both professional and personal, with cult involvement. The survey was sent to a random sample of physicians in appropriate specialties.

Depression in Older Persons. Under contract with the Pennsylvania Department of Aging, the Trust conducted a study on physician awareness and treatment of depression in older persons. Focus groups with older Pennsylvanians, a survey of primary care physicians, and focus groups with physicians were conducted. The study concluded with recommendations for ways the Department of Aging can increase physicians' identification and treatment of depression in this population.

Keystones of Public Health. Recognizing the need to return to our roots of addressing public health issues, this year the Board established "Keystones of Public Health." This public health coalition focuses on education and information dissemination relating to "Healthy Pennsylvania 2000" objectives.

1992 Membership/Leadership Poll. The Trust once again conducted the Society's annual membership/leadership poll. The poll, sent to over 3,300 Society members and leaders, sought to: discover how members and leaders view specific medical practice and public health and policy issues; determine the role members see the Society having in addressing the issues; and gauge member satisfaction.

PaMPAC Legislative Surveys. In June, the Trust conducted written surveys of Pennsylvania federal and state legislative candidates for PaMPAC. The surveys sought to determine candidates' positions on issues critical to the medical community. The survey results were published in the September issue of **Pennsylvania Medicine**.

Physician Referral Network. In early 1992, the Pennsylvania Medical Society contracted with the Trust to conduct research and provide the administrative support needed to establish a statewide Physician Referral Network (PRN) to service the Medical Assistance (MA) and uninsured populations in Pennsylvania.

The Trust developed a PRN model and piloted it in two county medical societies. The PRN was organized to: improve access to essential health care services for MA and uninsured patients; coordinate the referral of patients from one health care professional to another; and document the need for and use of medical services by the poor and medically indigent.

Coordinated Care Program. As part of the PRN project, the Trust also developed a proposal for a coordinated care program for Medical Assistance recipients that will be pilot tested in Lancaster County. This program will be a more in-depth system which involves: the development of a computerized network linking all major providers of MA services in the county; establishment of a sophisticated data base which would include such patient information as MA eligibility, immunization records, medication and allergy lists, and services rendered during the past year; a 24-hour-a-day telephone advice service for use by the MA population; the recruitment of primary care physicians and clinics to act as case managers for MA patients; and the development of incentives for MA patients to appropriately use outpatient services and discourage use of hospital emergency departments.

Retrospective Drug Utilization Review Project. At the Society's request, the Trust developed a business plan for developing and implementing a statewide Medical Assistance retrospective drug utilization review program. The program is a joint effort with the state Department of Public Welfare. The purpose of the program is to change prescribing patterns through education in order to improve the quality of medical care and lower health care costs. While involving intervention strategies, the program is not punitive in any way.

Promotion of Trust Activities. To educate constituents about the Trust and its activities, the Trust published a quarterly newsletter entitled **Connections**. The newsletter provides updates on various Trust activities and is mailed to contributors, past loan borrowers, related organizations, and other interested parties. Additionally, the Trust developed a slide show which presents information on its purpose and activities. The show is available for county and specialty society meetings.

The Trust also developed a special booklet which overviews major Trust activities and includes testimonies from individuals who have been touched by the Trust. This

Projects and Programs
continued

booklet was distributed to all Pennsylvania Medical Society members and county medical societies and auxiliaries.

Pennsylvania Medical Society Leadership Conference. In 1992, the Trust again provided assistance with program development for the Society's annual leadership conference.

Physicians' Health Programs

The Physicians' Health Programs (PHP) continues to provide effective intervention and monitored recovery services to Pennsylvania physicians. With almost 450 active cases, the program's caseload is now more than 40 percent larger than one year ago. The PHP is one of the largest and most successful programs in the country.

During 1992 the PHP focused on helping hospitals deal with impaired physicians. A model hospital impairment policy, developed by the PHP, was distributed to all Pennsylvania hospitals. The policy calls for a hospital-based impairment committee to work closely with the PHP. The policy also sets up a system of response to cases of impairment which encourages referrals to the hospital committee or to the PHP at earlier stages. The model hospital impairment policy will help hospitals meet JCAHO recommendations to develop effective programs to identify, refer, and monitor impaired physicians.

On October 30, 1992, the PHP sponsored a statewide conference, "Solving the Impairment Puzzle." This conference brought together the PHP advisory group and other interested professionals to exchange information on professional impairment issues, legal aspects of the impairment issue, managed care and treatment level placement criteria, and the hospital's response to professional impairment. Over 100 professionals attended.

Physicians enrolled in the PHP who are experiencing financial difficulties can receive up to $1,000 a month for living expenses through the Re-entry of Practice Loan Program. This program is designed to provide financial support to a recovering physician while he or she finds employment and reestablishes practice. Since the loan's inception in 1990, the PHP has loaned $95,400 to 10 recovering physicians.

Additionally, the PHP designed and implemented an Employee Assistance Program (EAP) for the Pennsylvania Medical Society, the Pennsylvania Medical Society Liability Insurance Company, the Keystone Peer Review Organization, and The Educational and Scientific Trust. The EAP helps employees resolve personal problems through confidential, professional counseling.

The PHP's annual report contains a more detailed report of the PHP's activities. A copy can be obtained by contacting the Trust office at 1-800-228-7823.

The Institute for Physician Leadership

In response to changes in the medical environment, the Trust established The Institute for Physician Leadership in 1990. The Institute equips leaders of organized medicine with new human relations and organizational skills to successfully direct their institutions and professional organizations in today's complex medical environment.

The Institute takes physicians out of their clinical paradigm and shows them new approaches to:

- Communicating one-on-one and in small groups;
- Drawing positive results from conflict;

- Using active listening skills to communicate;
- Motivating peer participation;
- Running more efficient meetings;
- Injecting team concepts into committees; and
- Negotiating.

The Institute is financed by three partners: the Pennsylvania Medical Society, Jefferson Medical College, and The Educational and Scientific Trust. In 1992, the Institute trained some 250 physicians in various workshops across the state.

Among the organizations served by the Institute were the Psychiatric Physicians of Pennsylvania, the Pennsylvania Radiological Society, the Pennsylvania Orthopaedic Society, the Pennsylvania Medical Society Hospital Medical Staff Section, and the Society's Young Physicians' Section. The Institute's first county medical society co-sponsored workshop was held in Pittsburgh for hospital medical staff officers. It was co-sponsored by the Allegheny County Medical Society.

Staff leadership training was also provided for county society executives, senior staff of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), and Trust staff. The Institute and Jefferson Medical College participated in the state chamber of commerce program to train young community leaders, entitled "Leadership Pennsylvania." The first two issues of the newsletter **Leadership Digest** were also published and distributed at the Society's major meetings, Leadership Conference and the Annual Business Meeting.

Fund-Raising

The Trust continues to seek donations from Pennsylvania physicians, county medical societies and auxiliaries, hospitals, and other friends of medicine to support its various programs. In light of decreasing funds available for medical student loan allocations, seeking charitable contributions is becoming increasingly important. Those who have supported the Trust in 1992 with financial contributions are recognized in this report. We are truly grateful for each contribution made to support the work of the Trust.

Elements of estate planning are becoming important ways for the Trust to receive contributions. This was the second year of the Trust's formal planned giving program. The term "planned gift" generally describes one which exceeds the usual "checkbook response" to an annual fund-raising drive. Planned gifts include bequests and gifts which come from the assets of a donor as part of their estate planning. Planned gifts include: bequests, charitable gift annuities, charitable remainder annuity trusts, and charitable remainder unitrusts.

To meet the Commonwealth's legal requirements, the Trust established a separate corporation within the Trust to accept and manage planned gifts. This unit, the "Medical Legacy Fund," was incorporated on November 22, 1991. Its directors are the board members of the Trust.

Administrative Services

As part of its commitment to support organized medicine, the Trust provided the following services to various organizations.

Management/Management Support:

PA Allergy Association Education and Research Fund

PA/Professional Diabetes Academy

Administrative Services
continued

Accounting:
- Keystone Safety Belt Network
- Metro Philadelphia Chapter, American College of Surgeons
- PA Chapter, American College of Cardiology
- PA Chapter, American College of Emergency Physicians
- PA Academy of Ophthalmology
- PA Academy of Otolaryngology
- PA Association of Pathologists
- PA/Professional Diabetes Academy
- PA Oncologic Society
- PA Orthopaedic Society
- PA Psychiatric Society
- PA Society of Gastroenterology
- Psychiatric Physicians of PA
- Robert H. Ivy Society
- Urological Association of PA

Newsletters
- PA Chapter, American College of Cardiology
- PA Neurosurgical Society
- PA Oncologic Society
- PA Society of Hematology-Oncology
- Psychiatric Physicians of PA

Financial Statements

THE EDUCATIONAL AND SCIENTIFIC TRUST
Balance Sheet at December 31, 1992

	Current		Funds Specified For					
	Unrestricted Funds	Restricted Funds	Student Loan Programs	Physicians' Health Programs	Physician Leadership	Endowment Funds	1992 Total All Funds	1991 Total All Funds
ASSETS:								
Cash	(21,282)	28,255	(22,272)	675	13,849	36,569	35,794	7,978
Investments, at lower of cost and market	7,885	224,685	97,968	107,179	15,064	122,790	575,571	558,855
Student Loans Receivable	0	20,895	5,435,822	0	0	0	5,456,717	5,395,400
Accrued Student Loan Interest	0	0	185,327	0	0	0	185,327	0
Other Loans Receivable	0	0	0	60,370	0	0	60,370	72,955
Accounts Receivable	35,486	1,149	19,230	12,409	4,327	1,860	74,461	82,887
Office Equipment	66,817	0	0	12,711	0	0	79,528	30,158
Intangible Pension Asset	43,335	0	0	30,268	0	0	73,603	73,603
Prepaid Expenses	23,484	0	0	18,330	0	0	41,814	43,507
TOTAL ASSETS	**155,725**	**274,984**	**5,716,075**	**241,942**	**33,240**	**161,219**	**6,583,185**	**6,265,343**
LIABILITIES AND FUND BALANCE:								
Accounts Payable	12,183	0	0	7,510	187	0	19,880	24,873
Accrued Taxes	185	0	0	343	0	0	528	366
Accrued Pension Liability	43,335	0	0	30,268	0	0	73,603	73,603
Unearned Revenue	90,000	0	9,980	20,000	15,000	0	134,980	0
Total Liabilities	**145,703**	**0**	**9,980**	**58,121**	**15,187**	**0**	**228,991**	**98,842**
Fund Balance	**10,022**	**274,984**	**5,706,095**	**183,821**	**18,053**	**161,219**	**6,354,194**	**6,166,501**
TOTAL LIABILITIES AND FUND BALANCE	**155,725**	**274,984**	**5,716,075**	**241,942**	**33,240**	**161,219**	**6,583,185**	**6,265,343**

1992

THE EDUCATIONAL AND SCIENTIFIC TRUST
Schedule of Revenue, Expense and Charges in Fund Balance
Balance Sheet at December 31, 1992

	Current		Funds Specified For					
	Unrestricted Funds	Restricted Funds	Student Loan Programs	Physicians' Health Programs	Physician Leadership	Endowment Funds	1992 Total All Funds	1991 Total All Funds
REVENUE:								
Administrative Grants/ Dues Allocations	71,530	0	132,496	240,670	25,000	0	469,696	459,125
Contributions	14,296	26,416	89,089	93,317	2,192	1,860	227,170	126,074
Revenue from Outstanding Loans	450,824	0	0	2,684	0	0	453,508	373,057
Investment Revenue	(58)	4,848	4,664	4,487	663	1,284	15,888	39,513
Gains on Investments	544	10,505	7,286	12,715	559	2,988	34,597	60,943
Projects and Programs	99,830	7,410	0	27,775	7,923	0	142,938	124,782
Administrative Services	45,343	0	0	8,563	0	0	53,906	54,176
Miscellaneous	2,065	854	1,188	42	48	0	4,197	486
Total Revenue	**684,374**	**50,033**	**234,723**	**390,253**	**36,385**	**6,132**	**1,401,900**	**1,238,156**
EXPENSES:								
Salaries and Benefits	517,341	0	0	327,934	0	0	845,275	670,817
Travel and Meetings	10,369	5,541	0	22,529	4,704	0	43,143	36,200
Projects and Programs	94,580	0	5,319	26,356	3,224	0	129,479	121,669
Consulting	38,835	3,700	0	13,628	16,938	0	73,101	99,981
Solicitation	26,477	0	0	1,863	0	0	28,340	20,766
General and Administrative	84,240	1,052	0	48,935	7,989	0	142,216	134,994
Miscellaneous	631	6,106	3,980	376	29	2,728	13,850	8,010
Total Expenses	**772,473**	**16,399**	**9,299**	**441,621**	**32,884**	**2,728**	**1,275,404**	**1,092,437**
REVENUE OVER/ (UNDER) EXPENSES	(88,099)	33,634	225,424	(51,368)	3,501	3,404	126,496	145,719
FUND BALANCE, *beginning of year*	54,296	273,346	5,439,406	338,835	0	60,618	6,166,501	5,756,102
PRIOR PERIOD ADJUSTMENT	61,197	0	0	0	0	0	61,197	264,680
INTERFUND TRANSFERS	(17,372)	(31,996)	41,265	(103,646)	14,552	97,197	0	0
FUND BALANCE, *end of year*	**10,022**	**274,984**	**5,706,095**	**183,821**	**18,053**	**161,219**	**6,354,194**	**6,166,501**

NOTES TO FINANCIAL STATEMENTS

Note 1: The financial reports shown in this statement are unaudited. Audited statements are currently being prepared and will be available upon request in April.

Note 2—Funds: Current unrestricted funds are those funds used to maintain normal operations of the Trust, and do not require prior approval for their use. Current restricted funds are funds held in reserve by the Trust not designated for specific purposes, but cannot be used without the permission of the Board of Trustees (or others for whom the fund is maintained). Endowment funds are gifts to the Trust to use revenue generated from that gift for a specific purpose.

NOTES TO FINANCIAL STATEMENTS *continued*

Note 3—Investments: Investments are recorded at cost. In 1992, market value is $617,099; in 1991, market value is $660,552.

Note 4—Office Equipment: Office equipment is recorded net of accumulated depreciation.

Note 5—Revenue from Outstanding Loans: Loan interest is higher in 1991 and 1992 from prior years, because of an accounting adjustment adding school and residency interest to a borrower's principal balance. This provides a more accurate description of a borrower's outstanding balance.

Note 6—Prior Period Adjustments: The addition of the school and residency interest had some effect on student loan interest revenue before 1991 and 1992. Therefore, it is necessary to make adjustments to the fund balance, so revenue in 1991 and 1992 is not overinflated.

Note 7—Interfund Transfers: Interfund transfers are transfers of funds within the Trust, having no net effect on the fund balance of the organization (total balance within all funds is zero). However, these transfers must be noted on the financial statements.

Mission Statement

The Educational and Scientific Trust of the Pennsylvania Medical Society is a nonprofit, tax-exempt public organization established in 1954 to serve medicine through charitable, educational, and scientific activities.

The Trust benefits medicine and the public by:

- Providing benevolent loans to medical and allied health students, students who are children of deceased and disabled physicians, and physicians establishing practice in underserved areas;
- Developing professional educational materials to meet identified health needs;
- Administering the Physicians' Health Programs;
- Conducting marketing research on professional and public health issues;
- Providing consulting and administrative services to other health care professionals and organizations;
- Administering The Institute for Physician Leadership;
- Conducting charitable projects and activities; and
- Supporting the development and implementation of public health initiatives and programs.

The Trust is registered as a charitable organization with the Pennsylvania Department of State. Contributions to the Trust are tax-deductible as the Trust is registered with the IRS as a tax-exempt, 501(c)(3), nonprofit organization.

1992 Contributors

The Trust is pleased to recognize those individuals and groups whose support made 1992 a success. Their contributions demonstrate their commitment not only to The Educational and Scientific Trust, but also to the future of medicine. The Trustees and the staff of the Trust extend our sincere thanks to all those supporting the Trust and recognize them as follows.

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Members of the Trust's most distinguished group of benefactors contribute $1,000 or more each year.

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Memorial and honorary gifts create a lasting remembrance of special individuals while serving others. Making such a contribution is a rewarding way to recognize a friend or relative's accomplishments and successes.

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The Trust extends special thanks to the following county medical society publications for promoting the Trust's programs in 1992.

Berks County Medical Record
Bucks County News Bulletin
The BULLETIN, Beaver County Medical Society
Delaware County Medical Society Bulletin
Lackawanna Medicine
Lancaster Medicine
The "DR", Lehigh County Medical Society
The Bulletin of the Luzerne County Medical Society
Medical Bulletin, Montgomery County Medical Society
Philadelphia Medicine
The Medical Bulletin, Washington County Medical Society

Physicians' Health Programs

Many hospitals, organizations, and individuals gave contributions designated to support the Physicians' Health Programs in 1992. They are recognized in the PHP's annual report which is available from the Trust office.

Please Note

The Trust has made every effort to give proper recognition to all individuals and organizations supporting the Trust in 1992. If we made an error, we apologize. Please contact the Trust so we may correct our records.

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NEWSMAKERS

Robert N. Moyers, MD, immediate past president of the Society and a family physician in Meadville, authored "U.S., Canada: Health Care Demands Considerably Different," an opinion piece originally published in *The Patriot News,* Harrisburg, and reprinted in the January 18, 1993, issue of *American Medical News.*

Dr. Moyers

Lee H. McCormick, MD, Society trustee and chairman of the AMA's Hospital Medical Staff Section, spoke about hospital and medical staff relations at the AMA's Leadership Conference in February in Atlanta, Georgia.

George F. Buerger Jr., MD, Pittsburgh urological surgeon, was elected by the Society's Board of Trustees as Pennsylvania Medical Political Action Committee (PAMPAC) director for the Society's new Thirteenth District, Allegheny County.

Dr. Kotz

Sheila Moriber Katz, MD, MBA, Gladwyne, has been named interim dean, Hahnemann University School of Medicine, Philadelphia. A member of the Hahnemann faculty since 1974, Dr. Katz most recently served as professor of pathology and associate dean for academic coordination.

Dennis B. Cornfield, MD, chief of hematology, Chestnut Hill Hospital, Philadelphia, has been appointed by the American Board of Internal Medicine to serve on a five-member committee to develop self-assessment materials for the hematology recertification process.

Antonio Giordano, MD, PhD, assistant professor at the Fels Institute for Cancer Research and Molecular Biology and in the departments of biochemistry and pathology, Temple University School of Medicine, Philadelphia, has been awarded a two-year, $184,000 grant from the W.W. Smith Charitable Trust, Bryn Mawr. The grant will support a study to examine complex interactions in the cell that may help determine susceptibility to cancer.

Family practitioner **Paul W. McIlvaine, MD,** has been elected president of the board of directors, Lower Bucks Hospital, Bristol.

John C. Sonne, MD, specialist in psychoanalysis, received a bronze plaque from the Family Institute of Philadelphia honoring him as one of the founders of the institute in 1965.

William Tasman, MD, ophthalmologist-in-chief, Wills Eye Hospital, and professor and chairman of ophthalmology, Jefferson Medical College, both in Philadelphia, received the 1992 Gold Medal Award of the Saudi Ophthalmological Society for his contribution to the field of ophthalmology. The award was presented at the organization's Sixth Annual Scientific Meeting in Riyadh, Saudi Arabia, in December.

Joseph J. Trautlein, MD, FACMQ, associate professor of medicine, Penn State's College of Medicine at The Milton S. Hershey Medical Center, and director of operations, Healthpass PPA, was awarded the Third Annual Calvin R. Openshaw, MD, Service Award for "playing a major role in bringing quality assurance concepts into the mainstream of health care in America."

John L. Melvin, MD, Philadelphia, cited in *The Best Doctors in America 1992-93* as one of the nation's top nine physicians specializing in physical medicine and rehabilitation, has been elected secretary of the American Academy of Physical Medicine and Rehabilitation.

Theodore Burden, MD, vice president and medical director, Burden-Newton Medical Associates, and vice president of fiscal affairs and medical director, Urban Health Systems, Inc., has been elected chairman of the board, Healthcare Resources Foundation, Philadelphia.

CORRECTION

On page 4 of the February 1993 issue of PENNSYLVANIA MEDICINE, Dr. James L. Sondheim's last name is misspelled. The correct spelling is *Sundheim.*

The boord of directors of the Epilepsy Foundotion of Southeostern Pennsylvonio honored two Groduote Hospitol physicions for professionol excellence in the field of epilepsy ot its 20th Anniversory Founders Awords dinner. Morc A. Dichter, MD, director of Groduote Hospitol Comprehensive Epilepsy Center (right), ond Michoel R. Sperling, MD, director of the center's EEG loborotory (left), received owords for their substontiol contribution toword improving the quoility of life for people with epilepsy in the Southeostern Pennsylvonio service oreo. Pictured with them is Suson Fronk, president of the Epilepsy Foundotion.

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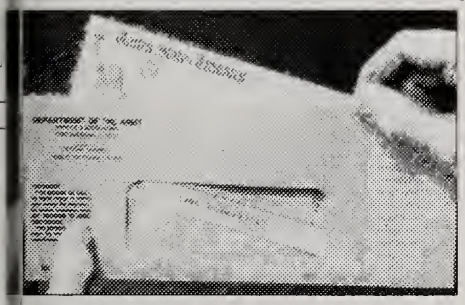

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Historians' Verdict Will Be: Health Care of Superior Quality

R. Robert Tyson, MD

Future historians judging the value of twentieth century American health care are likely to call it "the age of quality." No other nation's medical researchers, for example, have unlocked so many mysteries of so many diseases. Further testimony to the system's worldwide leadership is that Americans have earned 32 Nobel Prizes in medicine. Scientists from all other nations combined have won 19.

Certainly, this century's spiraling costs and limited access for millions will receive these historians' attention and deserve their criticism. These systemic defects are appropriately the focus of public policy debate today. But, as we attempt to resolve this debate and reform the system, we cannot overlook, nor should we sacrifice, its excellence.

The U.S. medical system purchases far more specialized high quality care, per capita, than is available to any other people. It offers patients far more technologically advanced and convenient care: more non-invasive diagnostic procedures, such as MRIs; more cancer-treating and cancer-curing radiation and drug therapies; and more advanced surgical techniques to reverse bone, organ, and nerve damage. American health care brings more of the latest research findings, newest treatments, and sophisticated equipment to the typical doctor-patient encounter. All of these advantages, however, are very expensive. Still, the unparalleled quality of American health care clearly produces tangible benefits for this nation's patients. For instance:

- Heart disease, the nation's leading killer, has had its death rate cut in half since the 1960s, through improved nutrition, exercise, and medical treatments.
- Transplants for 26 organs and tissues are now performed successfully—almost routinely—for thousands of Americans each year.
- Eleven million Americans have had devices surgically implanted—artificial limbs and joints, pacemakers, lenses, etc.
- New non-invasive diagnostic tests uncover cancer in early stages in the lungs, bladder, and colon, before the disease becomes life-threatening.
- Patients suffering severe head traumas in accidents now have a 90 percent survival rate, due to the speed and expertise of advanced life support units in emergency ambulance and helicopter teams.

It's difficult to remember that only a little more than a century ago most physicians—both here and in Europe—were apprenticed into their profession. Few had formal scientific training. Less than a century ago, the basic sciences and clinical hospital experiences were included in a four-year curriculum; in fact, it wasn't until the twentieth century that the AMA began the fight to standardize medical education.

Today, American medical practitioners study an average of an additional 15 years after graduating from high school. Physicians in most other nations invest only about half those years. This difference is partially responsible for America's higher costs, as well as the best care.

But it is unfortunately true that American health care is the world's most expensive. It is also a sad fact that approximately 35 million Americans are uninsured and have limited access to care. Our system is also less efficient than we want and contains more waste than we can tolerate.

Yet, America's health care system delivers the most timely, most convenient, and highest quality treatments available anywhere in the world. The best does cost more. Such value is worth more.

Our task today is to do three things: bring costs under better control, make the system's benefits available to all Americans, and, most importantly, preserve the system's ability to deliver care that continues to set the world's standard for excellence. The unmatched quality of American health care is so often overlooked; once forgotten, it will so easily be lost.

"The unmatched quality of American health care is so often overlooked; once forgotten, it will so easily be lost."

Dr. Tyson, a past president of the State Society, is director of Pennsylvania Blue Shield Institute, Camp Hill.

PRAVACHOL® (Pravastatin Sodium Tablets)

CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

Pregnancy and lactation. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL (pravastatin sodium) was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chononic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chononic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli;* a forward mutation assay in L5178Y TK +/− mouse lymphoma cells; a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area ($mg/meter^2$). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL (pravastatin sodium), it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General**.)

ADVERSE REACTIONS

Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below, also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia.

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

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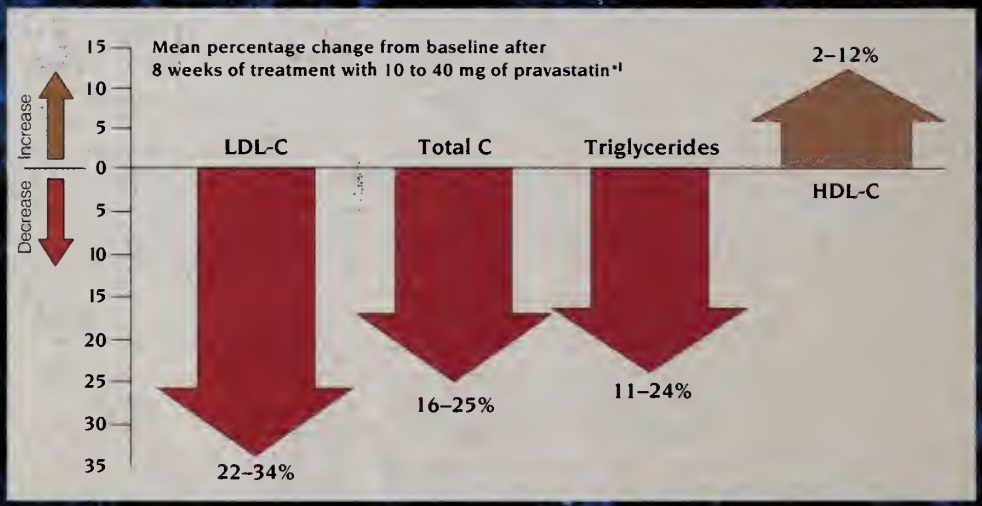

*Each arrow represents a range of means derived from a single placebo-controlled study that included 55 patients treated with pravastatin.

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Reference: 1. Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991;14:146-151.

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Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the adjacent page.

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Scanning the Frontiers of Medical Ethics:

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The Need for a Bioethics Network—page 16
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Cover photo: Uniphoto, New York, NY

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MEDIGRAM

HOUSE AMENDS, PASSES WORKERS' COMP BILL: The House of Representatives on March 30 amended and passed Senate Bill 1 on workers' compensation reform. The bill includes a fee schedule set at 120 percent of Medicare for all services except primary care services (office visits) and a cumulative annual update based on the percentage change in the statewide average weekly wage. This language was basically untouched by the House. Amendments the Society opposes: 1) set limitations on CCOs, including allowing different negotiated payment levels for CCOs, but not for individual providers; 2) provide for reconsideration of utilization and peer review decisions before referral of disputed claims to the labor department for review; and 3) allow members of the Workers' Compensation Advisory Council, composed of employers and employees, to make recommendations to the labor secretary on medical issues, such as utilization review, practice standards, etc. The Society continues its reluctant support of Senate Bill 1 as originally introduced, which established the initial allowance at 120 percent of Medicare and broke the permanent tie to Medicare by use of an update. No action is expected on the amended bill until the Senate returns April 19. In the meantime, the Society will seek utilization review and CCO amendments.

HCFA EXTENDS MEDICARE CLAIMS DENIAL DEADLINE: The Health Care Financing Administration (HCFA) has extended indefinitely the deadline for denial of Medicare claims that lack registration numbers under the Clinical Laboratory Act (CLIA). HCFA had extended the deadline several times, most recently to March 1, citing the need to modify its internal data processing system. On March 3, HCFA again announced Medicare would continue to accept claims for lab tests without verifying CLIA numbers, this time because the claims processing requirements need "further analysis."

SOCIETY PRESIDENT TESTIFIES AT FINAL EDP HEARING: State Society President Donald G. Ferguson, MD, testified at the final hearing of the governor's Economic Development Partnership (EDP), March 25 in Harrisburg. His specific recommendations included the need for liability reform, reduced hassles, safeguards in managed care systems, outcomes, and patient cost conciousness. He applauded the EDP's focus on prevention and stressed the importance of physician participation in reform. Four physicians also testified at a March 18 hearing in Allentown.

PENNSYLVANIA HAS LARGEST CONTIGENT AT AMA SUMMIT: The Society's Key Contacts program was responsible for sending approximately 50 participants, the largest number from one state, to an AMA summit in Washington, March 24-25. The event, "A Time for a New Partnership," gathered nearly 1,000 U.S. physicians and friends to discuss health system reform, and generated a great deal of media coverage. Excerpts of speeches were aired on C-SPAN. Look for a wrap-up of the two days, including photos, next month in PENNSYLVANIA MEDICINE.

SOCIETY URGES PARTICIPATION IN ALCOHOL AWARENESS MONTH: In conjunction with Alcohol Awareness Month, sponsored this month by the National Council on Alcoholism and Drug Dependence, Inc., the State Society sent packets of promotional materials to county medical society executives urging physicians to participate in efforts to reduce underage drinking in their own communities. The packets—made available by Pennsylvanians AWARE, a group working against substance abuse among young people—include a resource and referral guide and an order form for additional materials. For more information, call your county society executive or the Society's Department of Public Affairs at (800) 228-7823.

EDITOR'S NOTE: The AIDS guidelines for health care workers published in the March 1993 issue of this publication, and endorsed by the Society's board in January, were from a ***draft edition only,*** *distributed widely throughout the state by the Pennsylvania Department of Health. Final guidelines have not been approved either by the secretary of health or the governor. The editors of* PENNSYLVANIA MEDICINE *apologize for any inconvenience. See page 38 of this issue for a complete explanation of the development of the guidelines.*

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American Ethics: A World Perspective

John W. Mills, MD
Medical Editor

Seeing news coverage of the recent explosion that rocked the World Trade Center in New York City prompts me to deviate once again from health care issues. I feel a sense of urgency and ethical commitment to address American ethics from a world perspective.

Perhaps by the time this editorial is published in mid-April, we'll know more about the cause of the nightmare in the Big Apple. But no matter who is responsible, it brought one fact into immediate focus for all Americans: despite the fall of Russian Communism and the end of the "Cold War," we still live in a very dangerous world, threatened by wholesale ethnic murder, starvation caused by barbaric rulers, and a simmering Middle East cauldron which daily threatens to spill over into a fire of carnage.

"We must start at home, or we'll never be successful in our efforts for world peace in a global community."

Those knowledgeable about world affairs are more and more frequently pointing to the frightening potential for terrorism and violence from the Middle East and from the Islamic world in general. Speaking at the AMA Leadership Conference in February, Marshall Loeb, editor of *Fortune* magazine, gave us his global view of the economic, trade, military, political, and ethical considerations with which we in the U.S. must deal over the next few decades. But his most frightening and significant statement concerned his fear of the rising tide of Islamic Fundamentalism. He cautioned us to be aware of the seriousness of this issue. As I understand it, those who fervently follow this religion literally believe in "an eye for an eye—a tooth for a tooth" and will stop at little to accomplish their goals. World terrorism is certainly within their grasp, and Mr. Loeb feels we need to be ever more vigilant.

The Islamic view of the world is so different from our own, it is difficult for us to comprehend their reasoning. But I have the same difficulty sometimes comprehending the behavior of fellow Americans—especially concerning ethics.

Perhaps these issues are present in all societies, but we have plenty to examine within our own borders: unscrupulous doctors who "game" every system for personal gain; state supreme court justices being investigated to the tune of $1 million-plus in improprieties; speakers of our House of Representatives retired under duress for illegal dealings, still holding onto all perks and three paid employees; Watergate; the House post office and S&L scandals; tobacco companies targeting sales in third-world countries because domestic sales are off.

Even closer to our "front door" are frequent drive-by shootings in many of our cities, daily drug busts, rising car theft, underage drinking still not under control, and guns and violence in our schools—even elementary schools. At the same time, nationwide church membership is down.

Finally, how many times during your daily commute does someone pull out sharply in front of you or run a light or barely shift into second at a stop sign or blare their horns when confronted with a *legitimate* delay? Even on a short, four-and-a-half-mile commute, I see it almost daily.

Essentially, we in this country have lost our moral fiber. The litany could go on for pages, but in reality, we, as a nation, are in danger of prostituting our national soul if we don't soon deal with the societal/ethical issues and reestablish our moral code. This country was founded on freedom—responsible freedom, not freedom to bilk the public or our neighbor.

What has all this to do with medicine or the practice thereof? Just this: all of these issues cost billions of dollars yearly which could be much better spent on health care for the impoverished. In addition, if we had strong ethics pervasive throughout levels of government, and revered and respected by citizens, we might very well be in a much stronger position to deal successfully with international terror and the threat of global annihilation.

We must start at home, or we'll never be successful in our efforts for world peace in a global community.

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Health System Reform And Us

Donald G. Ferguson, MD

"Does it make sense that those who must deliver the services being mandated are not even included among those who will decide on the mandates?"

Editor's Note: Dr. Ferguson represented the State Society at the health care reform forum in February in Harrisburg sponsored by Senator Harris Wofford and featuring Hillary Rodham Clinton, Mary Elizabeth (Tipper) Gore, and Governor Robert P. Casey. This column was written just after that forum.

On this President's Page, we are getting used to seeing the words "health care reform." It's the nature of the times, I guess—proposals for health care reform are all around us, and the new administration in Washington is now leading the pack that first gathered in our state during the Senatorial campaign which culminated in the election of Senator Harris Wofford.

During that campaign, a very effective slogan was presented: "If an American is entitled to a lawyer, that American should be entitled to a doctor." Senator Wofford has publicly credited that slogan to Society member Robert D. Reinecke, MD, who says it is an analogy to the Sixth Amendment.

The slogan, besides being short, logical, and persuasive, also expresses what we, as a profession, have always maintained—that we share the responsibility for the health of the public, *all* of the public. We, as individuals, continue to maintain our right to choose whom we will serve, and we maintain the patient's right to choose a physician.

This free choice did not, and does not, abrogate our duty as physicians to see to the care of all the people of our state and our country. We have always participated freely in the care of those in our community whose means are limited—but whose needs may be great. The physicians of America have *always* given of their time and talent and substance to care for their neighbors and fellow citizens. It is a record that we can and should be proud of.

Today, it appears that our past efforts are no longer enough. More is being required of us, and perhaps still more will be required in the future. And, if *they* would only let us alone to take care of patients, we ought to be able to do it. Instead, every year brings us more regulation, more paperwork, more inquiries about our patterns of practice, and less of our productive time left to do what we were trained to do—*take care of patients.*

At Senator Wofford's health care reform forum in February, I had occasion to plead for all of us—those whom I called the front-line troops in health care. *We* are the people who must deliver the care whose quantity and quality is now being debated at very high levels indeed. Does it make sense that those who must *deliver* the services being mandated are not even included among those who will decide on the mandates? Will this be a repeat of the early RBRVS rulings that included such absurdities as an open brain biopsy being listed among the outpatient procedures? Not on me, thank you!

Of course we need changes in our health care system—and will, until every person in this country who needs care receives it. Impossible? Maybe, but isn't that our goal?

We are developing new initiatives ourselves—a Lancaster City and County Medical Society community care plan is only one of the local care networks the Pennsylvania Medical Society is helping to foster. Other county medical societies are also cooperating with the State Society in developing models for physician referral networks to deliver quality care to all who need it.

A task force of the Society is hard at work, developing models for coordinated care networks which can cover the entire state with an interlocking system of such plans, each locally controlled and maintained by its communities with the active participation of physicians and the other front-line troops who have to *deliver* the care which is needed. Doesn't this make more sense than another federal bureaucracy?

When you talk to your elected representatives—and I certainly hope you will; they are there to serve *all* of us—I hope this is the message that you and our societies and our legislative consultants and our legislative actions teams will bring: *Keep us involved in the care of our patients.* Are you listening?

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THUMBS UP TO "CURRENT CONCEPTS"

I wanted to give you my comments concerning the "Current Concepts in Ophthalmology" sent as a supplement to this Society's journal [January 1993]. I have not read all of it yet, but most of the material is quite interesting, even though it is out of my specialty of allergy and immunology. Supplements of this type to PENNSYLVANIA MEDICINE are very worthwhile, and I believe you should seriously consider continuing this type of information for all of us. I wanted to write this letter to encourage you that you have my vote!

Gilbert A. Friday Jr., MD
Pittsburgh

Congratulations to you and the Pennsylvania Academy of Ophthalmology for the excellent supplement to the January issue of PENNSYLVANIA MEDICINE on "Diabetes 2000." ("Current Concepts in Ophthalmology")

The information is an asset for the practicing physician and should sensitize all of us to the enormous number of people who have diabetes mellitus (one half are not aware that they have the disease). The goal is for early detection, diagnosis, and treatment of disease of the eye in patients with diabetes. It is the leading cause of visual loss and accounts for 12 percent of blindness in the United States each year.

Thank you for this clinical update.

Doris G. Bartuska, MD, FACP
Philadelphia

THE MEDICAL PROFESSION: REALITY AND REFORM

Editor's note: The following is excerpted from a letter sent to President Bill Clinton and Hillary Rodham Clinton in mid-February. PENNSYLVANIA MEDICINE was among a number of news publications and state leaders who received a copy from the author.

I am writing this letter not as a member of any lobbying group, nor from the perspective of any medical society, but simply as a concerned citizen and a physician.

You may not be aware that the cost of medical school and tuition is quite high for most students, and mine was no exception. The cost of my tuition and books alone exceeded $60,000. This did not include any living expenditures. Like many medical students who finish medical school today with debts exceeding $40,000 to $60,000, my debt exceeded $150,000 due to the fact that many of my loans were from the Health Education Assistance (HEAL) program during years of tremendously high interest rates.

Just like many other students, I was unable to pay on the interest as it capitalized, and thus the debt spiraled similar to the federal deficit. Since then I have managed to pay a significant portion of that debt, but there is still a tremendous amount outstanding. The reason I am sharing [this information] with you is that through it, hopefully you will gain some insight to some of the issues and problems that face physicians today.

I think that many people have forgotten what it takes to become a physician. Beyond the four years of undergraduate and four years of medical school, there lies internship and residency which can be anywhere from three to six years, and in some cases even longer.

In my case, I spent 13 years beyond high school training to be an orthopedic surgeon. Along the way there are tremendous hours and anxiety expended to reach this goal. I recall many weeks where it was not uncommon to have worked in excess of 90 hours a week. I do think that it is fair to say there is not a job in the world that requires more hard work, perseverance, dedication, and years of training than that required to become a physician.

I realize there are many reforms that must be made to improve health care in America. With 35 million Americans uninsured and health care costs soaring, certainly something must be done. I do feel it is necessary, however, that everyone have a good perspective of where physicians stand in this process. I do not think many people are aware that physicians' fees account for only nine percent of all that is spent on health care in the United States.

In addition, the majority of physicians are Medicare and Blue Cross/Blue Shield participating providers, and have not had any significant increases in fees for at least five years. In fact, on the resource based relative value scale (RBRVS), many physicians have taken a tremendous cut in their fees. These are at a time when inflation continues to increase, malpractice premiums have not decreased, and the cost of office overhead and expenditures continue to increase.

Considering malpractice alone, there are parts of this country where an orthopedic surgeon or neurosurgeon or obstetrician/gynecologist cannot practice without malpractice insurance that costs in excess of $100,000 a year. In addition, estimates have been made in excess of $30 billion a year being spent on defensive medicine.

I do not profess to have the answers to all of the issues and problems in the health care system, [but] I am willing to do my fair share to reform the system. What I feel all physicians want is fair consideration in the process of reform.

Please help us to reform the malpractice and liability crisis in America. Please help those medical students who have accumulated tremendous debt burden, particularly those who are going into fields of primary care, such as pediatrics, family practice, and internal medicine, where they will have extreme difficulty repaying those loans.

Lastly, please keep in mind that the majority of physicians are of high ethical character and have worked very hard to reach the goals they have attained in life, and want to continue to provide the highest quality care they can for all of their patients.

I wish you the best of luck in these and all future endeavors.

Paul D. Burton, DO
Indiana County

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues.

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Market Economics and Biomedical Ethics

James F. Drane, PhD

Though biomedical ethics has only recently been recognized as a major new medical field, the connection between the practice of medical professionals and the ethics of medical practice dates back to the beginning of Western medicine. More recently, ethics has become more and more involved with economics.

Bioethics is a new cultural development oftentimes referred to as a paradigmatic discipline, i.e., it expresses the concerns and conflicts of our era. In fact, hardly a day goes by that something we read in the newspaper or see on TV does not remind us of the strong connection between the practice of medical professionals and the ethics of medical practice. Even though the new discipline called biomedical ethics did not even exist 25 years ago—the first bioethics institute opened in 1969—from the very beginning of Western medicine, the connection between ethics and medical practice was recognized and written about. The oldest of the Hippocratic writings marking the beginning of Western medicine was a code of ethics written in the fifth century B.C. Today, thousands of books and articles appear annually on bioethical topics, and more than 200 bioethics institutes and organizations have opened and are operating around the world.

An early exercise in medical ethics

The first scientifically prepared physicians in ancient Greece recognized that medical practice could not escape being an exercise in ethics. They imposed upon themselves both stringent moral rules and virtuous character demands which separated them from the unscientific empirical healers of their day. For example, they kept secret what they learned about patients, while other healers were known for gossip. Empirical doctors were known as much for euthanasia as for healing, but Hippocratic physicians vowed not to take human life—not even fetal life.

The most basic of all the high ethical standards to which early Greek physicians committed themselves was altruism. They promised always to act for the good of the patient rather than for their own good, and they promised never to do anything to harm patients. Empirical healers at the time were perceived to engage in medical practice for their own personal gain. Hippocratic physicians, however, adopted the opposite stance. They promised to be different, and that difference in turn generated patient trust. It did not come immediately, but gradually people came to trust their physicians. Patients "knew" that their doctors would not harm them, certainly not kill them, and that whatever was done would be for their benefit.

In the first decades of contemporary bioethics (mid '60s and early '70s), the discipline was focused upon death and dying issues generated by new medical technologies: Was it right to use respirators to keep patients like Karen Ann Quinlan alive? Which patients should be saved by scarce dialysis machines? Can feeding technologies be withdrawn from incompetent patients? May life-sustaining technologies be stopped on severely handicapped babies?

Traditionally, the answers to these and similar questions were simple. Most people thought that doctors knew what was best, would act only in the patient's best interest, and should be trusted to make such decisions. Now it is patient autonomy that rules, and the right thing is to respect patient decisions.

Medical ethics and health care costs

Just a decade or so ago, without any decrease in the death and dying issues, a new issue was added to an already crowded bioethics agenda. Health care costs began skyrocketing, and more and more people could not afford health insurance. A new emphasis developed on social rights to treatment, different from individual rights to die. Bioethics added "justice" questions like: Who pays? Who has access? How do we control costs?

Dr. Drane was Russell B. Roth professor of clinical ethics at Edinboro University of Pennsylvania until his retirement in December 1991. His tenth book, **Clinical Bioethics: A Manual for Physicians, Nurses, and Ethics Committee Members,** *is due out this spring.*

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AMA Inviting Comments on Ethical Study Topics

The AMA Council on Ethical and Judicial Affairs has issued a list of topics it is studying for possible council opinions or reports and has invited comment from the federation. Issues under study include:

- ethical issues in the allocation of health care resources;
- financial incentives to encourage organ donation;
- physician-assisted suicide and euthanasia;
- financial incentives to physicians to limit care;
- organ harvesting in capital punishment;
- offers of indemnity by manufacturers of drugs, devices, or other products;
- reporting of adverse drug or medical device events;
- ethics of waiving insurance copayments;
- ethical issues in intensive care settings;
- self-treatment or treatment of family members;
- ethical aspects of artificial insemination; and
- using minors as organ donors or in other procedures for the benefit of others.

Comments may be sent to Oscar W. Clarke, MD, Council on Ethical and Judicial Affairs, c/o AMA, 515 North State Street, Chicago, IL 60610.

"A doctor who stoops to help sick and needy people is a thing of beauty. A doctor who takes advantage of patients' trust for selfish interests is just the opposite."

Answers to these questions have not been settled. Simple-minded responses see the problem in terms of physician salaries and the solution in terms of salary reduction. Even to begin thinking about the issues in a more serious way, a little history is worth taking into consideration.

Doctors have always had to earn a living from their practices, even those who lived by the highest priestly standards of traditional medical codes. Many readers will remember when payment made to doctors was called "a stipend" or "an honorarium"—the same terms used for financial payments offered to priests for their services.

Charging for what they do makes medical professionals something like tradesmen and businessmen. Unlike tradesmen and businessmen, however, physicians publicly promise to do only what is for the good of others, i.e., altruism. Under pressure from free market economists to abandon their monopoly on medical treatment during the eighteenth century, physicians argued successfully that they were different from tradesmen and even from other professionals. They claimed that without their self-imposed high ethical altruism, it was impossible to practice responsible or ethical medicine.

Remaining ethical in high-tech, free-market medicine

Payments to physicians have risen considerably over the last 20 years. The modern scientific physician has all sorts of high-tech tools at his or her disposal. These make medical practice much more powerful and potentially more helpful. Some medical treatments and technologies, however, have become so expensive that they place medical care beyond many individual budgets. Even large and profitable industries which took on the responsibility of paying for medical care complain that they can no longer bear the cost.

The political solution to rising costs proposed during the 1980s was market-based reform—letting market forces control and ultimately reduce the soaring prices. Questions like "who pays" and "how do we control costs" were answered by economic theorists working with free-market assumptions. Government-controlled systems in place everywhere else in the world have obvious cost-control advantages, but they also have glaring deficiencies. Americans tended to want the market rather than the government to create a more just and more affordable health care system. This preference may have advantages over increased government control of medicine, but it may have a hidden ethical disadvantage.

It is ironic, I think, that the market solution to rising health care costs taught some physicians to think of themselves more as economists than as altruistic professionals. They moved from learning the language of market-oriented health care reform to learning how to manipulate the health care market. In just a few short years, a 2,500-year-old altruistic ethical tradition has been seriously challenged. Some doctors have adopted a style of practice reminiscent of pre-Hippocratic healers. A few actually have compounded the problem of escalating costs by manipulating the system to their own advantage, e.g., by self-referrals to high-tech medical resources that they own and by inflated or false billing.

Ethical issues in the news

In the October 26, 1992, issue of *American Medical News*, an ophthalmologist wrote about a gentle, kind, knowledgeable colleague who made up diagnoses, patients, and procedures in order to increase profits. She visited her colleague in jail and wondered how such a thing could have happened to an otherwise morally exemplary physician. He had filed $1,300,000 in false claims, but she struggled to understand why this respected physician had done such a thing. Certainly he was not an evil person. Even

in the embarrassment of his prison surroundings, he conducted himself like a gentleman. He hoped that the wrong which he had committed would serve as an example to other doctors and keep them on a more honest path.

A recent ABC network special ("Prime-Time," February 11, 1993) exposed a group of physicians who were using their medical licenses to exploit patients and rob the health care system. The program provided overwhelming proof for a claim that eighteenth century physicians in England had made: the medical profession cannot endure in the absence of ethical standards.

Eighteenth century English economists had wanted to make medicine into a free-market enterprise; that is, to let market forces alone determine medical practice. Physicians argued that unless medicine is professionally controlled, and unless practitioners are held to high ethical standards, sick and vulnerable people would be harmed and societal interest would not be served. They claimed that medicine was not like a business, indeed was not even like other professions in that medicine alone at its core is ethical.

The ABC special provided us picture-proof of the truth of this claim. From hidden cameras came pictures of physicians who had substituted selfish economic interest for traditional ethical altruism, and the pictures were shocking. The faces of doctors who bought and sold patients, took kickbacks, laundered money, and generally exploited sick people instead of helping them were not pleasant to look at. A doctor who stoops to help sick and needy people is a thing of beauty. A doctor who takes advantage of patients' trust for selfish interests is just the opposite.

If some physicians had already lost their medical souls, and if an otherwise decent man went wrong, we have to look for the explanation, in part at least, in opportunities for becoming unethical inherent in the new market system. Besides feeling some pity for their jailed colleagues, physicians must understand the source of pressure to violate moral standards in order to develop an effective resistance.

Market economics tends to undermine the oldest and most sacred professional commitment—altruism. Managed care, competition, consumer choice, cost/benefit analysis, discounting—these key concepts in free market medicine inevitably make physicians into businessmen more than ever before.

The image of the good doctor as altruistic and medicine as a vocation may be giving way to the image of the modern doctor as economist and medicine as a business. The physician/businessman may be the image of the future—the reflection of a new medical ethics which will replace a 2,500-year-old altruistic ethic. Or, the physician/businessman may be a frightening symbol warning an essentially altruistic profession of an ethical crisis on the horizon.

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Assessing the Need for Bioethics Networks

Geoffrey D. Seidel, MS, BSN, RN, CCRN

Because the ethical choices of medicine become more and more complex each year, the Pennsylvania Medical Society Commission on Bioethics in 1992 sponsored a survey to assess the need for a statewide ethics network. This article discusses the results of that survey.

The rapid growth of medical knowledge and the rapid expansion of medical capabilities and technology over the past decade have generated unprecedented opportunities and challenges in the delivery of health care. At the same time, this growth and expansion have created complex ethical choices for physicians, health professionals, patients, and the patients' families: What is too much care? When does life begin? When does life end? How is the incompetent patient treated? When is it appropriate to withdraw or withhold treatment? How is a neonate with no chance for survival cared for? Does a patient's right to refuse treatment take precedence over a state's parens patraiae policy? Is AIDS testing appropriate for all patients? Should all health care workers be tested for AIDS? Where does the health care provider turn for consent when there is no family to make health care decisions for a comatose patient?

These questions and many more have created the need for clarification of bioethical issues. Health care providers have sought legal counsel, ethicists' opinions, and input from the church and medical experts in trying to understand and interpret society's moral barometer.

In 1982, only one percent of American hospitals had established ethics committees; by 1988, over 60 percent with 200 beds or more had them.[1] In 1983, ethics committees were given validation by the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. The commission urged health care professionals and administrators to develop mechanisms for review and consultation in cases raising ethical issues, and specifically recommended ethics committees as a mechanism for resolving conflicts.[2]

In 1984 the American Hospital Association published *Guidelines on Hospital Committees on Biomedical Ethics*, stating that: "Each institution should take the steps necessary to implement suitable mechanisms that will reasonably provide for sound decision-making practices and for responsible and timely assessment of medical and ethical issues."[3] In 1987, Maryland became the first state to enact legislation requiring all hospitals within its jurisdiction to establish Patient Care Advisory Committees, otherwise known as ethics committees.

The 1976 New Jersey Supreme Court case of Karen Ann Quinlan and the 1990 U.S. Supreme Court decision in the Nancy Beth Cruzan case have increased both society's search for answers to ethical issues and the health care provider's need for information. The first authoritative bioethics resource center was founded in 1969 as the Hastings Center in New York.[4] In 1971, the Kennedy Center for Biomedical Ethics at Georgetown University was established.[5] These became the clearinghouses for health care providers seeking information on bioethical issues, and since the 1970s, several other bioethics resource centers have been established throughout the U.S.

Health care providers encounter another difficulty in this web of information: namely, laws and statutes differ from state-to-state. Add to that the recent requirement by the Joint Commission on Accreditation of Health Organizations (JCAHO) that any health care institution it accredits must have its own ethics committee, as well as a policy delineating the process for nursing staff to bring ethical concerns to the committee.[6] The ethics committee is to provide advice on ethical issues that the institution, its patients, and their families face. The requirement to be a resource for the patients and families means that the ethics committee must possess knowledge and understanding of the issues.

Mr. Seidel is director of intensive care nursing, Frederick Memorial Hospital, Frederick, Maryland. He conducted this survey for the Society as a requirement for his master of science in health administration and with guidance from Mary Jo Bonner, MD, PhD, chairperson of the Society's Commission on Bioethics.

There are three regional ethics resource centers in Pennsylvania: the University of Pittsburgh; the Delaware Valley Ethics Committee Network, Philadelphia; and Edinboro University of Pennsylvania, through its Russell B. Roth professor of clinical ethics.

In its survey of Pennsylvania physicians assessing the need for a statewide ethics network coordinated by its Bioethics Commission, the Pennsylvania Medical Society asked this question: "Is the need for authoritative information on bioethical issues being met through the regional and national resource centers, *or* could this need be better met via a statewide bioethics network in cooperation with the regional centers?"

The research presented in this article is the result of extensive literature review, phone conversations, interviews, and a questionnaire sent to Pennsylvania physicians asking their experience, attitudes, and needs regarding bioethical issues.

Existing ethics networks

Approximately one dozen ethics networks exist nationwide, according to literature. Some focus on the needs of the health care provider, not allowing the public access to information, while others provide information to anyone. Interestingly, the majority of networks were borne when two or three visionary health care professionals saw the need to provide educated, professional, legally valid, ethically acceptable information on bioethical issues.

The networks began by gathering local interested professionals, determining the needs of the community via a survey, and then translating the findings into reality. Most of the networks receive grants and solicit corporate and individual support and memberships.

For example, the Delaware Valley Ethics Committee Network (DVECN) is a resource to institutional ethics committees, health care providers, and professionals in eastern Pennsylvania, Delaware, and southern New Jersey. A well-organized group with an aggressive agenda since its birth in 1987, DVECN's projects have included policy formulation on life support issues and HIV testing, conferences for health care professionals on bioethical issues, distribution of authoritative information via a newsletter, and assistance with ethics committee development and education.

DVECN completed a survey in 1989 that identified the needs of regional bioethics committees as: 1) case material in bioethics; 2) texts on medical and nursing ethics; 3) texts on ethical theories; 4) articles on the structure and function of ethics committees; and 5) policies on No Code, withdrawing and withholding therapy, confidentiality, and HIV testing.[7] DVECN believes its continued existence depends upon developing a network that adequately defines and provides for the needs of its members.[8]

Survey findings

Five major findings of the survey show:

1) a relationship between medical specialty and hospital size—family/general practice and pediatric physicians are attracted to smaller hospitals while internists, surgeons, anesthesiologists, and OB/GYNs are attracted to the larger hospitals.

2) no relationship between hospital size and years in practice.

3) a relationship between years in practice and practice experience with bioethical issues—the physician who has been in practice for many years deals *less* frequently with bioethical issues. This inverse proportion makes

Survey Methodology

Population sampled and sampling plan

Questionnaires were sent to the 59 county medical society chairpersons, 19 members of the Society's Council on Education and Science, and 38 members of the Society's Interspecialty Section. All packets were sent with a cover letter describing the study and asking the recipient to distribute the five additional questionnaires enclosed to their colleagues.

A total of 696 questionnaires were mailed, and 156 were returned for a 22.41 percent rate of return. Although the results of the questionnaire reflect a wide range of opinions, this high rate of return supports the significance physicians place on bioethical issues.

Description of data-collection instrument

The questionnaire, found to be valid by an educated review panel and reliable according to predetermined criteria, facilitated an in-depth assessment of the physicians' needs regarding bioethical issues. Problems encountered included confusion by less than four physicians about the difference between "definitely support, probably support, support, probably not support, and definitely not support" and an error in the printing of one question allowing for high unreliability with the responses to that question.

Data analysis

Several variables had to be transformed from the original questionnaire to facilitate data analysis. The frequency distribution of the sample and the actual demographic characteristics of the population were relatively parallel, indicating a reasonable chance of the sample data being applicable to the population. The level of significance chosen was 0.05.

sense when considering that younger physicians are being taught the importance of talking with patients about bioethical dilemmas and are more likely to be in a specialty working in acute care on a daily basis.

4) no relationship between practice experience with bioethical issues and where advice/information is sought when facing a major bioethical issue. Although there is no statistical significance to this relationship, the data suggest that the more frequently the physician deals with bioethical issues, the more likely he or she is to make decisions based on personal beliefs/values/experiences rather than seeking advice from other sources.

"The data suggest that physicians who make decisions on bioethical dilemmas based on personal beliefs/values/experiences feel there is a need for additional bioethical resources in Pennsylvania."

5) no relationship between where advice/information is sought when facing a major bioethical dilemma and the perceived need for a statewide bioethics network. Although there is no statistical significance to this relationship, the data suggest that physicians who make decisions on bioethical dilemmas based on personal beliefs/values/experiences feel there is a need for additional bioethical resources in Pennsylvania.

Additional survey findings of responding physicians show:

- 99.3 percent would support their patient who desires to formulate an advance directive.
- 52 percent would support their "healthy" patient's desire *not* to be resuscitated if their heart stopped or if they stopped breathing.
- 90.1 percent would support their patient on life support who desires to have treatment withdrawn.
- 99.3 percent would support their patient's wishes to be an organ tissue donor.
- 99.3 percent would support their patient's request to know all their health care options.
- 88 percent would support their comatose patient's surrogate's decision to discontinue mechanical ventilation.
- 96 percent would support parents desiring *not* to have their infant with a fatal anomaly prolonged on life support.
- 88.8 percent favored spending $100,000 on providing mammograms to 1,000 women over 10 years rather than spending the same money on a bone marrow transplant for a woman with advanced CA; 8.6 percent had no opinion, and 2.6 percent favored the transplant over the mammography.
- 77.3 percent would oppose genetic screening as a prerequisite for obtaining life insurance; 19.5 percent had no opinion, and 3.2 percent favored genetic screening as a prerequisite.
- 39 percent would help their patient with end-stage CA who had requested assistance in ending their life; 30.9 percent had no opinion, and 30.1 percent would not help their patient.
- 37.7 percent favored mandatory AIDS testing for all patients; 9.7 percent had no opinion, and 52.6 percent opposed mandatory AIDS testing for all patients.
- 33.8 percent favored mandatory AIDS testing for all health care providers; 10.6 percent had no opinion, and 55.6 opposed mandatory AIDS testing for all health care providers.
- 92.3 percent said it is important for their patients to make life support decisions *prior* to a crisis; 2.6 percent had no opinion, and 5.2 percent said it is not important to make decisions prior to a crisis.
- 99.4 percent said their patients should understand their diseases, their treatment options, and the possible course of the disease, while 0.6 percent disagreed.
- 65.8 percent said annual physical examinations should include a discussion on the patient's preferences regarding life support; 23.3 percent had no opinion, and 11 percent said the annual physical exam was not a place for a discussion of life support preferences.
- 72.3 percent were never a member of the bioethics committee at their primary hospital; 11 percent were current members, 6.5 percent were past members, and 10.3 percent indicated there was no formal bioethics committee at their primary hospital.
- 11.6 percent belong to a bioethics network or organization, while 88.4 percent

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Compare pork with chicken[1,2*]

	Calories	Total Fat	Saturated Fatty Acids	Cholesterol
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Pork Tenderloin, trimmed	139	4.1 g	1.4 g	67 mg
Pork Top Loin Roast (boneless), trimmed	165	6.1 g	2.2 g	66 mg
Center Loin Chop, trimmed	172	6.9 g	2.5 g	70 mg
Chicken Thigh, skinless	178	9.2 g	2.6 g	81 mg

*Table refers to 3-oz. cooked servings.

New study: Pork is now 31% leaner

Pork is leaner today because of significant changes made in breeding and feeding techniques.[1] According to new 1992 official USDA data, fresh pork sold today contains an average of 31% less fat after cooking and trimming than the same pork cuts reported in 1983.[1]

Today's pork fits well within the dietary guidelines recommended by both the American Heart Association and the National Cholesterol Education Program. Here's some advice to help patients on low-fat diets enjoy the variety, extra taste, and versatility of pork:

- Choose the leanest cuts. Shop for cuts with "loin" in the name.
- Trim away any visible fat.
- Keep portions moderate (about 3 oz, cooked).
- Prepare by broiling or roasting, and avoid additional fat in preparation.

1. US Dept of Agriculture. *Composition of Foods: Pork Products*, 1992. Agricultural handbook 8-10.
2. US Dept of Agriculture. *Composition of Foods: Poultry Products*, 1979. Agricultural handbook 8-5.

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99.3 *percent of survey respondents would support:*

- *their patient who desires to formulate an advance directive;*
- *their patient's wishes to be an organ tissue donor;*
- *their patient's request to know all their health care options.*

hold no membership. The DVECN was the most commonly identified bioethics organization.

• 78.4 percent indicated that when facing a major bioethical dilemma, they *initially* turn to their own beliefs/values/experiences for answers; 9.8 percent indicated they initially turn to the hospital bioethics committee, while 11.8 percent initially turn to other sources, such as a colleague in medical practice or the clergy.

• 74.5 percent indicated a need for additional resources in Pennsylvania to assist physicians in dealing with bioethical issues.

• 82.6 percent indicated their interest in using a free statewide bioethics network based at the Pennsylvania Medical Society.

Desirable network characteristics

Desirable characteristics of a bioethics network were identified by respondents as follows: 24-hour hotline (63.2 percent); computer bulletin board (21.9 percent); library of reference material (36.8 percent); speakers' bureau (30.3 percent); political lobbying (18.7 percent); brochures for distribution to patients (63.9 percent); case reviews (33.5 percent); newsletter (38.1 percent); access to bioethical experts (62.6 percent); university affiliated (13.1 percent); community based (41.8 percent); accessible by the public (53.6 percent); accessible only to health care providers (17.6 percent); accessible to all professionals, including clergy, social service workers, lawyers, etc. (73.9 percent).

Conclusions and applications

Research into physicians' opinions on bioethical issues has been slow in coming. Other than DVECN's survey in 1989 and others like it, there has not been any formal research in this field. The surveys that bioethics networks send out are used to plan for future topics and direction for the organization.

As for this survey, while a statistically significant relationship for hypotheses 4 and 5 would have added validity to the State Society's idea for a statewide bioethics network, the data presented reflect the perceived need for additional resources. In that sense, this research supports the survey done by DVECN indicating the need for additional information on bioethical issues.

Further study is necessary to assess other Pennsylvania populations who could potentially benefit from a bioethics network: nurses, social workers, clergy, *and* the public. A large random sampling of these populations would be costly. However, when looking at issues of cost benefit versus life/death dilemmas, it is difficult to state that the cost of gathering the data and providing information via a network is not worth the investment. A society that is given the necessary information to make good decisions regarding health care is a society of responsible citizens whose moral barometer does not change with the weather.

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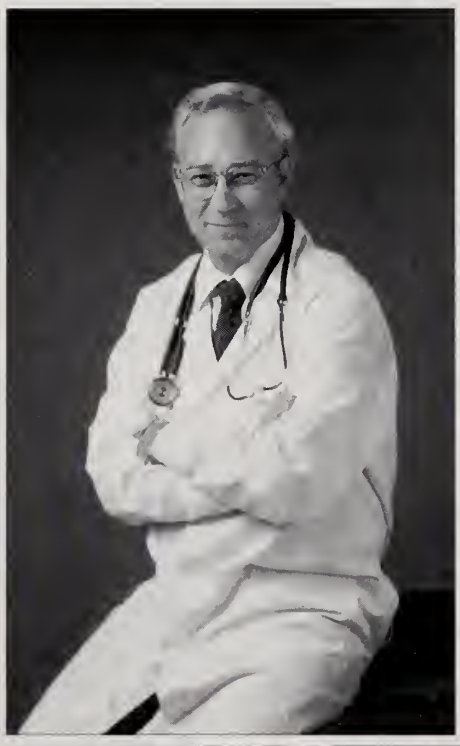

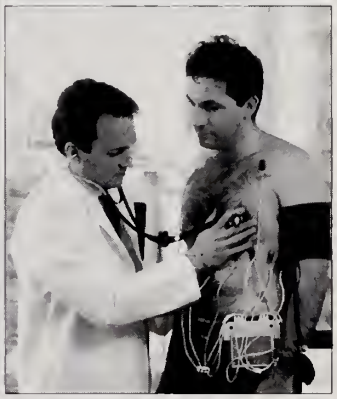

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Physicians Speak Out on System Reform Concerns

Betty L. Cottle, MD,
Norina D'Iorio, MD, and
Richard Collins, MD

Physicians this past winter took an aggressive role testifying at hearings on a health care reform plan proposed late last year by the governor's Economic Development Partnership (EDP). The State Society offered substantial support to those physicians and closely monitored each event. This second in a series of articles highlights Society members' comments about reform and includes excerpted testimonies submitted to the EDP by three concerned physicians.

Late in 1992, Governor Robert P. Casey's Economic Development Partnership (EDP) released its proposed health care reform plan. As reported in this publication last month, the plan heavily relies on: 1) managed competition, with a Central State Health Policy Board establishing a basic benefits package; 2) several regional managed care networks, selected by a low-bid process, to deliver a basic benefits package; and 3) employer funding. The governor has said the plan would require no additional taxes.

Members of the health care community, business, and other concerned individuals have testified at five regional hearings on the plan about a number of related concerns. In particular, Society members presented their expert views on such elements of health care reform as tort reform, patient choice, access to care, public health education, technology and specialization, physician volunteerism, primary care realities, and the importance of the physician-patient relationship.

Three physicians, including Betty L. Cottle, MD, were prepared to testify January 21 in Altoona. However, because the hearing ran two hours behind schedule and a bad ice storm halted the proceedings, they were only permitted to submit written testimony for the EDP's consideration. At the hearing January 29 in Scranton, Norina D'Iorio, MD, and two other physicians gave a five-minute presentation and answered questions from the governor and other panelists for 45 minutes. Richard Collins, MD, was the only physician given the opportunity to testify at the February 22 hearing in Pittsburgh. At press time, final hearings in Allentown and Harrisburg reportedly were set for March 18 and 25, respectively.

The following are excerpts of the testimonies submitted by Drs. Cottle, D'Iorio, and Collins.

Tort reform and patient choice

Dr. Betty Cottle, a practicing anesthesiologist and chairman of the board of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), discussed tort reform.

Dr. Cottle

I have strong opinions about the tort system and the need for its reform. Something clearly is wrong in a system where we pay in a dollar and the injured party gets only 47 cents of it. Since 1978, PMSLIC has spent about $7,300 each to defend nearly 6,000 claims that were closed without payment. That means we spent $42 million, and not one injured person got one cent of it!

In California, where tort reform is nearly 20 years old, annual savings are estimated at $1 billion. Since physicians are less fearful about suits, they practice less defensive medicine, which is estimated to save $630 million a year in that state.

Choice can be important for the physician, too. Doctors can't always do their best if they do not have the option to refuse an individual patient. You must practice medicine to fully understand the importance of this point. There are patients who come to each of us with no intention of complying, for whatever reason, and therefore cannot be helped by us. Yet, I might add, they may very well sue us if they don't get better.

Consumer choice is directly linked to providing quality care. Moreover, a solid physician/patient relationship is critical if physicians are to focus on prevention and early intervention, which are essential to significant, long-term cost containment. Therefore, any proposal that eliminates or restricts patient choice, such as a mandated managed care network, most likely will result in a decrease in the quality of care provided and lessen the likelihood of achieving long-term cost containment....

Like most physicians and many others, I have a problem envisioning how open competition by third parties can control costs while truly protecting quality.

The EDP draft reform plan is a good start and contains much of merit. But its reliance primarily on managed care and managed competition as pivotal cost controls merely nibbles at the corner of our health care problems. They are much more monumental and often societal.

Society and policy makers face some very hard and complex decisions about advancing technology and other expenses within our health care system. Such decisions can't be made by managed care organizations which are not elected by—or otherwise representative of or responsible to—the people.

Primary care realities

Dr. Norina D'Iorio, a practicing family physician in Luzerne County, focused her remarks on how the shortage of primary care physicians may affect a reform plan based on managed care.

Dr. D'Iorio

I strongly believe in a managed care approach—the coordination of care through a gatekeeper concept. Family physicians traditionally have been informal gatekeepers. We take care of the majority of the patient's problems, but refer the patient to another specialty, when appropriate, for diagnosis and treatment. Managed care systems formalize that traditional, informal system that has worked so well.

As a recent article in the *New England Journal of Medicine* pointed out: "To be cost effective, care must clearly be managed, but the responsibility for management is best placed directly in the hands of doctors and their patients." Primary care physicians—family and general practitioners, pediatricians, and general internists—must be the hub of managed care programs and should be doing most of the managing. Unfortunately, these are the very specialties which we find are in short supply.

I believe we oversimplify why the primary care shortage has occurred. It is not just a matter of money, as many suggest. All of the difficulties in being a doctor are magnified in the small or solo practice, the typical setting for primary care, especially in rural and inner-city areas.

There are wonderful personal rewards from being a primary care physician in a small community. No money can buy that experience. On the other hand, average overhead costs can reach 60 percent: staff with the needed experience in dealing with the bureaucracy can be impossible to find, the work week can be intolerably long with no back up, liability issues are a continual concern, and there are significant needs for ongoing or continuing medical education.

There may be some isolation from peers and certain resources. One law suit, or a run-in with OSHA regulations, can threaten to topple your practice. Every time the bureaucracy cranks out more paper, more of our time is spent hacking through the jungle of red tape and less time is available for the patient. There are bigger and bigger student loans that must be repaid. And there are harder and harder choices to be made, most notably time with family or time in the practice.

Any health care reform plan must recognize office costs and other disincentives to establishing or maintaining a primary care practice in many settings. Reform must recognize the domino effect and the cumulative impact of government and private-payor actions on our offices. We're overwhelmed. The flood of rules, regulations, laws, and requests for copies and supporting information seems endless...It is utilization and not fees which are an underlying problem in our health care system. The problem certainly is exaggerated by the "a la carte" nature of our health care delivery system.

As we reform the health care system, we must ensure that it remains a field which people want to enter. We need nurses, primary care physicians, and the other professionals who are essential to deliver care to real people in an effective and efficient system. It must remain a system in which physicians and allied professionals can truly take care of people—not merely push more paper.

> ***"Primary care physicians . . .must be the hub of managed care programs and should be doing most of the managing. Unfortunately, these are the very specialties which we find are in short supply."***
>
> ***—Norina D'Iorio, MD***

Physician-patient relationship

Dr. Richard Collins, an orthopedic surgeon in Pittsburgh and an active member of the Allegheny County Medical Society, discussed the physician-patient relationship.

Dr. Collins

As a practicing physician who participates in a number of managed care plans and also cares for private patients, there are many elements of the EDP plan which I can support, particularly the principles encouraging healthy living and preventive care, and providing for universal access. I am concerned, however, by the assumption that care will be provided solely by managed care networks.

Patients don't look to networks for medical care; they look to their doctor. Whatever changes are made in the economics of health care, we should seek to preserve and promote a strong patient-physician relationship. As anyone who has cared for patients can tell you, this relationship is paramount to compassionate, quality health care. It is a positive experience for both patients and physicians. The ability to be compassionate and provide quality care is enhanced by an ongoing patient-physician relationship, which engenders trust from both parties. When this relationship exists, it reduces the need for the physician to practice defensive medicine. It also reduces the patient's recommended treatment plan.

As an example, some patients come to me with a sore knee expecting me to order an MRI to make their diagnosis. While MRIs, like many other diagnostic tests can be useful, they are not always appropriate. When a good patient-physician relationship exists, the patient will accept my opinion and won't go shopping for an MRI. This does not mean that high technology testing is unnecessary, only that it may not always be appropriate.

We shouldn't lose sight of the fact that high technology does not necessarily mean higher costs in delivery care. Twenty-five years ago when I was an intern, it could take a two-week hospital stay with multiple, often painful tests, to diagnose cancer of the pancreas in a patient who complained of stomach pain. This diagnosis can often be made today with a single outpatient test with an MRI or CT scan, and treatment can be started immediately. A key element of knowing when it is appropriate to use that technology is the expertise of the physician.

"Whatever changes are made in the economics of health care, we should seek to preserve and promote a strong patient-physician relationship. . .this relationship is paramount to compassionate, quality health care."

—Richard Collins, MD

I'd also like to tell you about an 85-year-old gentleman whom I cared for this past Saturday. He was brought to the emergency room after falling from a stool. He severely fractured his thigh bone below the area where we had performed a hip replacement eight years ago. We spent three-and-a-half hours in the operating room to fix his shattered bone with a high technology plate, cables, and screws. When my associate saw this patient yesterday morning, he was sitting in a chair, and today he started physical therapy to begin walking.

This case exemplifies some of the paradoxes of health care delivery. Increases in technology and advances in knowledge have made it possible for medicine to provide more care to more people, including the increasing population of older, sicker patients. Twenty years ago, this elderly patient would have been hospitalized, put into traction for six to eight weeks, then placed in a body cast for another two months—a treatment he probably would not have survived. As this gentleman's physician, I find it exciting and personally fulfilling to be able to help him through this traumatic event.

In conclusion, I think our goals for changing the health care system are not very different. It is my hope that physicians can work with you in developing a system that provides quality, accessible health care for all Pennsylvanians and is built upon the strength of the patient-physician relationship.

GOVERNMENT

COUNCIL SPONSORS LEGISLATIVE BREAKFAST

Every other year, following House and Senate elections, the Society's Council on Governmental Relations sponsors a breakfast to introduce first-term legislators to Society leaders and acquaint them with some of the concerns of organized medicine. Legislators are seated with physician constituents from their own legislative districts. Twenty-four physicians, four auxilians, and 22 legislators attended this year's breakfast, February 10 in Harrisburg. Speakers were Donald G. Ferguson, MD, Society president, and Andre C. Blanzaco, MD, council chairman.

Harrisburg physician Leland Patterson, MD (right), talks with Representative Ron Buxton (D-Dauphin).

Richard Bell, MD (standing, left), and Sue Pan, Auxiliary president (standing, right), both of Berks County, meet with first-term legislators, Representatives Sheila Miller (R) and Samuel Rohrer (R).

Donald G. Ferguson, MD, Society president (left), and Carol E. Rose, MD, Society's 13th District trustee, discuss Society concerns with Representative Albert Pettit (R-Allegheny).

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Student Trustee Discusses Tuition, Choices, and Reform

Maria T. Montesano
Assistant Managing Editor

This final of three articles profiling the State Society's newly elected trustees features Rebecca L. Kunkel, Medical Student Section, discussing the cost of medical education, students' practice choices, and health care reform.

Rebecca L. Kunkel was a California college student with a yearning for medicine and the East Coast—she says she wanted to be doctor even when she was in high school. A native of Los Angeles, she received her undergraduate degree from UCLA.

Now a third-year student at Hahnemann University School of Medicine, Philadelphia, Kunkel was elected by the Society's Medical Student Section in October 1992 to serve as their newest trustee. After graduation, she plans to specialize in obstetrics/gynecology.

Kunkel says she ran for the trustee position for two reasons. First, she believes involvement is the key to action in organized medicine: "Organized medicine is a strong force that works in the best interest of medical students and physicians...I think it's unfortunate that a lot more people are not involved."

Second, she hopes to inform the board about students' concerns. Topping the list, according to Kunkel, are two items—the cost of medical education and its effect on the practice choices students are making. "People are no longer taking out $50,000, but rather $150,000 to pay back medical school loans," she says. "Not that it's anyone's fault, but as loans continue to escalate, many students feel forced into making career choices not based solely on interest, but on lucrativeness as well."

There's a definite push in the medical field for more primary care physicians—greater than 50 percent of all physicians by the year 2000, Kunkel says. She calls that effort positive, but says "Unfortunately, primary care physicians are not always reimbursed as well." She emphasizes that although everything will probably never be equal, "there needs to be some type of happy medium, where if you go into primary care, you are reimbursed more equitably."

Kunkel compares Pennsylvania to her home state of California, where medical students in the University of California system pay no tuition, but instead only a registration fee: "Though I don't have any statistics about whether California medical students choose primary care more often, I do know that with a comparable system in Pennsylvania, some students would be more willing to go into primary care. In fact, I know people who *want* to go into primary care, but are too concerned about loans to do so."

When asked what concerns students most about health care reform, she immediately defends her peers: "A lot of people think students and young doctors are concerned about reform just because they might have a cut in pay. That is not really the issue. Instead, our concern is: are we going to be able to take care of our patients the way we think is best for them?" Kunkel also talks of the need to address the access to care issue, but quickly returns to the thought that the government will become *too* involved: "I am concerned not that the government will step in, but that it will step in and take too much away from what I, as a physician, might see fit for my patients."

As a trustee, Kunkel says she plans to relay these medical student concerns and more to the board. "Even though my solo voice might not count much, it's still going to count for something. After all," she adds, "*we* are the future of medicine."

"I am concerned not that the government will step in, but that it will step in and take too much away from what I, as a physician, might see fit for my patients."

—Rebecca L. Kunkel

Rebecca L. Kunkel

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APRIL 1993

APRIL 7th
Bacterial Meningitis
M. Michael Sheld, M.D.
Professor of Internal Medicine
University of Virginia School of Medicine
Charlottesville, VA

APRIL 14th
Impact of New Advances in Cardiovascular Ultrasound in Clinical Practice
A. J. Tajik, M.D.
Professor of Medicine & Pediatrics
Director, Cardiac Ultrasound Laboratory,
The Mayo Clinic
Rochester, MN

APRIL 21st
Onychomycosis and Its Imitators
Lynn Drake, M.D.
Assistant Professor of Medicine, Division of Dermatology, Massachusetts General Hospital, Deputy Chairman and Director, Policy and Planning, Harvard Medical School
Boston, MA

APRIL 28th
Migraine: Epidemiology, Pathology, Diagnosis, and Treatment
Neil L. Raskin, M.D.
Professor and Vice Chairman, Department of Neurology, University of California
San Francisco, CA

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MAY 1993

MAY 5th
Upper Gastrointestinal Acid-Peptic Disorders
Barry J. Marshall, M.D.
Associate Professor of Internal Medicine
University of Virginia School of Medicine
Charlottesville, VA

Stuart J. Spechler, M.D.
Division of Gastroenterology
Beth Israel Hospital
Boston, MA

MAY 12th
Myocarditis: Pathology & Clinical Correlation-Results of NIH Myocarditis Trial
Margaret Billingham, M.D.
Professor of Pathology
Stanford University School of Medicine, CA

MAY 19th
Diagnosis and Treatment of Anxiety and Depression
Jean W. Helz, M.D.
Assistant Professor of Mental Health Sciences
Director, Liaison Psychiatry
Hahnemann University

MAY 26th
Advances in Diagnosis and Treatment of Peripheral Vascular Disease
Morris D. Kerstein, M.D.
Deissler Professor and Chairman of Surgery
Hahnemann University

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APRIL 14, 1993
Echocardiography
Ramesh, C Bansal, M.D.
Alan Manet, M.D.
Jae K. Oh, M.D.
A. J. Tajik, M.D.
Course Director:
K. Chandrasekaran, M.D.

MAY 5, 1993
Diagnosis and Treatment of Acid-Peptic Disorders
Barry J. Marshall, M.D.
Stuart J. Spechler, M.D.
Course Director:
Harris R. Clearfield, M.D.

MAY 19, 1993
Diagnosis and Treatment of Anxiety and Depression
Course Co-Directors:
Jean Helz, M.D.
Allan B. Schwartz, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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Helping the Medically Indigent and Underserved

Part II—Physician's Voluntary Fee Discount Program and Society-AMA Cooperative Physician Placement Service

This is the second of a series of articles outlining Society initiatives to help the medically indigent and underserved It highlights another Society physician volunteer initiative—the Physician's Voluntary Fee Discount Program, more colloquially known as the DOC'S PACE program—and a State Society-AMA effort to aid recruitment and retention of physicians in medically underserved areas of Pennsylvania.

Voluntary Fee Discount Program

The Physician's Voluntary Fee Discount Program, established and initially marketed in 1988, is designed to aid access to physicians by Pennsylvania citizens over age 64 with limited means, by having participating physicians voluntarily discount their usual fees for health care.

The initial target group, for ease of identification, was the Medicare-age population eligible for or carrying the PACE card. This group falls between the Medicaid eligibility limits—below 50 percent of the poverty level—to approximately 150 percent of poverty.

Participating physicians are requested to: accept assignment if the patient is enrolled in Medicare; provide a discount on fees, including deductibles and copayments when legally permissible; help patient beneficiaries file Medicare, insurance claims, etc.; explain, in advance, billing and payment arrangements; and encourage other medical consultants to also accept assignment and/or discount fees for referred eligible patients.

The program has not been aggressively marketed mainly because Pennsylvania's secretary of aging has expressed unhappiness with the enhanced value of the PACE card created by this program. The objection is based on the limited funding for the PACE program through Pennsylvania lottery proceeds. The fear is that with the value of the PACE card enhanced, many more eligible Pennsylvania citizens will enroll in the program, further straining the limited finances. Enrollment in the PACE program has not, however, surged beyond projected levels based on economic indicators since the introduction of the fee discount program in 1988.

This program in large part formalizes what physicians already do for their older medically indigent patients: substantially discount their health care fees. A subsequent statewide survey of practicing physicians in 1990 revealed that over 94 percent of physicians voluntarily discount their fees for the medically indigent with the average physician giving fee discounts in excess of $32,000 annually to medically indigent patients, *not* counting substantially discounted rates paid by Medicaid and Medicare.

In part because of this already-existing voluntary fee discount effort by physicians, the formal fee discount program has not been expanded to include additional age groups of the medically indigent. Nonetheless, if specific segments of the medically indigent are seen to need special consideration for additional voluntarily discounted health care, the program can be expanded.

For information, call the Society's Department of Medical Economics at (800) 228-7823.

Physician Placement Service

Recruitment and retention of health care professionals, especially primary care physicians, in rural and urban underserved areas are priority goals for a number of health care agencies and organizations at the national and state level. In fact, many statewide organizations have their own programs.

An attempt to coordinate many of these activities in Pennsylvania has been undertaken by the Department of Health (DOH) through the newly created Office of Community Health, responsible for functions related to primary care access in rural and urban underserved areas. The Society is a participating member of the newly constituted advisory group working with DOH on a variety of plans and programs related to access.

One example of Society-sponsored programs to be coordinated with state and federal efforts is the Society-AMA Cooperative Physician Placement Service. Physicians practicing in underserved areas may experience difficulty in obtaining practice coverage to allow them time off for professional necessities, such as attending CME programs necessary for maintenance of professional skills, medical staff membership, Society membership and, in many states, medical licensure. Such problems are cited by physicians practicing or being recruited in underserved areas as significant deterrents to practice, as well as to Society membership.

For many years, the Society's Physician Placement Service has offered recruitment assistance and permanent or temporary employment assistance for physicians. The service has included practice opportunities, as well as physicians and locum tenens listings, but the number of available physicians and listings has been limited because the service concentrated primarily on opportunities in Pennsylvania. Now that the state has unified membership with the AMA, a contract has been negotiated and signed to create a Society-AMA Cooperative Physician Placement Service using a combined listing of both organizations' physician placement services and providing physicians nationwide with information about Pennsylvania practice opportunities.

Yet, despite the existence of a variety of programs at national and state levels supplementing the Society-AMA placement service, more physicians are needed in underserved areas, and the Society anticipates an increasing need for participating primary care Pennsylvania physicians available for short-term locum tenens assignments.

For additional information about the placement service, contact Hattie Askew at the AMA, (800) 955-3565.

The author, John A. Malcolm Jr., MD, is physician representative on the Pennsylvania Health Care Cost Containment Council and served as chairman of the Society's Commission on Access to Health Care in 1992.

Next month in PENNSYLVANIA MEDICINE, look for:

Public Health Information...

...such as an interview with an Emmaus physician who talks about nicotine addiciton; coverage of smoking-cessation efforts in Montgomery County; and an outline of the Society's position on the growing tuberculosis problem, written by the Society's Commission on Public Health.

Health System Reform Updates...

...a health management consultant addresses the potential implications for physicians of health reform legislation; an editorial by a Society trustee questions the "real issue" behind the health care dollar.

Other Practice News...

...such as an overview of the governor's proposed budget, and risk management data for physicians.

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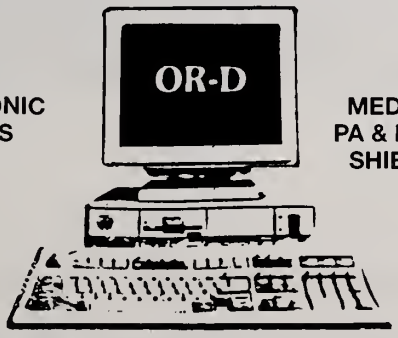

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The Intimate Plague: Child Abuse Becomes Epidemic

Juli C. McGreevy

Next month: Look for an interview of Ralph E. Stolz, DO, who talks about nicotine addiction. Dr. Stolz will be featured, along with a number of nationally known speakers, at "The New Politics of Tobacco," a one-day seminar April 23 in Norristown. Sponsored by the Montgomery Cancer Center in cooperation with national and local organizations, the seminar will include a panel discussion, and Q&A and breakout sessions. Admission is free; three hours of CEU and CME credit will be offered. For information, call (215) 270-2700.

Pat J. Bruno, MD, FAAP, is medical director of the Center for Child Protection, Sunbury Community Hospital. A member of the Pennsylvania Bar Association/Pennsylvania Medical Society Child Abuse Task Force, he represented the Society on a Pennsylvania public television production, "Breaking the Cycle of Family Violence," broadcast in January. Since 1988, he has served on the Attorney General's Medical/Legal Advisory Board on Child Abuse.

Question: *What causes child abuse?*

Dr. Bruno: Some families teach their children to deal with conflict through violence. A stressful situation, such as loss of a job or marital strife, combines with a child crying or wetting the bed. The adult takes it out on the child because the adult thinks the child is deliberately disobeying.

Sexual abuse is done for the sexual gratification of the adult. It can involve fondling, manipulation, suggestive comments, penetration, prostitution, or pornography. The damage done to the child is usually psychological, rather than physical.

Question: *What behaviors might be symptoms of abuse?*

Dr. Bruno: Nonphysical presenting signs and symptoms are: 1) disclosure—you need to believe the child and follow up immediately because some children only try to disclose once; 2) runaways—an estimated 70 to 80 percent of runaway girls were physically or sexually abused at home; 3) precocious sexual behavior—doing or saying things that you wouldn't expect from a young child; and 4) other types of behavioral manifestations, such as nightmares, acting out, or violent behavior.

However, an adult's behavior may be the first thing you notice. A parent's undue preoccupation with a child's sexuality is not normal, for example, when the father of a female teenager adamantly insists on observing her physical examination.

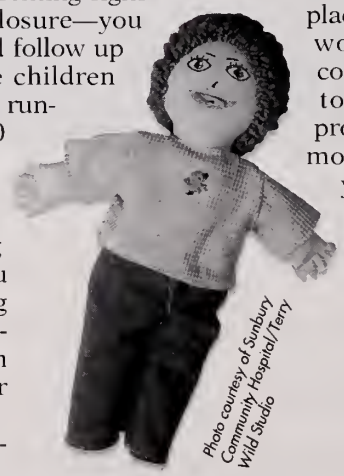

Photo courtesy of Sunbury Community Hospital/Terry Wild Studio

Dolls (like the one above) and figurines are used in therapy for victims of child abuse.

Question: *What do you want physicians who regularly treat children to know about child abuse?*

Dr. Bruno: There has been tremendous progress recently in evaluating children who have been sexually abused. In the last 10 years, the use of the colposcope, which magnifies and photographs anatomical tissue, has changed our ability to detect sexual abuse. The colposcope increases the yield of physical findings by approximately 15 percent. Even so, in most cases of prepubertal sexual abuse, there are no physical findings.

A case involving a three-and-a-half-year old girl illustrates the change in our ability to detect sexual abuse. Since her family had a history of spousal abuse, a caseworker was following the family. She noticed behavioral manifestations of sexual abuse in the child and brought her to the Center for Child Protection at Sunbury Community Hospital.

On physical examination, there was evidence of sexual abuse, involving the rectum as well as the vagina. The child subsequently disclosed. In most places in this country, that case would never have gone to court because most district attorneys would not pursue prosecution based on the testimony of a three-and-a-half-year old. But a year later, the child testified, and the father was convicted.

Question: *How prevalent is child abuse?*

Dr. Bruno: There are three million cases of child abuse per year in our country. It's estimated that if you are an 18-year-old female, your chances of already having been sexually abused are one in four. If you are

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's endeavor to address public health needs, called Keystones of Public Health.

an 18-year-old male, your chances of already having been sexually abused are one in six or one in 10.

Question: *Why is family violence a public health issue?*

Dr. Bruno: The National Commission on Child Abuse has declared that there is a national emergency as far as family violence is concerned in our society. Just look at the enormous cost, an estimated $10 billion drain on our domestic economy. We should treat family violence as a public health problem, focusing on prevention because it works. We attacked polio, the scourge of the 1950s, by putting money into prevention; I haven't seen a case of polio since I've been in practice. We need to start dealing with the problem in terms of prevention rather than punishment.

Question: *What can physicians do to prevent child abuse?*

Dr. Bruno: Physicians should examine the genitalia and the rectum of every child during regular checkups. And equally as important, ask the right questions. During checkups, ask about any problems the child might be having. Ask about behavioral manifestations routinely. Know where the child is developmentally. If the child has recurrent problems, such as vaginitis or urinary tract infections, have a degree of suspicion. These can be totally innocent findings—or symptoms of sexual abuse.

If you see bruises in unusual places or other unexpected injuries, ask the right questions to follow up. In two-thirds of physical abuse cases, the children are under age five and not very verbal, and the only explanation is from the caretakers. Ask yourself, "Does the type of injury match the parent's explanation?" If the injury doesn't fit the story or you have the slightest suspicion that a child is being physically or sexually abused, then you must report the case to Child Protective Services.

Question: *What can physicians do in their communities to prevent child abuse?*

Dr. Bruno: Physicians should participate in child protective multidisciplinary teams, parenting and conflict resolution classes, advocating more funding for child protective services and foster families, eliminating corporal punishment from school districts, and raising awareness that abuse exists at all levels of our society. All physicians deal with people who are abused.

Question: *How can physicians do a better job in preventing child abuse?*

Dr. Bruno: The Pennsylvania Bar Association/Pennsylvania Medical Society Child Abuse Task Force recommends continuing education for all professionals dealing with child abuse. Physicians should have follow-up education on family violence each year because practicing physicians see victims of family violence every day. An increase in funding at all levels of the system that deal with child abuse would be beneficial as would the establishment of universal neonatal visitation by trained volunteers.

Question: *Who are your allies on the identification, treatment, and prevention team?*

Dr. Bruno: My allies are the victim and the immediate family, Children and Youth Services, child psychologists, lawyers for the family and the children, district attorneys, judges, and law enforcement personnel.

Question: *When a physician reports a case of abuse to Child Protective Services, how is the physician/patient/family relationship affected?*

Dr. Bruno: You might lose that patient, but you have to save that child from an abusive situation. Explaining your concern to the parent and your legal need to report to protect the child makes most parents understand.

Question: *How can we do a better job in Pennsylvania of detecting, treating, and ultimately, preventing child abuse?*

Dr. Bruno: As mentioned before, the key is education and increased funding at all levels of the system that deal with child abuse. My ultimate dream would be the establishment of six Centers for Child Protection—like we have at Sunbury Community Hospital—scattered strategically throughout the state. Physicians would refer cases to Child Protective Services, which would then bring the child to a center for a comprehensive evaluation. The centers would be multidisciplinary: there would be psychologists and social workers on the staff, like state-funded system in California, so treatment can continue at that facility.

Resources

April is National Child Abuse Prevention Month. For information on preventing child abuse, contact the National Committee for Prevention of Child Abuse at (312) 663-3520. Also, the AMA recently published "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Diagnostic and Treatment Guidelines on Physical Abuse and Neglect" as part of its Physicians' Campaign Against Family Violence. To receive a free copy of either booklet or join the campaign, call (800) AMA-3211.

The Center for Child Protection

Sunbury Community Hospital established the Center for Child Protection in 1988 after hospital officials learned that Northumberland County led the state in cases of child abuse.

The center has a comprehensive approach to evaluating and treating children for physical and sexual abuse. Children are brought to the center by Child Protective Services, and a social worker does a forensic, psychosocial interview in a friendly room.

Children tell their stories by drawing pictures, by using anatomically correct dolls, or even by talking to Sesame Street characters. "We tell the children that they're being videotaped through a one-way mirror," says Pat Bruno, MD, medical director. "We don't lie to them about anything."

Dr. Bruno

Part of the facility is for physical evaluation of the child. "I do a regular examination from the head down to the toes," Dr. Bruno says. "That's to decrease the anxiety level; kids are used to people looking in their ears and their mouths." He uses the colposcope, which lights the genital area and takes pictures, magnified up to 30 times normal size, for use in court. It also records minute, physical changes in the vagina, hymen, and rectum that indicate abuse. Despite the increased chances of physical findings using the colposcope, Dr. Bruno emphasizes that the primary presenting signs and symptoms of sexual abuse have been behavioral in the 500 to 600 children examined at the center.

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Speakers Added to Leadership Conference

Thomas M. Reardon, JD, a specialist in health law, will replace Robert Berenson, MD, at the Society's 1993 Leadership Conference, "Time to Lead: A Clarion Call," April 27-28, at the Harrisburg Hilton and Towers.

Dr. Berenson withdrew from the conference after a White House ban on speaking engagements by the team developing the administration's health system reform proposal. Reardon—chairman of the board of the Massachusetts Eye and Ear Infirmary, a member of the Board of the Harvard Medical Center, a faculty member of the Harvard School of Public Health, a trustee of the American Trauma Society, and a columnist for *Hospital News*—will speak about health system reform.

Stephen P. Nash, Esq., a Pittsburgh attorney who specializes in health care law, and Alan L. Hillman, MD, MBA, FACP, faculty member of the School of Medicine and director, Center for Health Policy, Leonard Davis Institute of Health Economics, University of Pennsylvania, will join together to react to a presentation on managed care by Paul Ellwood, MD, nationally known for his role in reform during the past two decades.

George W. Belsey

Nash, whose firm provides independent legal counsel to organized hospital medical staffs in Pennsylvania, is the author of several books and articles on health care for the AMA and others. Dr. Hillman, an architect of President Clinton's proposal for health system reform, serves as an advisor to Senator Harris Wofford (D-PA).

George W. Belsey, executive vice president of professional affairs, American Hospital Association, will join Lee H. McCormick, MD, chairman of the AMA Hospital Medical Staff Section and a trustee of the State Society, in a presentation on the hospital-physician relationship.

For further information on the conference and how to register, call the Society's Department of Member Communications at (800) 228-7823.

CONTRIBUTIONS URGED TO CORRECT LEGAL ETHICS

The Washington Legal Foundation (WLF), a non-profit, public interest, DC-based law firm, has launched and is seeking contributions for its SCALES (Stop the Collapse of America's Legal Ethics) project. The project is an ongoing, multi-state, multi-faceted initiative designed to restore integrity to a system of justice gone awry.

State Society legal counsel first became aware of WLF's initiative during follow-up activities related to Resolution 89-60, *Advertising Encouraging the Filing of Malpractice Lawsuits.* The foundation had filed a petition with the Pennsylvania Bar Association's Task Force on Lawyer Advertising urging amendment of the Bar's Rules of Professional Conduct, and the Society supported the petition.

Individual physicians may wish to support WLF's general endeavors to decrease litigiousness and enhance free enterprise, or the SCALES project in particular, with a tax-deductible charitable contribution. WLF's 1991 annual report is available for review in the Society's Legal Department.

For a more recent annual report, for additional information, or to make a contribution, contact WLF directly at 1705 N Street NW, Washington, DC 20036; (202) 857-0240.

COUNTY NEWS

BEAVER COUNTY HOSTS LEGISLATIVE DINNER

The Beaver County Medical Society (BCMS) recently hosted its state and federal legislators at an informal reception and dinner. Sixty-five physicians and their spouses attended to meet Pennsylvania Senators Gerald LaValle and Barry Stout, Pennsylvania Representatives Nick Colafella and Victor Lescovitz, and Joe Brimmeier and Brian Hayden from the district office of Congressman Ron Klink.

Also in attendance were State Society President Donald G. Ferguson, MD, Tenth District Trustee John W. Lehman, MD, and representatives of the Society's Department of Legislative Affairs.

Dr. Ferguson

Dr. Lehman

The biannual event—a BCMS tradition for more than 30 years—provides physicians, auxilians, and local legislators the opportunity to meet on an informal basis.

MALESKI CONFIRMED INSURANCE COMMISSIONER

Cynthia M. Maleski was confirmed by unanimous vote of the Pennsylvania Senate on February 3 as the state's new insurance commissioner. She was nominated for the position by Governor Robert P. Casey in April 1992 and has served as acting commissioner since that time.

As commissioner, Maleski is a member of the governor's Economic Development Partnership, which has presented a managed care proposal for health system reform in Pennsylvania. This year she will also work directly with the White House, assisting the president's Health Care Reform Task Force in its study of nationwide reform.

Prior to her appointment, she spent 16 years working for Mercy Hospital of Pittsburgh, most recently as general counsel. During her tenure, she also served as director of legal affairs/insurance and assistant director of personnel, and was responsible for the hospital's insurance programs.

Originally from Natrona Heights, Maleski received her bachelor's degree from the University of Pittsburgh summa cum laude and her juris doctorate degree from the Duquesne School of Law. She is an active member of the Allegheny County Bar Association and a fellow of the Pennsylvania Bar Association.

DR. LOWN TO SPEAK AT PSR FUNDRAISER

Bernard Lown, MD, one of the world's leading cardiologists, will speak May 16, 1993, at a fundraiser, sponsored by Physicians for Society Responsibility (PSR), for the Peace Garden, Harrisburg Riverfront.

Dr. Lown, professor of cardiology emeritus at the Harvard School of Public Health and senior physician at Brigham and Women's Hospital in Boston, is co-founder and co-president of International Physicians for the Prevention of Nuclear War (IPPNW) and received the Nobel Peace Prize for his work with IPPNW.

Also attending will be Frederick Franck, DDS, Warwick, New York, who sculpted three works for the fundraiser. Dinner will begin at 6:00 p.m. at the Harrisburg Hotel in center-city Harrisburg. For admission information, call (717) 774-2315.

CALL TO THE 1993 ANNUAL MEETING HOUSE OF DELEGATES

The House of Delegates of the Pennsylvania Medical Society will convene its annual meeting at the Hershey Lodge and Convention Center, Hershey, Pennsylvania, on Friday, October 22, 1993. The second session will convene Saturday, October 23, 1993, and the third session Sunday, October 24, 1993. Details regarding the starting time of all three sessions will appear in the Official Call in the August 1993 issue of PENNSYLVANIA MEDICINE.

All proposed amendments to the Bylaws must be submitted to the office of the secretary of this Society on or before June 22, 1993. Such amendments may be proposed upon the written petition of 15 active or associate members of the Society, or by the Committee on Bylaws. Resolutions to be considered by the House may be submitted in writing to the secretary by a delegate acting in his or her own behalf or for the component medical society or specialty society he or she represents. If received prior to September 22, 1993, resolutions will be published in the *Official Reports Book.*

AUXILIARY NEWS

PMSA CONFLUENCE SCHEDULED THIS MONTH

The Pennsylvania Medical Society Auxiliary (PMSA) will hold its annual confluence, April 19-22, 1993, at Toftrees Hotel Resort and Conference Center, State College.

Dadie Perlov, president, Consensus Management Group, New York, New York, will open the meeting with, "Concepts and Realities of Organizational Life." Her presentation will address volunteerism; thinking styles; membership retention; and how to avoid organizational traps such as lack of motivation and accountability, conflict, overload, and burnout.

Also scheduled is Jane Boucher, a nationally known consultant specializing in organizational effectiveness, professional growth, and communications, who will present, "Potentializing for Success." Other presentations include: "An Attitude on Healing: One Surgeon's View," by Leo Frangipane Jr., MD, a Reading general surgeon, and "Burnout—Take a Second Look," by Charlotte Raffensperger, MD, a Norristown psychiatrist.

Senator Michael O'Pake (D-Berks/Montgomery) will discuss the Pennsylvania Senate. Ross Rubin, JD, AMA vice president of legislative activities, and Kevin Walker, AMA vice president of political affairs and AMPAC officer, will offer a legislative/PAC update. Society President Donald G. Ferguson, MD, and PMSA President-Elect Judy Miller will discuss Society and PMSA priorities. PMSA President Sue Pan will present an "Orientation."

Golf and tennis outings and a fundraising auction will also be held in conjunction with the confluence. For registration information, call PMSA at (800) 228-7823.

SPECIALTY SOCIETY NEWS

SPECIALTIES TO HOLD JUNE MEETINGS

Two of Pennsylvania's specialty societies will hold annual meetings in June in State College.

The Pennsylvania Psychiatric Society annual meeting will be at the Nittany Lion Inn, June 19-20, 1993.

The meeting offers 8 credit hours in Category I of the Physicians Recognition Award of the AMA and features the following guest speakers: Daniel Y. Patterson, MD, a founder of the managed behavioral health care field, who will present "Managed Care New Think—Planning for the Future"; and Chester W. Schmidt Jr., MD, an authority on the CPT codes as they relate to psychiatry, who will present, "Cracking the CPT Codes." For information and registration, call Kathy York at (800) 422-2900 or (717) 558-7750.

The Pennsylvania Academy of Otolaryngology-Head and Neck Surgery will hold its annual scientific meeting at Toftrees Hotel Resort and Conference Center, June 24-26, 1993. Robin T. Cotton, MD, director, Department of Pediatric Otolaryngology, Children's Hospital Medical Center, Cincinnati, Ohio, will lecture, and Mark May, MD, Pittsburgh, will lead a panel discussion on endoscopic surgery. A variety of short clinical articles and research papers will also be presented. All physicians are invited to attend. Registration is $75 for non-members, free for residents and military. CME credit is also available. For information, call Al Walter at (215) 775-3298.

ONCOLOGY AWARDS APPLICATIONS AVAILABLE

Applications are now available for two American Society of Clinical Oncology (ASCO) award programs.

The Young Investigator Awards provide grants to promising young investigators to stimulate and encourage quality research in basic and applied clinical oncology. Award recipients must be physicians (MDs or DOs) who are either in their final year of training in an oncology subspecialty postgraduate program, or who have completed fellowship training within the past year and are planning an investigative career in clinical oncology.

The Clinical Research Career Development Award provides the investigator who is a relatively new member of a clinical faculty with the support and time needed to establish an independent clinical cancer research program that will be competitive for national funding. For this award, "clinical research" is defined as "professional academic activity in which the physician or scientist is involved in direct patient care as a prime component of his or her research."

Cerenex Pharmaceuticals, a division of Glaxo, Inc., has dedicated a total of $100,000 to support both awards over the next three years. For additional information and application forms for the programs, call ASCO at (312) 644-0828.

PRO IS AWARDED NEW CONTRACT

The Society's subsidiary, Keystone Peer Review Organization, has been awarded another three-year contract with the Health Care Financing Administration. The new contract will run April 1993 to April 1996.

More information on the PRO's plans for the new contract development will be proviced in the next issue of this publicaton.

VOLUNTEERS SOUGHT FOR TREATMENT STUDY

Researchers at the Medical College of Pennsylvania (MCP), Philadelphia, are seeking volunteers to participate in a 14-week study testing the effectiveness of a new medication for the treatment of panic attacks.

Symptoms of this treatable anxiety disorder include spontaneous attacks of anxiety accompanied by physical symptoms, such as:

- palpitations,
- trembling,
- sweating,
- hot and cold flashes,
- shortness of breath,
- dizziness, or
- chest pain.

Eligible individuals, 18 years and older, can receive a free medical evaluation and free treatment for a limited time. For more information, call MCP at (215) 842-4139.

PUBLICATION OF AIDS GUIDELINES PREMATURE

The Society's Board of Trustees at its January 13 meeting authorized correspondence to Pennsylvania Secretary of Health Allan S. Noonan, MD, endorsing the state Department of Health's *Guidelines for Preventing the Transmission of Human Immunodeficiency Virus from Infected Health Care Workers to Patients.*

The endorsement came after several months of debate within the health care community about the proposed guidelines, and after the Department of Health (DOH) had addressed concerns communicated by the State Society. The new guidelines incorporated a number of changes recommended by the Society in a November letter to the governor's office. The Society sought to correct inconsistencies within the original document and strengthen several sections to protect the HIV-positive health care worker. The document was widely circulated by DOH throughout the state's health care community. Publication of the guidelines by PENNSYLVANIA MEDICINE was scheduled as soon as possible after board approval.

However, following publication on page 22 of the March 1993 issue of PENNSYLVANIA MEDICINE, the editors were informed that the Society was recently notified that the guidelines **are not yet finalized**. The publication and dissemination of this information is therefore premature. The article referred readers to DOH for copies of the finalized guidelines, which are not as yet available.

The editors of this publication apologize for any inconvenience the publication of these guidelines may have caused readers or state government. PENNSYLVANIA MEDICINE and *Executive Report* will continue to update readers about the status of the guidelines as information becomes available.

TIME • TO • LEAD

A Clarion Call

PENNSYLVANIA MEDICAL SOCIETY

Leadership Conference

April 27 & 28, 1993 • Harrisburg Hilton and Towers

Tuesday, April 27

1:00 p.m. - Opening and Welcome
Victor F. Greco, MD, chairman of the 1993 Leadership Conference

1:15 p.m. - Keynote Address
Jack Chow, MD, assistant director for international relations at the National Institute of Health's Fogarty International Center

1:45 p.m. - Leadership Priorities
A video presentation by The Institute for Physician Leadership

1:50 p.m. - Town Meeting
Society officers and leaders, and AMA President *John L.Clowe, MD; Bud Crouch,* moderator

3:15 p.m. - Break

3:30 p.m. - Plenary Speakers
Donald W. Dorr, attorney, former state legislator, author and prime sponsor of the bill creating the Pennsylvania Health Care Cost Containment Council

Thomas M. Reardon, JD, specialist in health law; chairman of the board of the Massachusetts Eye and Ear Infirmary

Paul Ellwood, MD, co-founder of the influential Jackson Hole Group, speaking on "Managed Competition"

Response Panel on "Managed Competition"
Alan L. Hillman, MD, director of the Center for Health Policy at the Leonard Davis Institute of Health Economics

Stephen P. Nash, Esq., managing partner of Nash & Company, Pittsburgh

5:15 p.m. - Break

5:30 p.m. - Breakout Sessions with Plenary Speakers

6:00 p.m. - Free Time/Visit Exhibits

6:30 p.m. - Wine and Cheese Reception

Wednesday, April 28

7:00 a.m. - KePRO - sponsored Breakfast/Visit Exhibits

8:10 a.m. - President's Address
Donald G. Ferguson, MD, president of the Pennsylvania Medical Society

8:30 a.m. - 12:00 noon - Workshops

The Hospital-Physician Relationship
Lee H. McCormick, MD, chairman of the American Medical Association Hospital Medical Staff Section

George W. Belsey, executive vice president of professional affairs of the American Hospital Association

Stress Management
Robert S. Eliot, MD, director of the Institute of Stress Management in Denver, Colorado

How to Increase Your Grassroots Lobbying Effectiveness
Robert L. Lamb of the Institute for Physician Leadership, facilitator

Public Speaking and Public Relations
Society Division of Communications and Public Affairs

Domestic Violence
Virginia Dietz, president of Intervention Insights in Philadelphia

Marketing Physician Image
Eric N. Berkowitz, PhD, of the University of Massachusetts at Amherst

HMSS Assembly — April 27, 9:00 a.m. - 12:00 noon
Come to the Hospital Medical Staff Section Assembly, and stay for Leadership!
For HMSS information, contact Debora Faesel at the Pennsylvania Medical Society, (800) 228-7823.

CLARIFYING GA BENEFIT CHANGES

The Department of Public Welfare (DPW) On January 1, 1993, implemented a new benefit package for most adult General Assistance (GA) recipients of the Medical Assistance (MA) population. The new package not only represents a reduction in benefits to certain GA recipients, but also requires physicians to take additional administrative steps when billing for services rendered to these patients.

This article attempts to clarify the most relevant physician changes associated with the GA Basic Health Care Package, but not all changes (i.e., dental limitation) are addressed. For a detailed explanation of the entire package, refer to the three December 23, 1992, *Medical Assistance Bulletins* sent to all participating providers.

Identifying the affected GA patient

Only a portion of the GA population is affected by the new basic health package. Included are all adults, 21 years and older, except pregnant women, migrants, and refugees who have been in the United States eight months or less, and those persons who have been referred to the Disability Advocacy Program or applied for Supplemental Security Income. Physicians can identify these recipients by examining the *category and program* status code printed on the MA eligibility card; these fields are found in the upper right-hand corner of the card.

The following combination of category *and* program status codes indicate that a recipient age 21 or older is subject to the GA Basic Health Care Package:

Category	Code(s)
D	00
K	00
PD	00, 21, 22
PK	00, 21, 22, 23
TC	00
TK	00

If a patient does not have one of the above status combinations, he or she is not subject to the reductions, and billing should proceed as normal.

It is also important to remember that the GA patient must have a *valid* eligibility card. This can be determined by examining the *valid through* date on the card. If the eligibility card is expired, the patient is no longer considered a GA recipient and should be treated as a private-pay patient.

Limitations on medical services

What follows are the benefit changes for those GA recipients subject to the limits. These limits are those which are most relevant to outpatient, office-based physician services.

- *Practitioner and clinic visits* have been limited to 18 per year. A practitioner includes physicians, podiatrists, chiropractors, optometrists, and certified registered nurse practitioners. Clinics include general hospital clinics, independent clinics, rehabilitation hospital clinics, federally qualified health centers, and family planning clinics.
- *Prescription drugs* ordered by a physician cannot exceed a maximum of three prescriptions (including refills) per calendar month. DPW has mandated which drugs are covered, as well as which are not. See the December 23, 1992, *Medical Assistance Bulletins* for a complete list of covered and non-covered pharmaceuticals. Please note: as a result of a lawsuit, DPW has agreed to include payment for four previously excluded categories of drugs: immunosuppressive agents, gastrointestinal drugs, hormones, and steroids.
- The amount of *copayment* an affected GA recipient is expected to pay a physician has also changed. Copayments for outpatient services range from $1 for MA fees of $2-$10, to $6 for MA fees of $50.01 and more. This includes all outpatient services except prescriptions; psychotherapy; and the total or technical component of diagnostic radiology, nuclear medicine, radiation therapy, and diagnostic medical services. The maximum copayment which can be collected in a six-month period is $180.
- DPW plans to implement an electronic eligibility verification system. Until the new system is in place, a paper *voucher system* will be used to track a recipient's use of practitioner/clinic visits and prescriptions. In January, each recipient received a booklet of paper vouchers. When the patient presents his or her MA eligibility card and a voucher, the physician should first ensure that the eligibility card is valid for the date of service and that the recipient information on the eligibility card matches the recipient information printed on the voucher. If the recipient is eligible for the service, the voucher should be signed by the patient and *retained in the patient's medical record. The voucher should not be submitted with the claim.* If the physician receives a denial due to the recipient exceeding the limit, the voucher is proof that the physician provided a service which was eligible for reimbursement.

Physicians billing for a *procedure* (i.e., diagnostic or surgical procedures) performed in the office rather than a *practitioner/clinic visit* should not collect a voucher from the recipient. The limit of 18 visits applies only to *office/clinic visits*. Further, if the visit will not be covered by MA, the physician must inform the patient before the service is rendered that MA will not pay for it.

If the recipient reports he or she does not have a voucher because he or she has reached the established, limits determine if the recipient is eligible for an exception (see below). If the patient has reached the limit and is not eligible for an exception, the physician should inform the patient prior to the service being rendered that he or she will be responsible for the payment.

If a recipient states that a voucher was forgotten, stolen, or never received, the patient should be instructed to contact a caseworker at the County Assistance Office (CAO). This office has the authority to issue replacement vouchers, which require at least two days to be generated and mailed. The CAO can also issue emergency vouchers in cases where a new recipient has not received his or her vouchers and needs to seek medical care. Emergency vouchers should be treated in the same way as routine vouchers.

Exception process

Exceptions will be granted for patients with serious chronic systemic illnesses or other serious health conditions which, by themselves or in combination with other illnesses, conditions, or major trauma, may lead to hospitalization, nursing home admission, complications associated with the illness, a condition which could result in serious deterioration of the health of the individual, or death. The December 23, 1992, *Medical*

Assistance Bulletin list the criteria for exceptions to the limits.

In cases when a patient indicates he or she does not have a practitioner/clinic voucher because they have all been used, determine if the patient is eligible for the exception by writing or calling DPW's Exceptions Unit at: P.O. Box 8044, Harrisburg, PA 17105; (800) 637-7840. For urgent conditions a response to the exception request will be made within 48 hours. Non-urgent responses will be made no longer than 21 days after the request. If the provider is not notified of a decision on an exception, the request is considered approved. If an exception is required during non-business hours, weekends, or holidays, the provider can seek approval on the next regularly scheduled business day.

When an exception is approved, DPW will provide the physician with an authorization number to be placed in Field 43 of the Physician's Invoice (MA319 claim form). Additionally, the physician will receive a procedure code to place in Field I of the invoice. Please note that each service requiring an authorization number must be placed on a separate invoice. When an exception request is denied, the written notification of denial will be sent to the provider and the recipient. At this point, the physician can bill the patient for the service. Only the recipient has the right to appeal the decision.

Similarly, when a physician is prescribing medication, it is important to ask whether the recipient has a prescription voucher. If the recipient has exceeded the limit on prescription vouchers, the physician will need to contact the Exceptions Unit to have the prescription approved. Again, urgent requests will be addressed within 48 hours, and non-emergency requests will be addressed within 21 days.

Once the exception is approved, an authorization number should be placed on the prescription for use by the pharmacist in obtaining payment. This scenario does not include cases where the patient needs a prescription immediately. The State Society recommends that in these instances the physician indicate to the pharmacy that a request for an exception has been made to DPW and that an authorization number will be communicated as soon as it is received.

The Society is awaiting response from DPW on a number of issues surrounding the implementation of the GA Basic Health Care Package and will make this information available as soon as possible.

For answers to questions regarding the GA cutbacks, or copies of the *Medical Assistance Bulletin* referenced in this article, call the Society's Department of Medical Economics at (800) 228-7823.

Sandra K. Patterson, Society medical economics analyst, contributed to this page.

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New Methodology Challenges PRO

Donald E. Harrop, MD

The challenges resulting from changes this year in the peer review process now require added cooperation between hospital medical staffs and administrators.

"As of the first of this month, when we began operating under the Fourth PRO Scope of Work, we have faced the challenge of implementing what amounts to a whole new type of PRO review system."

We at the Keystone Peer Review Organization (KePRO) in the past few months have prepared for the most dramatic changes to the PRO program since its inception in 1984. As of the first of this month, when we began operating under the Fourth PRO Scope of Work, we have faced the challenge of implementing what amounts to a whole new type of PRO review system. Some remnants of the traditional review conducted since 1985 remain, but such review volumes will be about 30 percent of those in prior years.

The new methodology, which was briefly described in this column in February, steers the program away from high volumes of individual case review and instead focuses on pattern analysis of the enormous Medicare database. The educational aspects involved with conveying the resulting information to physicians and hospitals will be one of KePRO's major challenges during the term of our next three-year PRO contract. However, there will be equally, if not more difficult challenges faced by hospital medical staffs and hospital administrations.

To begin, the vast majority of data used by the PRO for analysis and identification of patterns will come from claims rather than medical records. This means that it will behoove hospital administration to take appropriate measures to assure the accuracy of the information contained on Medicare claims before submission for payment.

Historically, the accuracy of claims data was not an important issue to hospitals since claims have been looked upon merely as the vehicle by which payment is made for services. For example, we know of a situation where a hospital billing clerk coded each patient's claim as "expired" when the disposition of the patient was unknown. You can imagine what that did for the hospital's mortality rates. Making sure claims data are correct before submission will help to prevent unnecessary KePRO contacts based on patterns that may not really exist at all, but are the result of misreported information.

Mainly, there is a need for much greater cooperation between hospital medical staffs and administrators than may have existed in many hospitals. Because of the educational aspects of the new direction, physicians' quality problems will be identified to the hospitals, which are expected to work with the physicians to respond to the PRO and to take the necessary steps to correct the problems.

A concerted effort of mutual cooperation will reflect a positive atmosphere for both physicians and hospitals when quality problems are identified and an adequate response prepared.

Dr. Harrop is president of the Keystone Peer Review Organization.

QUARTERLY REPORTS FROM KEPRO OVERSEERS

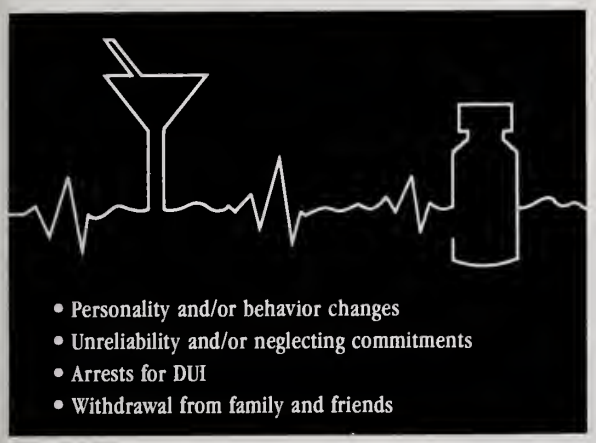
The House of Delegates, through Resolution 86-44 (Amended), has mandated the Society to provide regular reports on KePRO findings. The following report from the Ad Hoc Committee on KePRO Oversight covers the period October 1 through December 31, 1992. It shows the number of Medicare discharges, cases reviewed by KePRO physician reviewers, pending denials issued, final denials issued, and DRG changes made by KePRO.

KePRO Data for All Pennsylvania Hospitals 10/01/92 - 12/31/92

Medicare Discharges	*105,364
Cases Reviewed	28,262
Admission Denials	733
Administrative Denials	136
Total Denials	869
DRG Changes	964
PPS Hospitals Under IR	0
Generic Screen Failures	21,931
Pending Quality Problems	4,794
Confirmed Quality Problems	336

**Reflects total discharges received by KePRO for the reporting quarter.*

Look For Vital Signs



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Faculty

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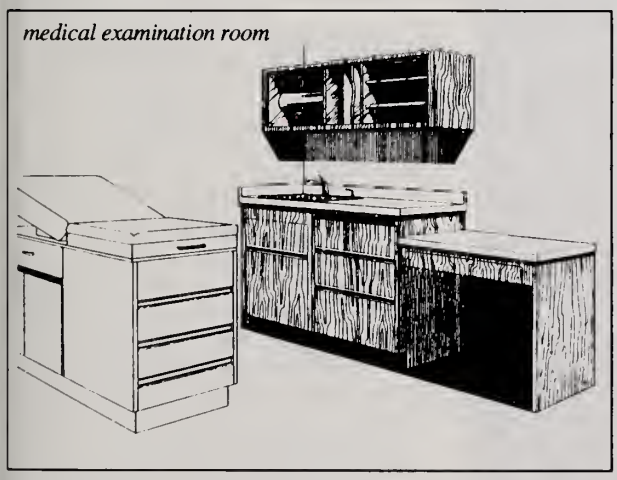
- Cecile Carson, MD, *University of Rochester School of Medicine*
- David B. Nash, MD, MBA, *Jefferson Medical College*

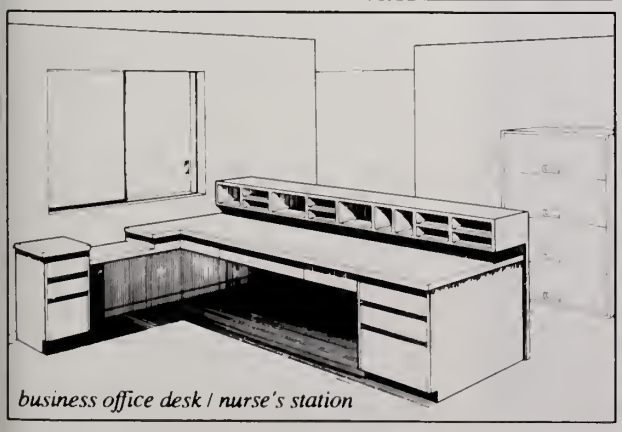
Co-Sponsored by:

The Resident Physician Section of The Pennsylvania Medical Society • The Institute for Physician Lead- ership •Jefferson Medical College

For More Information or To Register -

Since the program is underwritten by grants, all registered house staff will attend on scholarship. To reserve your place, please call Bob Lamb at The Institute for Physician Leadership, 1-800-228-7823, by April 30.


medical examination room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OBITUARIES

Caesar O. Aldisert, MD, *Pittsburgh*
University of Pittsburgh School of Medicine, 1943; age 74, died January 19, 1993. Dr. Aldisert was an obstetrician/gynecologist.•

Thomas E. Bowman Jr., MD, *Vero Beach, FL*
Jefferson Medical College, 1942; age 76, died January 17, 1993. Dr. Bowman was a general surgeon.•

Theodore Feinstein, MD, *Philadelphia*
Jefferson Medical College, 1975; age 43, died February 10, 1993. Dr. Feinstein was an obstetrician/gynecologist.•

Nicholas Iducovich, MD, *New Kensington*
University of Rome, Italy, 1959; age 66, died January 5, 1993.•

Patrick J. Kennedy, MD, *Wynnewood*
Jefferson Medical College, 1930; age 89, died January 3, 1993. Dr. Kennedy was an ophthalmologist.•

Robert R. Kooser, MD, *Pittsburgh*
Temple University School of Medicine, 1938; age 81, died February 6, 1993. Dr. Kooser was an emergency medicine physician.•

Donald J. McDonald, MD, *Cheltenham*
Jefferson Medical College, 1948; age 68, died January 25, 1993. Dr. McDonald was a family practitioner.•

Thomas E. Park, MD, *Brownsville*
University of Pennsylvania Medical School, 1942; age 76, died January 2, 1993. Dr. Park was a general practitioner.•

Leonard J. Perloff, MD, *Lansdowne*
University of Pennsylvania School of Medicine, 1965; age 52, died February 14, 1993. Dr. Perloff was a vascular surgeon.•

Robert S. Sanford, MD, *Arnot*
Temple University School of Medicine, 1945; age 72, died January 11, 1993. Dr. Sanford was a general practitioner.•

Sol Sherry, MD, *Voorhees, NJ*
New York University College of Medicine, 1939; age 76, died January 28, 1993. Dr. Sherry was an internist and emeritus distinguished professor of medicine at Temple University, Philadelphia.•

Haroun A. Shamai, MD, *Allentown*
Hahnemann Medical School, 1947; age 72, died January 24, 1993. Dr. Shamai was a psychiatrist.•

Kerman Snyder, MD, *Media*
Temple University School of Medicine, 1929; age 86, died February 10, 1993. Dr. Snyder was an internist.•

Robert S. Stricker, MD, *Wilkes-Barre*
Temple University School of Medicine, 1938; age 82, died January 23, 1993. Dr. Stricker was an obstetrician/general practitioner.•

Louis Vitale, MD, *Clarks Summit*
University of Bologna, Italy, 1938; age 80, died January 10, 1993. Dr. Vitale was a child psychiatrist.•

Rudolfo S. Alcantara, MD, *Pittsburgh*
University of Santo Thomas, Philippines, 1960; age 57, died January 25, 1993.

Francis W. Batipps, MD, *Media*
Howard University, Washington, DC, 1955; died February 3, 1993. Dr. Batipps specialized in occupational medicine.

James S. Deakins, MD, *Philadelphia*
Temple University School of Medicine, 1947; age 70, died February 15, 1993. Dr. Deakins was an orthopedic surgeon.

Vernon E. Dean, MD, *Cochranton*
St. Thomas Hospital, London, England, 1952; age 76, died January 18, 1993. Dr. Dean was a general practitioner.

Carl Kodroff, DO, *Philadelphia*
Pennsylvania College of Osteopathic Medicine; age 62, died December 9, 1992.

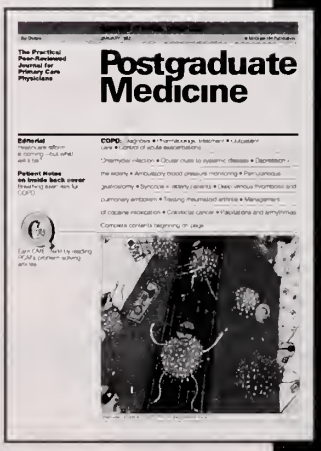
Donald H. Schumaker, MD, *Leechburg*
Western Reserve University, Ohio, 1941; age 78, died January 7, 1993. Dr. Schumaker was a surgeon.

Frederic N. Schwentker, MD, *Pittsburgh*
Johns Hopkins University Medical School, 1960; age 58, died January 26, 1993. Dr. Schwentker was a urologist.

Lee Winston, MD, *Philadelphia*
Woman's Medical College, 1933; age 84, died December 6, 1992. Dr. Winston was a pediatrician.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

US THEM



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at Presbyterian Medical Center

Cardiology Update

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Wednesday, May 5, 1993

Ischemic Heart Disease

Moderator: William J. Untereker, M.D.

3:00-3:30	Angioplasty or coronary bypass surgery for multi-vessel disease: Patient selection	*William J. Untereker, M.D.*
3:30-4:00	Coronary artery bypass surgery in the elderly	*Jack M. Matloff, M.D.*
4:00-5:00	Case Presentations	*Bradford J. Lin, M.D.*
	Panel Discussion	*Philip A. Bhark, M.D.*

J. David Ogilby, M.D. *Alexander A. Stratienko, M.D.* *Gary J. Vigilante, M.D.*

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The Philadelphia Heart Institute at Presbyterian Medical Center is an affiliate of the University of Pennsylvania.

**Presbyterian Medical Center designates this continued medical education activity for 2 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association and the Pennsylvania Medical Society Membership requirement. Nine sessions. 18 credits.*

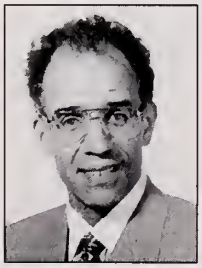
NEWSMAKERS

Dr. Montgomery

Owen Montgomery, MD, instructor in obstetrics and gynecology, Thomas Jefferson University, Philadelphia, was elected vice chairman, Pennsylvania Section of American College of Obstetricians and Gynecologists.

Jeffrey T. Kirchner, DO, Lancaster, has been named to the editorial board of *Family Practice Recertification*, a national monthly journal published for primary care physicians. Dr. Kirchner also serves on the primary care editorial board of *Postgraduate Medicine*.

Nicholas A. DiNubile, MD, orthopedic surgeon, Bryn Mawr Hospital and the Graduate Hospital Human Performance and Sports Medicine Center, Wayne, received a plaque from the President's Council on Physical Fitness and Sports recognizing his extensive contribution to the council.


Dr. Kusiak

Joseph F. Kusiak, MD, chief of plastic and reconstructive surgery, Fox Chase Cancer Center, Philadelphia, participated in Operation Smile, an American teaching team that recently traveled to Bucharest, Romania, to share medical expertise. Dr. Kusiak, focusing on surgery for badly burned children and for those with cleft lip or palate, performed 25 surgical procedures in five days.

Oil City orthopedic surgeon, **Ali A. Maknoon, MD,** was honored by the Venango County Shrine Club and the Erie Shriners Hospital for Crippled Children "for his 17 years of dedicated service to handicapped children."

Stephen D. Silberstein, MD, FACP, chief of neurology and co-director of the Comprehensive Headache Center, Germantown Hospital and Medical Center, Philadelphia, co-authored *Handbook of Headache Management: A Practical Guide to Diagnosis and Treatment of Head, Neck, and Facial Pain.*

Michael H. Levy, MD, PhD, medical oncologist, Fox Chase Cancer Center, Philadelphia, and assistant professor of medicine, Temple University, received the 1992 Person of the Year Award from the National Hospice Organization for his support of the hospice cause, "giving above and beyond what is required."

John R. Hogness, MD, nationally recognized medical educator and president emeritus, University of Washington, Seattle, has been appointed to the newly created position of provost, Hahnemann University, Philadelphia.

Eric Michelson, MD, professor of medicine and co-director of the Likoff Cardiovascular Institute of Hahnemann University, Philadelphia, co-authored a report published in the December 2, 1992, issue of *JAMA* suggesting that "thousands of additional lives could be saved through expanded and earlier use of 'clot-bursting' thrombolytic drugs" for heart-attack victims.

Roy Thomas Lefkoe, MD, Wynnewood, has been elected president of the Philadelphia Orthopedic Society.

John Stephen Naulty, MD, Rosemont, has been named chairman, Department of Anesthesiology, Pennsylvania Hospital, Philadelphia.

John Martyniuk, MD, PhD, chief resident, Department of Psychiatry, Temple University Hospital, Philadelphia, was honored with the George Ginsberg Charter Fellowship by the American Association of Directors of Psychiatric Residency Training for his "exceptional" teaching skills and professionalism.

John E. Fryer, MD, professor of psychiatry, Temple University Health Sciences Center, Philadelphia, was named to a three-year term on the Pennsylvania Mental Health Services Planning Council.

Joel J. Roslyn, MD, East Falls, has been named chairman and Morani professor of surgery, Medical College of Pennsylvania, Philadelphia.

Sergio A. Jimenez, MD, Philadelphia, has been named the Dorrance H. Hamilton professor of medicine and director, Division of Rheumatology, Department of Medicine, Thomas Jefferson University.

Mark C. Ziskin, MD, professor of radiology/medical physics and director, Center of Biomedical Physics, Temple University School of Medicine, received the William J. Fry Memorial Award from the American Institute of Ultrasound in Medicine for his contribution to the development and progress of diagnostic ultrasound.

A. Richard Kendall, MD, professor and former chairman of the Department of Urology, Temple University Hospital and School of Medicine, Philadelphia, was honored with a portrait for his 30 years of academic and clinical excellence. Pictured (left to right) are: Leon Malmud, MD, vice president, Temple Health Sciences Center; Dr. Kendall; Charles Schmidt, artist; Peter J. Liacouras, president, Temple; and Allen R. Myers, MD, dean, Temple School of Medicine.

The Philadelphia Board Review Course in Cardiovascular Diseases

Presented by

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Presbyterian Medical Center

and

THE GRADUATE HOSPITAL

Co-sponsored by the Council
on Clinical Cardiology of the

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September 27 - October 1, 1993

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This program is designed to provide the physician with an intensive survey of of our current understanding of the clinical manifestations, pathophysiology and treatment of cardiovascular disease. The course will also prepare the physician for the Board Examination in Cardiovascular Disease.

For registration information contact:
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Presbyterian Medical Center designates this Continuing Medical Education activity for 39 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association and The Pennsylvania Medical Society membership requirement.

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Revenue Optimization

What is Revenue Optimization?
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- Your fees are converted to a relative value basis using the Systemetrics-McGraw/Hill relative value system.

CODING/REIMBURSEMENT ANALYSIS
- We analyze and evaluate your procedure code usage (and non-usage), including levels of service for the office, hospital, consultation and ER/Outpatient service as well as your use of modifiers.
- We review your insurance claim forms and your EOBs to find ways to maximize your reimbursements, minimize reductions and denials, and minimize the chance of audit.

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Relief Offered in Underserved Areas

The Health Care Group

In today's competitive health care environment, most physicians are working harder to maintain their practice's revenues and hedge against lagging reimbursements. Yet for physicians practicing in areas designated as health professional shortage areas (HPSAs), some relief may be available. Medicare and Medicaid currently provide a number of financial incentives for eligible physicians that are well worth exploring. Depending on the circumstances, incentives can range from "bonus payments" to "reasonable cost" reimbursements.

Incentive payments

Physicians who provide a service in an HPSA (see "Metropolitan HPSAs," below left) are entitled to a 10 percent "bonus" payment over and above the normal resource based relative value scale (RBRVS) reimbursement for Medicare patients. Payments, calculated at 10 percent of the fee Medicare pays, are made quarterly on both assigned and non-assigned claims.

To claim the incentive, physicians must attach the modifier "QB" (rural area) or "QU" (urban area) to the procedure code when submitting the HCFA 1500 claim form, and list the address where the service was rendered in block 32. Payments will be automatically forthcoming. While it is not clear how far back Medicare carriers will go, retroactive payments may be claimed by specific request to the carrier.

As another "benefit" to practicing in an underserved area, physicians new to Medicare practice are exempt from Medicare Part B cutbacks in their initial four years.

Cost-based reimbursement

The Rural Health Clinic (RHC) program applies to practices located in non-metropolitan HPSAs (see "Non-Metropolitan HPSAs," at left). Even practices not located in designated areas may qualify for RHC status if they draw significant numbers of patients from the shortage area. It is suggested that a practice must service a patient population of at least 30 percent Medicare and/or Medicaid beneficiaries to make the program worthwhile.

RHC certification reimburses at "reasonable cost" rather than under the RBRVS and Medicaid fee schedules. This can mean allowable payment levels of up to $51.77 per visit—Medicaid pays 100 percent; Medicare will pay 80 percent ($41.42), and patients are responsible for a 20 percent co-pay based upon normal charges. Given an average Medicare/Medicaid visit reimbursement of perhaps $22, RHC payment levels can be substantially higher.

Reasonable costs

Typically, reasonable costs are any of the normal costs incurred in operating the practice—staff salaries and benefits; supplies; rent; depreciation;

Health Professional Shortage Areas (HPSAs) in Pennsylvania

Metropolitan HPSAs

The following ore metropolitan HPSAs in Pennsylvonio bosed upon Medicore's Division of Shortage Designotion listing:

Adams County: North Adoms

Allegheny County: Arlington Heights/St. Cloir, Homewood-Brushton, Manchester, McKees Rocks-Stowe

Beaver County: Eost Liverpool

Cambria County: Ebensburg, South Central Cleorfield

Cameron County: Austin-Emporium

Centre County: Snow Shoe

Columbia County: Shomokin

Dauphin County: Millersburg

Delaware County: City of Chester

Erie County: South Erie

Fayette County: Connellsville, Greensboro, Morkleysburg, Republic

Luzerne County: Exeter

Philadelphia County: Lower North Philodelphio, South Philadelphia, Upper North Philodelphio, West Philodelphia

Somerset County: Confluence, Hyndmon

Westmoreland County: Connellsville, Kiski Valley

Wyoming County: Exeter

York County: York

Since this information may not be definitive enough to formally determine HPSA status, physicians are urged to check directly with the division at (301) 443-6932 for a comprehensive listing.

Non-Metropolitan HPSAs

The following ore non-metropoliton HPSAs in Pennsylvania based upon Medicare's Division of Shortoge Designation listing:

Armstrong County: Doyton Rurol Volley, Kiski Volley, Northeast Butler, Punxsutowney

Bedford County: Broad Top, Hyndmon

Butler County: Northeost Butler

Clearfield County: Mohoftey, South Centrol Clearfield, Snow Shoe

Crawford County: Conneautville

Franklin County: Valleys Community

Fulton County: Honcock

Greene County: Cloy/Bottelle, Greensboro

Huntingdon County: Big Volley, Broad Top, Cromwell

Indiana County: Mohoffey, Punxsutowney

Jefferson County: Punxsutowney

Juniata County: Mt. Pleosont Mills-Middleburg

McKean County: Central McKeon, Shinglehouse

Mifflin County: Big Volley

Northumberland County: Herndon, Millersburg, Shomokin

Potter County: Shinglehouse, Westfield

Schuylkill County: Herndon

Snyder County: Mt. Pleosont Mills-Middleburg

Sullivan County: Lo Porte

Susquehanna County: Montrose

Tioga County: Blossburg, Elkland, Monsfield, Westfield

Wayne County: Northern Woyne

costs incurred in becoming and maintaining RHC status; and OSHA, CLIA, and ADA compliance costs. In addition, reasonable costs include compensation and benefits for all providers.

As the first step in the reimbursement process, the physician must define the practice's Rural Health Services. Undoubtedly, these will include patient visits and required basic laboratory tests. Judgments must also be made about including procedures and diagnostic or laboratory tests. Next, specific practice facilities and resources are dedicated to Rural Health or "private business" services, and the costs associated with the Rural Health practice components are separately accounted on an accrual basis and form the basis of the practice's cost reporting.

As part of the certification process, the practice and HCFA agree on estimated costs and anticipated Medicare/Medicaid visits. HCFA then pays the practice in response to billings based on these estimates. At the end of the year, the practice submits an actual cost report. Those costs are multiplied by the number of Medicare/Medicaid charges as a percentage of total RHC services rendered. This calculation determines the actual amount due to the practice, and any underpayment or overpayment is reconciled.

Non-Medicare/Medicaid RHC encounters are counted as RHC visits, but are billed under current routines to the patient or their third party. Any non-RHC services provided to Medicare or Medicaid patients are billed according to the usual reimbursement. During the year, Medicare RHC visits are reported using Form 1450, *not Form 1500.* Finally, RHC services to Medicare/Medicaid patients are not CPT coded; instead, an alternative special six-code RHC visit designation system is used. For physicians to effectively integrate this process into existing routines, new computer software, revised internal forms, and a new accounting system will undoubtedly be needed.

Obtaining RHC status

While obtaining and maintaining RHC status can be an involved process, with proper guidance, a practice can be certified in three to six months. To become an RHC, the practice must agree to provide 4,200 RHC services per full-time physician and must have a mid-level provider available for one-half of the patient hours.

The certification process entails the Department of Health's review of a variety of practice attributes, required routines, and documentation, including:

- accessibility by handicapped patients;
- patient safety precautions;
- staffing levels, including job descriptions;
- documented organizational chart, clinical policies, and procedures manuals;
- arrangements with reference labs and hospitals;
- storage, handling, and administration of drugs and biologicals;
- medical records systems; and
- practice protocols for mid-level providers.

The department inspects the practice each year to assure continuing compliance with RHC requirements. Additionally, the practice must conduct an annual internal review and evaluation of utilization and compliance with practice routines.

Although the certification process requires considerable effort to qualify for the RHC program—from adopting accrual-based accounting systems to provisions for providing emergency services—the long-term rewards can be quite significant.

The contributing authors, Geoffrey T. Anders, JD, CPA, CPBC, and Robert J. Ranney, MPA, are attorneys and consultants with The Health Care Group, Plymouth Meeting.

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A DESCRIPTIVE STUDY OF MESOTHELIOMA CASES IN PENNSYLVANIA: 1985-1990

Robert A. Houseknecht, MPH, PhD
Krishnan Ramaswamy, MSc, MS, MAdmin

OBJECTIVE: Pleural mesothelioma is a slowly developing asbestos-associated malignancy that is primarily related to occupational exposures and is almost always fatal. A descriptive study was conducted to determine the feasibility and limits for more comprehensive analytical epidemiological studies of pleural mesothelioma in Pennsylvania.

METHODS: Using information reported to the Pennsylvania Cancer Registry from 1985 through 1990, rates of pleural mesothelioma were calculated for pertinent combinations of age, sex, and county. For a variety of reasons, rates for counties with four or less cases were not computed.

RESULTS: Of the 608 cases of reported pleural mesothelioma, 508 (83 percent) were in males and 487 of the total group (80 percent) were in males 50 years of age or older. The study shows a geographical clustering of cases, largely due to use of asbestos in selected process applications, as well as in centers of heavy industry. For example, 41 percent of the reported cases resided in the greater Philadelphia area, with a large cluster that included Philadelphia, Delaware, and Montgomery counties. Thirty-five percent of the cases resided in the counties surrounding the urban areas of Pittsburgh, Wilkes-Barre/Scranton, Reading, and Lancaster. The reported rates exceed the U.S. and Surveillance, Epidemiology, and End Results (SEER) rates of approximately 0.4 per 100,000 population.

CONCLUSION: To better define the asbestos exposures etiologically associated with cases of pleural mesothelioma in Pennsylvania residents, follow-back, or case-control studies would be required.

For additional information or a copy of the complete study, contact Krishnan Ramaswamy, MSc, MS, MAdmin, at the Pennsylvania Department of Health, Division of Epidemiology Research, Office of Policy Coordination and Planning, (717) 787-1356.

THE IMPACT OF EARLY IMAGING STUDIES IN PANCREATITIS: A PILOT STUDY

David S. Kountz, MD

OBJECTIVE: Despite major advances in the management of acute pancreatitis (AP) over the last 20 years, it remains a serious and common illness that is difficult to manage with many strategies employed. This study was conducted to: 1) determine the prevalence of imaging studies in patients with mild pancreatitis; 2) determine if the history was reliable in excluding gallstone pancreatitis; and 3) determine if an early imaging study (performed within 48 hours of admission) improved outcome in patients with mild alcoholic/idiopathic pancreatitis.

METHODS: The question of the benefits of early imaging in AP was evaluated in 30 patients admitted to Hahnemann University Hospital with episodes of mild pancreatitis and no history of gallstones. The patients were divided into an imaged group (66 percent) and a non-imaged group (34 percent), and were analyzed with respect to biochemical variables, clinical characteristics, and outcome.

RESULTS: There were no differences in either group with the exception of an elevated white blood count in the imaged group. The imaged group was hospitalized an average of three more days than the non-imaged group and was responsible for $10,000 in potentially unnecessary hospital charges.

CONCLUSION: Imaging studies in patients presumed to have mild non-gallstone pancreatitis do not appear to improve the clinical management or outcome compared to non-imaged patients, yet these studies add significantly to hospital charges.

For additional information or a copy of the complete study, contact David S. Kountz, MD, at the Hahnemann University Department of Medicine, (215) 762-7584.

MODERN PROBLEM-ORIENTED MEDICAL RECORDS: TWO DECADES OF TRIALS AND CONTROVERSIES

Dewey A. Nelson, MD, FACP

OBJECTIVE/METHODS: Lawrence L. Weed, MD, originated the problem-oriented medical record (POMR) in 1964, after testing it in several clinics. Early proponents stated that POMR was a superb heuristic device and predicted it would improve diagnosis, therapy, and medical audit.

However, over the last 10 years, many physicians have criticized the very core of the system (problem listing), shown by a number of publications in the complete review. These include two prospective studies of patient care that cast doubts of POMR's efficacy in diagnosis and therapy. Other sources are interviews with Dr. Weed, business and medical administrators, computer consultants, and some physicians and trainees adverse to the Weed system. However, the extent of this resistance to POMR can only be proven by a proposed national study of physician acceptance in private and teaching hospitals.

Compared with objections to problem listing, Subjective-Objective-Assessment Plan (SOAP) notes, originally only a subsection of POMR, have been quietly adopted by many fields of medicine, and the principles of SOAP notes have interestingly appeared in business schools and industry. To explain this, a search of the history of rhetoric disclosed many common ideas of logic and Western thought contained in SOAP notes. A universal acceptance of these may have led many physicians to believe that the entirety of POMR is alive and well, not realizing that the core of Weed's system—problem listing—is under attack compared with the general use of SOAP precepts.

Many experts in medical records have predicted that computer-assisted medical records systems will be the next evolutionary step to satisfy the need for a change. This review describes three such systems, one of which was tried in a medical center where it met with physician resistance.

For additional information or a copy of the complete review, contact Dewey A. Nelson, MD, FACP, at H-48, Omega Professional Center, Newark, DE, (302) 368-7471.

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1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
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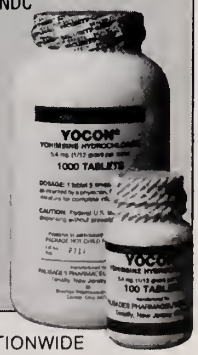

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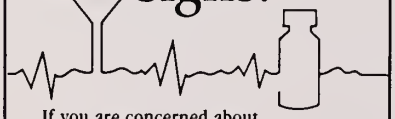

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Crossed Eyes

Gregory B. Patrick, MD

My economics professor in college talked about macroeconomics and microeconomics. "Macro" looks at the big picture—total employment, total output, and so on. "Micro" looks at the small picture—the way specific resources are used or income is distributed in response to particular government policies. I recall him telling the class that economists have yet to find a way to reconcile the two theories in a manner that would allow any practical application: "You can focus on the macro or you can focus on the micro, but if you try to focus on both, you'll only get your eyes crossed."

I thought about my professor and his comments after reading yet another health care report railing against the high cost of terminal care. A large part of the health care dollar is consumed by patients within the last year of life. Intensive care medicine for the elderly is felt to be a particular culprit. Advance directives are hailed as the mechanism through which these costs can be controlled. I thought about my professor's words because earlier that day I had seen my patient, Harry.

Harry is an elderly gentleman and a medical disaster. He has a host of medical diseases that involve most of his organ systems. He requires an intricate medical regimen, [and] by all physiologic criteria, Harry should not be alive...He has been in ICU several times, and since signing his advance directive two years ago, he has survived seven separate acute illnesses and hospitalizations. When I admit him to the hospital he always says, "Just do what you can for me, Doc."

In some respects, Harry is a testament to the success of medical technology. Without his complex medical regimen and the attention of a lot of medical personnel, he would not be alive. In other respects, his dependence on this technology epitomizes the "failure of success." With our technology we can help to get him "better" but we cannot get him "well." He also reminds me of the limits of my skills in medical prognosis. Neither physicians nor anyone else can predict exactly when a particular individual is destined to die.

Harry' s life is costing society a lot of money. When he is in the hospital, I receive many phone calls. Utilization reviewers complain because he routinely requires more days than his DRG allows. Those responsible for paying his medical bills demand to know my plans for his treatment. Peer reviewers ask me to explain my reasons for ordering specific equipment and medications. Quality assurance personnel seek documentation of his response to treatment in order to assure the quality of the treatment process. Discharge planning requires coordinating a host of agencies in order to arrange for all of his outpatient equipment and follow-up care. All of this takes time, effort, and money.

Harry is a competent adult, and when he leaves the hospital he returns to a loving family situation. His pleasures are simple, [and though] he admits that he chafes under the rigors imposed by his illness, and his regimen of pills and machinery, he maintains a cheerful disposition.

With a macroeconomic focus, Harry is a loser...a fiscal sponge soaking up more and more health care dollars. But with a microeconomic focus, this money has been well spent. His last stay in the intensive care unit allowed him to live to attend a wedding. Right now he tells me that he is working on building up his strength to visit a favorite grandchild, [and] he is ambivalent about the wisdom of signing his advance directive. [But] even if he does not change his mind, "No Code" does not equal "No Care."

This is medical ethics in the trenches. I recognize the high cost of health care, and I wish to do my part to limit these costs. But how do I reconcile macroeconomic cost concerns with the microeconomic reality of the patient who is sitting in my office? Is this the last year of Harry's life? How would I know? Has he entered his terminal phase? According to most scientific criteria, he has been "terminal" for at least two years. How should I alter his treatment? The writers of the report I read are strangely silent on this issue, [but] as his physician I feel a responsibility to "just do what I can" for Harry.

In the middle between micro- and macroeconomics stands the physician, who is asked to focus simultaneously on caring for the patient and caring about the cost of the care. Physicians have yet to find a way to reconcile these two foci in a manner that would allow any practical application. No wonder so many doctors have their eyes crossed.

"This is medical ethics in the trenches . . how do I reconcile macroeconomic cost concerns with the microeconomic reality of the patient who is sitting in my office?"

This excerpt is reprinted by permission from the Bulletin *of the Allegheny County Medical Society, June 13, 1992.*

Dr. Patrick is medical director of pulmonary medicine, Sewickley Valley Hospital, Sewickley.

Reference: 1. Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol* 1991;14:146-151.

PRAVACHOL® (Pravastatin Sodium Tablets)

CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

Pregnancy and lactation. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine. Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine. The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* [1 hour prior to PRAVACHOL (pravastatin sodium)], *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*, a forward mutation assay in L5178Y TK + / − mouse lymphoma cells; a chromosomal aberration test in hamster cells, and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL, it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General.**)

ADVERSE REACTIONS

Pravastatin is generally well tolerated, adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug.

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class.

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions. An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma, anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia.

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

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Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the adjacent page.

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MAY 1993

Medical Journalism Award 1992 First Prize

Fighting the Smoking Habit:

Physicians' Role—page 20
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Cover photo: Minnesota Department of Health

Physicians' anti-tobacco efforts, as well as State Society involvement in statewide anti-smoking campaigns, are highlighted in two articles published to coincide with "World No Tobacco Day," May 31. Originated by the World Health Organization to discourage tobacco use and to encourage public and governmental awareness of this health threat, this year's theme is health services personnel and their efforts against tobacco.

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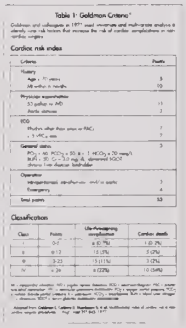

Important guidelines for risk management are clearly outlined for the medical consultant, whose role has dramatically evolved over the past two decades.

16 *Physicians to Play Key Role in Halting New TB Threat*

Responding to growing physician and public concern, the State Society's Commission on Public Health has studied this renewed public health threat and suggests ways to address this disease in the commonwealth.

Photo courtesy of the Philadelphia Museum of Art

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MEDIGRAM

COMMONWEALTH COURT DENIES SOCIETY REQUEST: Pennsylvania's Commonwealth Court denied the State Society's request for summary judgment—a court decision rendered without trial when the facts are not in dispute—in a suit challenging the constitutionality of the cost containment measures of Act 6 of 1990, the auto insurance reform law. The law caps physician and other medical reimbursements at 110 percent of Medicare. The court ruled: 1) the law does not violate physicians' due process since they retain the freedom to choose a particular patient and are limited only in what they can charge; 2) the regulations promulgated by the state insurance commissioner to implement the law are "not clearly erroneous" in their interpretation of the law; and 3) the regulations addressed and remedied any vagueness in the law itself. The Society's Board of Trustees at an April 27 meeting voted not to appeal the court's decision, given the remote chance of success in the appeal.

DEA REGISTRY FEE INCREASED: The Drug Enforcement Agency (DEA) advises that its fee for a DEA registration number—used by physicians to prescribe or dispense controlled substances—has been increased from $60 to $210 for three years. The change affects new applications postmarked on or after April 21 and renewal applications with a renewal date of May 21 or later. The increase was required to adequately recover the federal costs associated with the Diversion Control Program mandated in the Department of Justice and Related Agencies Appropriations Act of 1993.

CONFERENCE COMMITTEE CONSIDERS WORKERS' COMP: Although Senate Bill 1, workers' compensation reform, has now been approved by both the Senate and the House, unresolved differences have forced the bill into conference committee. General Assembly members appointed to the committee include Senators Robert J. Mellow (D-Lackawanna), J. William Lincoln (D-Fayette), and Roger A. Madigan (R-Bradford); and Representatives William R. Lloyd Jr. (D-Somerset), Michael R. Veon (D-Beaver), and Joseph M. Gladeck Jr. (R-Montgomery). At press time, Senator Mellow, chairman of the committee, was quoted as saying he would not allow the issue to "lie and become dormant." The Society continues to seek amendments relating to the fee schedule and other medical provisions.

CIVIL IMMUNITY LEGISLATION ANNOUNCED: Physicians and other medical professionals would be encouraged to provide services on a volunteer basis under legislation announced at a news conference April 28 by state Senator Roy C. Afflerbach (D-Lehigh) and Representative Frank J. Pistella (D-Allegheny). The legislation would give civil immunity to licensed volunteer medical professionals. Society President Donald G. Ferguson, MD, Allegheny County Medical Society President George Gerneth, MD, and Lehigh County Medical Society President Frank Altomare, MD, attended the news conference in support of the legislation.

MEMBERS URGED TO COMPLETE CLIA SURVEY: Approximately 13,000 physicians nationwide—10 percent of those who sent in a Health Care Financing Administration (HCFA) Form 109—were scheduled to receive an eight-page survey on the implementation of the Clinical Laboratory Improvement Act of 1988 (CLIA). Although response to the survey is voluntary, the State Society and AMA urge physicians who received surveys to complete and return them, since the results will be valuable to HCFA in analyzing the effects of CLIA on physician in-office laboratory testing.

PAMPAC RECEIVES TWO AMPAC AWARDS: The Pennsylvania Medical Political Action Committee (PAMPAC) received two awards from the American Medical Political Action Committee (AMPAC). The first was a special recognition award "for achieving [our] AMPAC membership goal in 1992"; the second was a runner-up award for "greatest percentage of members to potential [unified states]." The awards were presented by R. William Alexander, MD, a member of the AMPAC board, at the Society's Leadership Conference in April.

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"A Time for a New Partnership"

John W. Mills, MD

I've borrowed the title of this editorial from the AMA's meeting in Washington, DC, March 23-25, because it is so apt this month. For U.S. health care and for the people of this country, May 1993 is a red-letter month. By the time you read this, Hillary Rodham Clinton's task force may very well have made public its health system reform proposals—the most monumental suggestions for change to the U.S. health care system ever put forth. May 1993 will begin the most frightening roller coaster ride of our lives as congressional and local debate, political arm twisting, and savvy attempt to sell the American people and the medical community on a health care plan developed in secret, yet spawned by the voters themselves.

"For the AMA, the title of the Washington meeting signaled a change in direction in its effort to be more involved in government discussions of the issues."

For the AMA, the title of the Washington meeting signaled a change in direction in its effort to be more involved in government discussions of the issues. Establishing spending goals across all sectors with negotiated budget predictability is the AMA's new answer to global budgets. It may also signal, for all of us in medicine—and I include *all* health care providers—a new partnership with government in the structure and delivery of health care.

One feels a bit on edge as we await an uncertain future and Mrs. Clinton's report. I thought my attendance at the meeting in Washington might give me a preview of what we can expect—and it probably did. Several issues were emphasized by *every* speaker: 1) rising health care costs that need reigning in; 2) malpractice and paperwork hassles which need reform; and 3) a surplus of specialists that needs trimmed back. (One speaker even suggested retraining the specialists for family practice! Now there's a switch. Obviously, such suggestions are made by people who know little about medical practice.)

Unfortunately, but certainly not unexpectedly, all the speeches delivered to us physicians were partisan, some more than others. It was easy to distinguish, however, who was serious and who was just paying lip service to the issues.

The AMA, for its part, arranged several nice receptions and a myriad of high-powered speakers. AMA President James Todd, MD, looked tired as he welcomed us on Tuesday evening. His face reflected the seriousness of this "historical meeting," as he called it. The program attempted to appeal to our patriotism with a well-executed slide show featuring Neil Diamond's rendition of "They Come to America" and other moving songs, ending with "America the Beautiful." Yes, I felt some shivers and goose bumps as I listened, and yet I also felt guilty as my cynical side noted a possible wooing effort by the government and even a conciliatory note to the whole affair.

Wednesday we listened, with very few questions and answers, to six U.S. Senators—three from each side of the aisle; two Congressmen—one from each party; Vice President Al Gore; and Secretary of Health and Human Services Donna Shalala.† Hillary Rodham Clinton was to address the assembly, but her father's illness prevented her from being there. Vice President Gore took her place.

Thursday we attended appointments with our individual congressional leaders. Drs. Jan DeVries (Somerset County), John Parker (Westmoreland County), and I met with Representative John Murtha, who seemed genuinely concerned about the president's proposed Medicare cuts of $38 billion. Representative Murtha predicted that the rush to pass health system reform should and probably will be delayed until 1994 or later. He believes the federal government should attack big health care issues one at a time—correct them, then move on.

A meeting with Senator Harris Wofford, his health care aide Darrel Jodrey (a member of Mrs. Clinton's task force), and nearly a dozen Pennsylvania physicians was very cordial but adhered to the administration's viewpoints.

My wife and I were fortunate to have an afternoon meeting with Kenneth Thorpe, PhD, deputy secretary of health policy, member of Mrs. Clinton's task force, and a former resident of my home base of Indiana, Pennsylvania.†

After glimpsing the events and players circling in Washington, I caution all physicians—and all Americans—to read, digest, understand, evaluate, and question any proposed plan to the Nth degree. We owe it to our patients and our profession.

---

† *For a flavor of these presentations and a summary of the Mills' meeting with Dr. Thorpe, see page 38 of this issue.*

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Do They Really Mean It?

Donald G. Ferguson, MD

In reviewing the contents of this page since November—the one chance your president has to pass on to all the members of this Society the needs and concerns voiced by the physicians of Pennsylvania—I note a sameness in the titles and the subject matter, month after month.

Health system reform—the need for it, the shape it may take—has dominated these pages for the past six months, and before. And that's because health system reform, and the increasing pressure for its speedy and perhaps thoughtless enactment, has been on all our minds.

Those physicians with whom I have talked, at meetings across the state and across the country, are worried—about the future, and about our place in it. Are we, like the mainland China Medical Association, to become a government agency, with our practices and our lives run from Washington, and the American equivalent of hard labor in a farming commune or a rice paddy the only alternative to a firing squad if we are not "politically correct?"

Or, are we to supervise a system such as Boris Yeltsin described in an American interview, while his mother lay in a hospital room with 10 other patients during her final illness, with no modern medicines to treat her illness or prolong her life?

I think not. I think not because, in all my meetings with you—at medical and specialty society meetings, at hospital medical staff and boards, at government hearings, town meetings, and above all in private conversations—I have heard one theme: the overwhelming anxiety that concerns us all is *the welfare of our patients*. Time and time again, I hear:

- "How can they expect me to take care of my patients when they keep changing the rules?"
- "Why won't they let me alone to take care of patients and not paperwork?"
- "Will they ration medical services, and deny needed medical care to our patients?"
- "How am I supposed to explain to Mrs. Jones that she can't have the joint replacement she needs to be able to take care of her husband and her grandchildren?"

How *can* we explain that?

Let me add to these thoughts some excerpts from a recent newspaper article describing the comments and intentions of those now driving health system reform:

- "We're not going to (give) Americans less than what they have now."
- We'll continue to allow patients to have a "choice of doctors."
- We'll ask people to pay more "for the security of guaranteed health coverage."
- Raising up to $90 billion per year "is not the most important issue", other decisions "will have far more effect on people's lives."
- "We must find ways to "distribute insurance risks in covering the elderly and ill."
- "A fundamental issue" is how to deter health groups from rejecting the ill.
- Doctors' worries will evaporate: "A lot of what they fear will not be there."
- We want to rid health care of "micro management and the regulation and the bureaucracy."
- We want to substitute "human caring, concern, and love."

Oh, and one more thing—medical liability reform. As I awaited my turn to speak before a hearing of the state House Health and Welfare Committee recently, I heard the eloquent testimony of Marc J. Schneiderman, MD, president of the Pennsylvania Academy of Family Physicians. While I don't have his formal testimony to quote from, I'd like to paraphrase his remarks from my memory as closely as I can, and I hope he will forgive me for not saying it as well as he did.

The subject was diagnostic testing and its potential overuse. His thoughts went something like this: No, I don't have to order as many tests as I do. I know that a lot of them will turn out to be negative—I just don't know which ones. I can order fewer CAT scans than I do now, for instance. But if I do, *someone* is going to die. And when that happens, because *you* told me I should be more economical in my practice, *I want you there behind me*,. so that I'm not sued for not doing something I should, when *you* told me I couldn't do it.

Please, Mr. Magaziner; *please*, Mrs. Clinton; please say you mean it—*so do we*.

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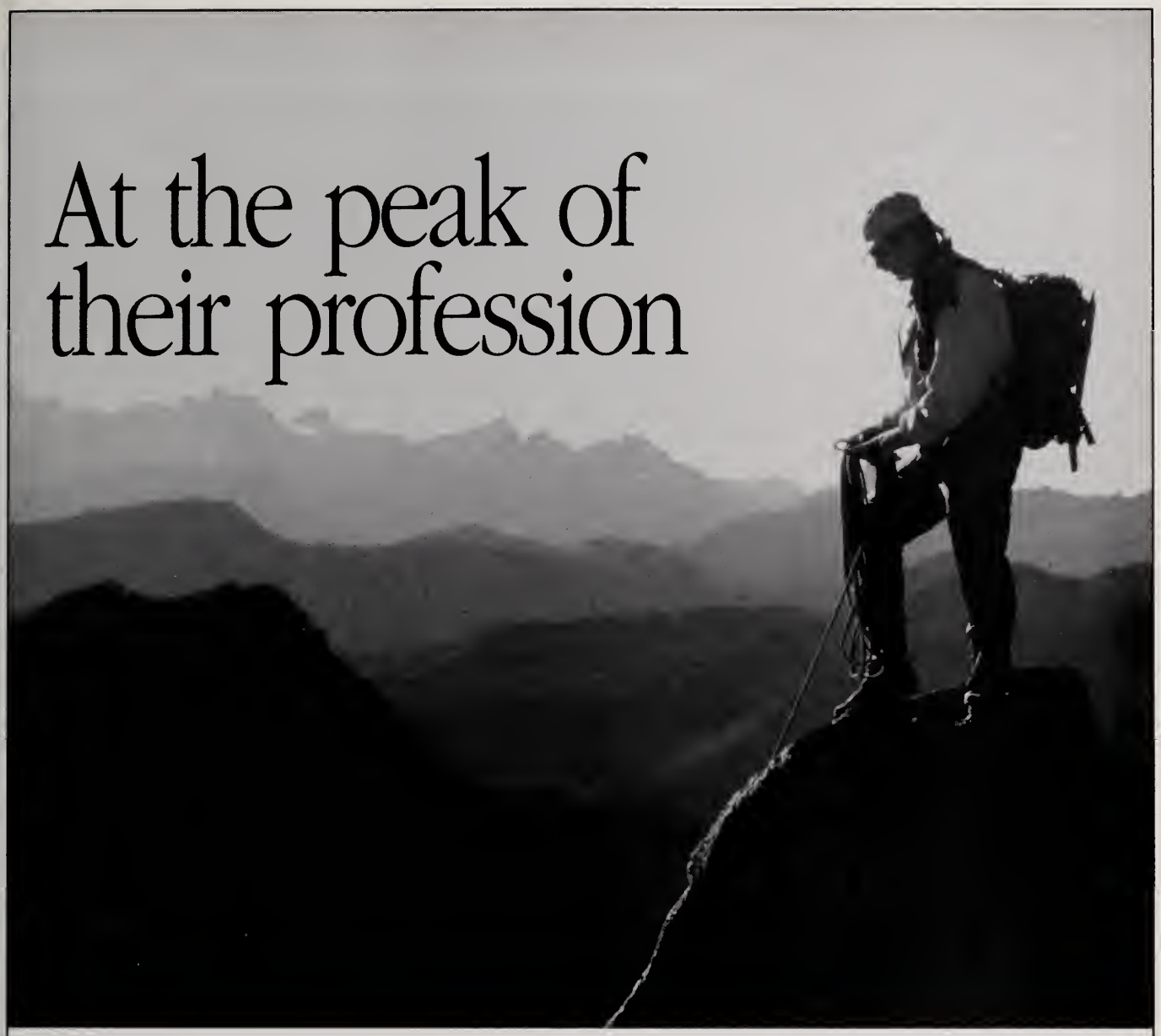

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LETTERS TO THE EDITOR

CONTINUING THE PARTICIPATION DEBATE

In the March 1993 issue of PENNSYLVANIA MEDICINE, Dr. Joseph Giordano eloquently explains why we should not be participating physicians in Medicare ["Debating Medicare Participation," Letters to the Editor]. Dr. John Mills in his reply confuses caring for Medicare patients with payment for that care. In the same issue of PENNSYLVANIA MEDICINE, Dr. Mills makes his case for working *for* the patient. A participating provider agrees to obey the rules of the insurance plan, thereby working for the *plan*, not the patient.

Participation in an insurance program removes the most important level of cost containment: the paying patient. Each of us has seen the patient who agrees to a test or procedure if insurance covers it. As a participating provider, we are free to do all we want, even if it is unnecessary, subject only to the scrutiny of the insurance company's utilization reviewers who have cost control as their primary motivation. Ultimately, the patient has an experience that feels good but is not necessarily the best for them.

If we all were non-participating, medical care would be less expensive since in Pennsylvania we get five percent less. More importantly, we could do what was right and necessary in the best interests of our patients, without the threat of HCFA since they could have no control over us. As long as even a few of us continue to sell our souls for quick and easy reimbursements, we will not have full control over what we do.

I agree with Dr. Mills, we should work *for* the patient. I also agree with Dr. Giordano, we should *not* participate in Medicare.

John J. Messmer, MD
Palmyra

A PROPOSAL FOR USING GENERICS

Recently, in our family practice, we have noticed an increasing problem with confusion over prescription medications: patients cannot properly remember what medications they are taking. Quite often, due to many factors including convenience, memory, time, etc., physicians prescribe medicine by *brand* name even though they know the pharmacist will be substituting a generic drug. This is not the problem, for it is often easier for them to write things such as "Lasix 40" rather than "Furosemide 40." However, when a patient comes back on follow-up, and you ask them if they are taking their "Lasix," they do not recognize *that* name; they may not have brought home Lasix, they have furosemide.

Quite often, patients and doctors have a hard time remembering the generic names because they are much more complicated and much less mnemonic than the brand names are. This causes confusion for the patient, especially with such names as Amitriptylline, Dipyridamole, Furosemide, etc.—cases where brand names are much easier for the patient to remember, and yet they can't find those names on any of their medication labels. Also, occasionally, we see pharmacists putting the brand name of the generic substitute on the label (i.e., "Iophen DM" instead of "Tussi-Organidin-DM"), but the label does not have the true generic name, "dextromethorphan/guaifensin."

What I propose is a solution to this problem: a policy that would require pharmacists to put the brand name *and* the generic name on a drug when they substitute. For example, if a doctor writes for "Lasix 40mg," then the label on the prescription bottle would be "Furosemide (generic for Lasix)." That way, the patient will at least be able to see the name that the doctor told them about and will have an idea what the medication is.

At present, none of the pharmacies in our area are doing anything like this, and it has created a lot of confusion, especially with some of the newer medications, where physicians haven't had time to learn the generic names, but the brand names are very simple, easy to remember, and fairly instructive.

I also propose that each state create laws that would *require* pharmacists to label medications with both the generic name *and* the substitute brand name, which would be a great aid to patient compliance, help patients take their medications more sensibly, and make doctors more inclined to allow generic substitution, for it would enable them to still prescribe and remember drugs by their brand names, even when they are generically substituted.

Marc S. Berger, MD, CM, FAAFP
Stroudsburg

COMMENTS ON KePRO ARE TAKEN SERIOUSLY

Recent issues of PENNSYLVANIA MEDICINE have contained letters which have been critical of the PRO program in general and KePRO specifically. We have not responded to these letters because it is difficult to argue the pros and cons of the program through "Letters to the Editor".

This is not to say that such letters go unnoticed. We do take all complaints from physicians and hospitals and beneficiaries quite seriously.

The Society has generously provided us space in each issue of PENNSYLVANIA MEDICINE to help educate us all in the program (see "Peer Review" department). Our column in the May 1993 issue happens to deal with one of the points of criticism in a recent issue. We appreciate your [the editors] helping all of us better understand what is going on.

Donald E. Harrop, MD
President, Keystone Peer Review Organization

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues.

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What's New for the Medical Consultant

Geno J. Merli, MD

Editor's note: This article is reprinted in part with permission from *Internal Medicine*, July 1992.

The role of the medical consultant caring for the surgical patient has evolved over the last 20 years as numerous books and articles have contributed to the knowledge base of this field. Consultants used to merely "clear" patients for surgery. Now, guidelines based on data are available to direct many perioperative management decisions. The consultant is responsible for knowing the ever-growing body of literature and for conducting himself or herself according to accepted guidelines for consultation.

Advances in preoperative medical assessment of the surgical patient have ushered in a new era for the medical consultant. Rather than "clearing" a patient for surgery, the consultant of the 1990s is required to assess a patient's risk for surgery, manage perioperative medications, treat postoperative complications, document the level of service for third-party reimbursement, and demonstrate appropriate conduct in the role of consultant.

Assessing operative risk

The application of formal risk factor indices has replaced the archaic term "cleared for surgery." Indices are available to estimate the outcome of patients with cardiovascular disease who undergo noncardiac surgery, rate the changes of cardiac complications in vascular surgery (see Table 1, next page), and estimate the risk of deep venous thrombosis (DVT) and pulmonary embolism (PE) in the postoperative period.

These are but three examples of the consultant's new role in assessing the patient's risk prior to surgery. An organized, though less formal, approach for determining the risk of pulmonary complications in surgery has also been proposed.[1]

Perioperative medications

The number of new therapeutic drugs has increased exponentially in the last few years. On the average, four or more drugs are available to treat any disease process, and each agent has some distinctive action or effect. This makes it difficult for physicians to maintain a working familiarity with all these agents.

The medical consultant is often faced with preparing for surgery patients for whom he or she has not been the primary physician. In these cases, the consultant may be unfamiliar with drugs the patient is prescribed or may disagree with how some medications are used by the primary physician. The consultant's responsibility is to continue the medications unless they are not indicated, become familiar with the correct dosing, indicate the appropriate route of administration, and observe for adverse effects in the perioperative period.

There are specific recommendations for the perioperative use of some medications, including insulin, hypertensive medications, and agents for DVT/PE prophylaxis. A number of articles have been published about the use of these agents in the medical care of the surgical patient.[2] The medical consultant must know and apply these regimens appropriately.

Postoperative complications

The focus in this area has been largely on the effects of anesthesia and surgery on the patient. The role of the consultant is not to select or recommend the anesthetic agent, but to understand its effect on the patient. This is important in patients with concomitant diseases that may be exacerbated by the effects of general, spinal, or local anesthesia.

The consultant should become familiar with the anesthesia record. This document provides important information about vital signs, type and amount of fluid administered, and intraoperative medications, all of which can be clues to subsequent complications. A postoperative change in mental status, for example, could have resulted from intraoperative hypotension or a decrease in hemoglobin secondary to the dilutional effect of increased fluid volume.

Dr. Merli is clinical associate professor of medicine, Jefferson Medical College, and vice chairman and director, Division of Internal Medicine, Thomas Jefferson University Hospital, Philadelphia. He also serves as editor of **Internal Medicine.**

Our surgical colleagues have long focused on postoperative complications resulting from procedures.[3-4] More recently, medical consultation reference texts have dedicated chapters and appendices to surgical procedures and their complications.[5-7] The medical consultant's preparation of the patient for surgery as well as postoperative management requires knowledge of the indications and complications of surgical procedures. This allows for a better working relationship with the consulting surgeon and, frequently, a better outcome for the patient.

Documentation for reimbursement

Current Procedural Terminology (CPT) from the American Medical Association provides the definitions and guidelines for performing a medical consultation. These definitions and codings are linked with reimbursement for the service provided by the consultant.

The CPT has defined a consultation as a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. When the consulting physician assumes responsibility for the continuing care of the patient, any subsequent service rendered by him or her will cease to be a consultation.

There are four subcategories of consultations: office, initial inpatient, follow-up inpatient, and confirmatory. Each is further delineated according to the complexity of the history and physical examination, plus the degree of difficulty in medical decision making. Reimbursement codes are based on the appropriate documentation of these areas.

Conduct of the medical consultant

The Ten Commandments for effective surgical consultation were proposed by Goldman and colleagues in 1983.[8] These points are the major focus of every medical consultant in the hospital or outpatient setting. The following is an adaptation of these 10 points.

1) The consultant should address only the issues the requesting physician has indicated. If the requesting physician has been unclear about the primary reason for the consultation, it is important to define the focus of the evaluation by communicating with the physician or house staff. The consultant's note should always state the reason for the consultation, such as "reason for consultation: preoperative evaluation for surgery" or "called to see patient for postoperative anemia."

2) Once a request for a consultation is received, the consultant has a responsibility to fulfill it in a timely fashion. If circumstances later prevent the consultant from performing the service, the requesting physician must be notified in ample time for another consultant to complete the task.

3) A thorough evaluation of the patient's

Table 1: Goldman Criteria*

Goldman and colleagues in 1977 used univariate and multivariate analysis to identify nine risk factors that increase the risk of cardiac complications in noncardiac surgery.

Cardiac risk index

Criteria	Points
History	
Age > 70 years	5
MI within 6 months	10
Physician examination	
S3 gallop or JVD	11
Aortic stenosis	3
ECG	
Rhythm other than sinus or PACs	7
> 5 VPCs/min	7
General status	3
PO_2 < 60, PCO_2 > 50, K < 3, HCO_3 < 20 meq/L, BUN > 50, Cr > 3.0 mg/dL, abnormal SGOT, chronic liver disease, bedridden	
Operation	
Intraperitoneal, intrathoracic, and/or aortic	3
Emergency	4
Total points	**53**

Classification

Class	Points	Life-threatening complication	Cardiac death
I	0-5	4 (0.7%)	1 (0.2%)
II	6-12	15 (5%)	5 (2%)
III	13-25	15 (11%)	3 (2%)
IV	> 26	4 (22%)	10 (56%)

MI = myocardial infarctian; JVD = jugular venous distentian; ECG = electrocardiogram; PAC = premature atrial cantractian; VPC = ventricular premature cantractian; PO_2 = axygen partial pressure; PCO_2 = carbon diaxide partial pressure; K = potassium; HCO_3 = bicarbonate; BUN = blood urea nitrogen; Cr = chramium; SGOT = serum glutamic-axaloacetic transaminase.

* Adapted fram: **Galdman L, Caldera D, Nussbaum S, et al.** Multifactorial index af cardiac risk in nancardiac surgical procedures. *N Engl J Med* 297:845, 1977.

history and physical should be completed and old medical records reviewed as appropriate. The consultant is responsible for obtaining any relevant data. This may involve calling other hospitals about previous cardiac catheterization or stress test findings, or having previous electrocardiograms faxed to the consultant for comparison to a current study.

4) Recommendations should be concise and therapeutic regimens clearly delineated. Long-winded management plans will not be read or followed by the requesting physician.

5) Always provide options or alternative approaches to management. This will give the requesting physician some latitude in case he or she is not comfortable with one form of therapy.

6) Prompt written and verbal communication of the assessment and plan to the requesting physician and house staff will increase the likelihood that the therapeutic regimens or diagnostic evaluations will be implemented. This also facilitates resolution of any disagreement between the consultant and the requesting physician. However, if the consultant and requesting physician cannot come to an agreement, the consultant should remove himself or herself from the case in enough time for the requester to obtain another consultant. Termination of service should be clearly documented in the chart with the reason for disagreement omitted.

7) If a problem other than the one specified in the consultation request is discovered, it should be communicated to the requesting physician. The consultant should stay focused on the issue identified by the requesting physician. The consultant is responsible for informing the requesting physician when management issues are beyond his or her expertise.

8) Follow-up care should be provided as indicated and may include adjusting medication, ordering more laboratory tests, or evaluating new conditions. Termination of a consultant's postoperative care should be documented in the medical record.

9) A consultant may be either a pure consultant or a co-manager. In the former case, recommendations are made and communicated but all care is provided by the primary physician. In the latter situation, the consultant helps the requesting physician implement the management plan. Follow-up includes order writing, daily notes, and frequent communication. It can be assumed that this role has greater medicolegal risk, but it is probably the one most commonly practiced by medical consultants in the United States.

10) The medical consultant is responsible for teaching while performing his or her service. It should be done in a tactful manner with patients, nursing staff, and physicians. Embarrassing a requesting physician for lack of knowledge or insight in a case is a grave error. Requesting physicians appreciate consultants who share their insights and experience without condescension.

Conclusion

The role of the consultant caring for the surgical patient with medical problems has matured from "clearing" patients for surgery to preparing patients for procedures and assisting in their perioperative care. Consultants now are required to understand and apply a body of knowledge based on data and to exercise defined responsibilities.

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Physicians to Play Key Role in Halting the New TB Threat

Pennsylvania Medical Society Commission on Public Health

In response to grave concern of Society members about the current and potential impact of the resurgence of tuberculosis on the health and well-being of the people of Pennsylvania, the Commission on Public Health in a position paper outlined Society concerns and suggested ways to halt the new threat of this once pervasive and dreaded disease. This article is an excerpt of that paper.

Control of infectious diseases is one of the great achievements of modern medicine. Indeed, there was a time in the recent past when it seemed certain diseases would be eliminated as threats to human health. However, experience has taught a different lesson. The realization that diseases may be managed but not extinguished requires new thinking about the treatment and control of disease: if disease cannot be eradicated, then it must be managed—carefully, consistently, and without lapses in public consciousness or scientific treatment.

One such disease of concern is tuberculosis (TB), which had been in decline in the United States for nearly 30 years: the number of reported cases dropped by about five percent a year from the 1950s to the 1980s. However, this trend was reversed suddenly, with an 18 percent increase in the number of cases in 1985. Some 39,000 more cases than were predicted were reported from 1985 to 1991 in the U.S., with minority populations at highest risk.

Numerous factors have contributed to TB's resurgence, including related complications of AIDS patients, two decades of public health budget cutbacks preventing continued eradication of the disease, the appearance of drug-resistant strains, immigration to the U.S. of people from countries where TB is endemic, and failure to recognize and effectively treat the disease. Also, approximately one-third of the TB cases in the U.S. occur in persons in middle- and upper-income groups, shattering the myth that only poor people get TB.

The commonwealth has not escaped this new public health concern. TB cases in Pennsylvania followed a downward trend until 1986, then began a climb similar to the national statistics. The highest incidence of the disease in Pennsylvania occurs in Philadelphia County, with 19.4 cases per 100,000 population; statewide, the rate is 6.6 per 100,000. Also, minority communities suffer disproportionately: in Pennsylvania, the TB rate in the Caucasian population is 3.7 per 100,000, while the rate for African-Americans is 29.3 per 100,000, and for Asians and Pacific Islanders is 51.7 per 100,000.

Efforts of government and medicine

The Pennsylvania Department of Health in the first half of 1992 released a draft plan to ensure that TB patients were complying with treatment. The department's plan outlines a series of steps, including:

1) hand delivery of a letter to all patients confirmed as active TB cases;

2) development of an individual care plan, given during first clinic visit, which includes definition of necessary medications and therapeutic measures, an outline of what is expected of the patient, and an explanation of the consequences of non-compliance;

3) directly observed therapy, if need is determined at the first clinical evaluation, based on: lack of a support system for the patient, a history of non-compliance with medical regimen, a history of prior treatment for TB, non-compliance with current TB regimen, manipulative behavior, self admission of non-compliance, obvious inability to understand treatment regimen, dysfunctional lifestyle or family life, current substance abuse, homelessness, and/or recommendations from the referring physician or notations in the patient's medical record;

4) changes in the therapy plan, directed by the department, if the patient fails to comply with therapy—could include change to directly observed therapy, confinement to the patient's home, or custo-

Members of the commission include: John J. Dennehy, MD, Danville, chairman; John P. Maher, MD, West Chester; David M. Bishai, MD, Lansdowne; Lawrence S. Greenfield, MD, Danville; David W. Hawk, MD, York; Albert L. Pizzica, DO, Philadelphia; Lewis D. Polk, MD, Doylestown; and Roberta L. Schneider, MD, Wyncote.

dial observed therapy in a site most appropriate to the patient's acute needs; or

5) court-ordered therapy for the most recalcitrant patients—the department rejects the use of correctional facilities for confinement and, though it remains a speculative option, would prefer to establish its own facility for treating cases.

Meanwhile, the department is considering continuing TB education sessions for health professionals. Several sessions have already been held, but interest was limited, possibly due to lack of continuing medical education credit. Additional sessions are being planned.

In the midst of efforts to control the spread of TB and effectively treat existing cases, Secretary of Health Allan S. Noonan, MD, MPH, has expressed some general concerns. He says that he does not wish to create public hysteria since cases of drug-resistant TB are still treatable, and that he wants to respect individual rights as much as possible by not invoking quarantine, except as a last resort in particularly recalcitrant cases. At the same time, the secretary says he does not want to see homeless or indigent persons stereotyped as recalcitrant. His key concern is identification of a specialized facility for TB treatment, an idea adopted by the State Society House of Delegates in 1991.

About the same time as release of the Department of Health's statement, the AMA adopted a series of recommendations (see "AMA Recommendations," page 18), and on the state level, the Pennsylvania Medical Society House of Delegates at its 1992 annual meeting adopted a resolution, calling for recognition of the serious nature of the TB problem, a study of the methods used to protect health care workers and non-infected patients from TB, and increased federal funding for TB.

Also in 1992, the American Lung Association (ALA) and the Centers for Disease Control and Prevention (CDC) in a joint statement called for more aggressive treatment of TB patients to prevent multi-drug-resistant strains. The statement—formally endorsed and adopted by the State Society—urged institutions to follow stricter infection-control practices, acknowledged that mandatory quarantine may be a necessary last resort for patients who can't or won't comply with treatment, advised health care workers entering TB isolation rooms to wear particulate respirators, and recommended that all TB patients and those in close contact with these patients be tested for HIV.

The resurgence of TB—its causes and the measures required to control it—have been well identified by those in public health and medicine. Yet, naming the solution is only the first step.

Combating TB

Many critical issues—funding, recalcitrant patients, identification of a TB treatment facility, physician education, and protection for health care workers—must be addressed if efforts to combat the disease are to succeed.

• *Funding:* At a time when health system reform means reducing costs in most people's minds, TB presents a public health problem which demands and deserves greater funding. While requests for funding are on the increase, actual funding of initial efforts were drastically underfunded, as demonstrated by an ALA estimate that a 1992 federal funding level of $9.1 million was woefully inadequate when the actual need called for $300 million.

The Pennsylvania Department of Health recognizes the need to increase funding for TB. Fiscal year 1991-92 saw a budget of approximately $1.2 million for TB screening and treatment; that was increased to approximately $2.4 million for fiscal year 1992-93. The department's proposed TB budget for fiscal year 1993-94 is $3 million.

• *Recalcitrant patients:* Patients who do not follow treatment plans or who fail to take medication for the full period for which it is prescribed present a danger to their families, their fellow patients, and to the general public. Reasonable incentives should be provided to encourage participation in therapy observed directly by a responsible person. However, one must recognize that some patients will remain recalcitrant.

"At a time when health system reform means reducing costs in most people's minds, TB presents a public health problem which demands and deserves greater funding."

Drug-Resistant Tuberculosis

Tuberculosis has been treated effectively with two types of drugs: isoniazid and rifampin. However, recent strains have appeared which are highly resistant to traditional therapies—it is these drug-resistant strains that are of the greatest concern to physicians and others concerned about public health.

Drug resistance occurs when the patient does not complete therapy, killing some bacteria but allowing the most resistant strains to survive. In fact, the National Institutes of Health estimates that in some cities, more than half of all TB patients fail to complete prescribed therapy.

Treatment of drug-resistant TB is more difficult, more toxic, more expensive, and generally not as successful, and drug-resistant TB adds greater urgency to public health issues. Several recent nosocomial and community outbreaks resulted from failure to institute or premature discontinuation of isolation precautions for patients with multi-drug-resistant strains.

Left untreated, TB progresses to an advanced stage where lesions appear in the lungs and can occur in other organs as well. Without treatment, 40-60 percent of persons with active TB will die.

The recalcitrant patient also raises may civil rights issues. The Society and ALA believe the Department of Health's five-step plan, outlined above, should move court-ordered isolation higher in the order of action. Once a patient is identified as recalcitrant and a threat to public health, court-ordered isolation should be invoked with consideration to due process.

The Society is well aware that more court-ordered isolation would mean greater costs. The health department estimates that isolation in an acute-care facility would cost $750-$900 per day, while the daily cost for isolation in a long-term care facility would average $90.

• *Identification of a TB treatment facility:* The Department of Health had previously been unable to identify a facility both equipped and willing to take on the burden of care for severe TB cases, possibly due to: the difficulty and expense of modifying a facility to isolate TB patients and control ventilation from these areas; the potential danger to health care workers and other patients, particularly those with compromised immune systems; the severity of the illness or illnesses of patients with drug-resistant TB, and the cost and length of their treatment; the percentage of TB patients dependent on Medical Assistance or other publicly funded programs; or the high concentration of TB patients in urban areas.

The good news for the State Society and ALA—who continue to assert that designation of a facility for difficult TB is one of the most important components of any plan to control this disease, since isolation is impossible without such a facility—is that in his 1993-94 budget, Dr. Noonan has proposed $634,000 to establish three such facilities. Included in that budget line are salaries for seven outreach workers and six months' rent payments for the facilities, which would operate 10-15 beds each.

According to a representative of the health department, although no final decision has been made about location of the facilities, the department anticipates two in urban areas, possibly Pittsburgh and Philadelphia, and one in a rural area, possibly in central Pennsylvania. The department hopes to have the three facilities up and running by the early part of the state's next fiscal year, which begins July 1, 1993.

• *Physician education:* Past efforts to control TB had been so successful that many of today's younger physicians had never even seen a case in their years of practice. Physicians need to obtain the latest and best information about this disease in its newest manifestations, particularly with regard to drug-resistant strains.

As previously mentioned, while the Department of Health did hold several continuing medical education programs on TB, it was unable to generate widespread interest due to lack of ability to award Category 1 continuing medical education credit to physicians. However, the department will try again—additional sessions are now being planned.

• *Protection for health care workers:* The CDC and ALA have advocated for the use of particulate respirators, but the cumbersome nature of the devices, as well as their interference in the relationship between the health caregiver and the patient, have made them highly unpopular. Nevertheless, physicians and other health care workers must be protected—as mentioned, the Society endorses the measures for protecting health care workers advocated by the CDC and ALA.

AMA Recommendations

The AMA in 1992 adopted a series of recommendations in response to the upsurge of tuberculosis (TB) in the nation. Recommended were:

• TB testing to be routinely performed for all HIV-infected patients;
• HIV testing for all persons diagnosed with active TB;
• linked reporting of HIV and TB;
• initiation of aggressive contact tracing for TB;
• careful consideration by HIV-infected health care workers about the risk of treating TB patients;
• separation of HIV-infected or other immunocompromised patients from active TB patients;
• tuberculin skin tests for all health care workers;
• careful adherence to precautions in all facilities treating TB patients to prevent nosocomial transmission;
• development of adequate and safe facilities for treating TB;
• laboratory development or availability of means of determining drug susceptibility for TB;
• drug susceptibility testing to be performed on all isolates from TB patients;
• institution of directly observed therapy when patient compliance is a problem;
• cooperative efforts between the AMA and the Pharmaceutical Manufacturer's Association to encourage the development of new TB drugs and vaccines;
• a significant increase in federal funding for TB control; and
• special attention and funding directed toward high-risk, high-incidence populations.

What the Society is doing/will do

Physician members of the Pennsylvania Medical Society are taking a leadership role in finding ways to once again diminish the threat of TB.

As a first step, the Society, through its Commission on Public Health, has devel-

oped this policy on TB; it will also continue to evaluate the need for additional policies in conjunction with ALA of Pennsylvania, which, along with its national counterpart, offers important expertise and insights. Policies will be submitted for approval to the Society's Council on Education and Science, and the Board of Trustees.

Second, the Society will work to secure adequate funding to fight TB in Pennsylvania. As mentioned, funding for TB is being increased significantly in the Department of Health's proposed budget for fiscal year 1993-94. The Society will use its political influence to assure that funding for TB is not reduced in the final budget.

Third, the Society will work to assure that recalcitrant patients do not spread TB to others, and will encourage the Department of Health to revise its plans and invoke court-ordered therapy as soon as a patient is identified as recalcitrant and a threat to public health.

Fourth, the Society will assist in establishing a facility for treating difficult TB cases. It will help identify sources and solicit adequate funding for the facility, and with the Hospital Association of Pennsylvania, it will identify facilities in high-incidence areas that may be interested in hosting a facility.

Fifth, the Society will identify, create, sponsor, and promote opportunities for physician education regarding this disease. The Society has been designated as an accrediting organization by the premier national educational standards council for physicians. It will use its expertise in this area to work, in conjunction with the Pennsylvania Department of Health, to secure Category 1 credit for continuing medical education programs on TB and provide program support as required.

Finally, the Society will continue its efforts to foster protective measures for health care workers by encouraging physician education and working with other state health care associations to create information networks to reach all health professionals who are at risk for TB exposure.

In conclusion, the organizational resources of the Pennsylvania Medical Society can be applied to these measures at virtually no additional cost, with the exception of the development of continuing medical education programs, which will depend on state funding and the determination of tuition levels. Thus, Pennsylvania physicians, working through the Society, are in a position to play a key role in reducing and even reversing the current trend in the spread and increasing virulence of the TB bacilli in the commonwealth.

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The Physician's Role in Preventing Nicotine Addiction

Juli C. McGreevy

Ralph E. Stolz, DO, a general practitioner in Emmaus, devotes 50 percent of his practice to the treatment of addictions to drugs and behaviors. Dr. Stolz is a member of the American Society of Addiction Medicine and medical director of addiction services at Allentown Osteopathic Medical Center.

Question: *How addictive is nicotine?*

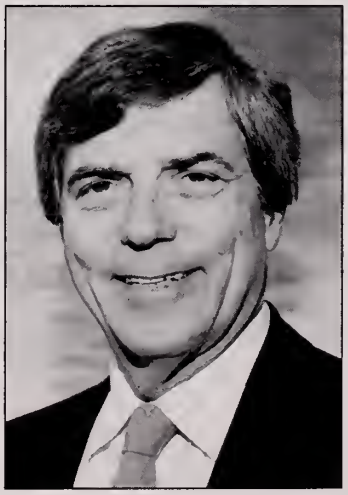
Dr. Stolz: Nicotine deserves more attention than all other drugs combined. Compare these numbers: *Out of six people who try cocaine, one becomes addicted. Out of 10 people who try alcohol, one becomes addicted. Out of 10 people who try nicotine, nine become addicted.* Nicotine is the worst drug to detoxify, even when the patient is using heroin or crack in addition to nicotine.

Tobacco is the only legal product that, when used as the manufacturer intends, causes disease and death.

Question: *What health problems are caused by nicotine addiction that physicians might not readily recognize?*

Dr. Stolz: One problem is peripheral vascular disease, particularly in the elderly. Also, we treat many conditions with vasodilating drugs, especially in older adults, and yet nicotine is a vasoconstrictive drug, causing deprivation of oxygen, and physicians don't always emphasize not smoking with these patients.

Nicotine plays a heavy role in chronic hypoxemia. Another problem is chronic low-grade levels of carbon monoxide (CO). In the U.S. Navy diving manual, 35 ppm is a maximum safe CO level. With the first cigarette of the day, a smoker inhales 400 ppm of CO.



Dr. Stolz

Question: *What are some symptoms of nicotine withdrawal?*

Dr. Stolz: Headache, irritability, anxiety, restlessness, sleeplessness, lack of ability to concentrate, and lethargy (with restlessness at the same time).

Question: *Do you prescribe nicotine gum or patches to patients?*

Dr. Stolz: Absolutely. It is unrealistic not to consider supportive elements, such as patches or gum, with patients who smoke over two packs a day. These products help patients know they have the capability to overcome their addictions. It's also important for people to recognize that a relapse—to begin smoking again—is not a failure. Breaking an addiction is a process, not a project. Statistically, the average person tries to quit six to 10 times before succeeding.

Question: *When a patient is addicted to nicotine, how likely is he or she to be addicted to other substances or behaviors?*

Dr. Stolz: There is a correlation between addictions. Usually, the sequence is tobacco, alcohol and/or marijuana, and on to cocaine, methamphetamine, huffing (inhaling butane or propane), and heroin. One behavioral addiction I see frequently is gambling.

Question: *Do you feel that most physicians and patients see smokers as addicted to a drug?*

Dr. Stolz: No. They consider smoking a dirty habit and feel the smoker is at fault. One of the messages physicians need to communicate is that the smoker is not at fault, but rather a victim of a disease—addiction.

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's endeavor to address public health needs, Keystones of Public Health.

Question: *Tobacco is legal for adults. How do you feel about this?*

Dr. Stolz: Our hypocrisy as adults is leading to confusion in our children about what is right and what isn't. The advocacy groups for the tobacco industry have learned psychology much better than we physicians. When adults tell children they are not mature enough to smoke, that's like waving a red flag in front of a bull—they'll show you how mature they are. And the message makes as much sense as saying, "You're not mature enough to run out in front of a car." We've got to get kids angry at the tobacco companies, not at us or their parents.

Question: *How influential are physicians in discouraging patients from beginning or discontinuing the use of tobacco products?*

Dr. Stolz: Not as effective as they could be. In a recent study by the Pennsylvania Department of Health, 34 percent of current smokers reported that their doctors had not ever advised them to quit or cut down on smoking. Until recently, when doing physicals, we didn't ask or record the number of cigarettes smoked. Physicians and staff have not been trained on how to approach addiction in general. If we talk with a patient on repeated visits, we can have a great deal of success.

Question: *What can physicians do to prevent tobacco use?*

Dr. Stolz: It is important to talk about tobacco use with every patient regardless of age. For patients who have stopped, we should provide positive reinforcement. We should invite ourselves into schools to address even the youngest students about the dangers of nicotine and about how children are being manipulated by American corporations to become slaves to their products.

Question: *What is the physician's role in helping patients to stop smoking?*

Dr. Stolz: Personal commitment on the part of the physician is critical. We are guides and mentors. We have to make the recommendation repeatedly, presenting patients with the complications of smoking, but also stressing that they have control of their recovery and of their future health status.

Question: *What can physicians do to send a strong message about tobacco use?*

Dr. Stolz: Voicing our stance on tobacco must be repeated because it's the repetitiveness and the constancy of our position that will eventually bring forth a positive response. In a restaurant, we can insist that people not smoke around us. In a motel, we can ask for a smoke-free room. We need to examine our own belief system to make sure that we really believe that nicotine has negative effects, then act accordingly. We should look at the medical schools we invest in, and if they invest in tobacco companies, the schools ought to be divesting.

Question: *What can physicians do to counterbalance the seductive lure of smoking promoted by tobacco advocates?*

Dr. Stolz: One of the best techniques is to join local support groups of medical activism. Dr. Alan Blum from Baylor University founded DOC, Doctors Oughta Care, 17 years ago to help physicians prevent nicotine and alcohol addiction. We are starting the first Pennsylvania DOC chapter in the Lehigh Valley.

Questions: *More Colombians die from smoking American cigarettes than Americans die from using Colombian drugs. How do you feel about tobacco companies exporting their products to other countries, particularly developing nations?*

Dr. Stolz: It's genocide. Although it appears to be legal, we are taking advantage of people's ignorance and also of their vulnerability because of socioeconomic immaturity.

Question: *Do you think physicians should get more involved in legislative initiatives?*

Dr. Stolz: Yes, I am a strong believer that taxes should be increased on all nicotine products. I would like to see a tax increase of at least $2 on cigarettes. In some countries, a pack of cigarettes is $5. Some people say this isn't good because people would smoke less, thereby generating less tax. But the cost of treating people would also decrease. Currently, the cost of nicotine addiction to society is 10 times the revenue generated by cigarette taxes.

Question: *What can physicians do to prevent nicotine addiction?*

Dr. Stolz: If we took the money being spent on the complications of nicotine addiction and turned that into prevention and treatment at an earlier stage, we would get rid of the most successful drug pushers in the country and in the world—our own tobacco industry.

"Personal commitment on the part of the physician is critical."

—Ralph E. Stolz, DO

Resources

To get involved in advocacy efforts to protect people from Environmental Tobacco Smoke (ETS), to stop the illegal sale of tobacco products to minors, and to create policy incentives to reduce tobacco use (such as cigarette tax increases), contact William Godshall, MPH, executive director of SmokeFree Pennsylvania, at (412) 421-0500.

The National Cancer Institute offers one free manual to all physicians entitled, "How to Help Your Patients Stop Smoking." Call (800) 4CANCER.

For information about the Lehigh Valley chapter of DOC (Doctors Oughta Care), or about how to form your own DOC chapter, contact Ralph Stolz, DO, at (215) 967-3115.

Recognizing, Preventing Viral Gastroenteritis

The stool cultures and examinations obtained on your patient with acute gastroenteritis were negative for bacterial and protozoal pathogens. Your patient has recovered, but what was the etiologic agent?

Before the 1970s, a bacterial or protozoal etiology could be identified in a small proportion of cases. Although viruses had been suspected, it was not until 1972 that electron microscopy of stool specimens identified the 27 nm Norwalk virus. This virus was named after an outbreak of gastroenteritis in an elementary school in Norwalk, Ohio, in 1969. Then, in 1973 rotavirus particles were identified in a duodenal biopsy by electron microscopy.

The Norwalk virus is now recognized as the most common viral cause of gastroenteritis outbreaks in adults in the United States, and rotavirus is recognized as the most common cause of sporadic severe diarrhea in infants and children under age two.

Diagnosis and treatment

Viral gastroenteritis takes two major epidemiologic forms: epidemic and sporadic. Epidemic viral gastroenteritis is most frequently associated with the Norwalk virus or Norwalk-like family of agents. Outbreaks involve school-aged children and adults, and occur all times of the year. Infection generally causes a mild self-limited illness, with an incubation period of 24 hours (range 10-51 hours).

Clinical illness is characterized by the abrupt onset of nausea, vomiting, diarrhea, abdominal cramps, headache, malaise, and low-grade fever. Adults tend to experience more diarrhea, while children experience more vomiting. The acute phase of illness is usually resolved within 24 to 48 hours, and only rarely causes severe illness that requires hospitalization.

There is no specific therapy for Norwalk viral infection, but oral fluids and electrolyte replacement are usually all that is necessary. Parenteral fluid administration is only rarely required.

Transmission and epidemiology

Transmission of Norwalk virus is primarily by the fecal-oral route. Ingestion of contaminated drinking water or such foods as raw oysters, cake frosting, and salads have been associated with viral infection in several outbreaks. It is suspected that low-level Norwalk viral infection is sustained in a community by person-to-person transmission until an infected individual contaminates a common source and triggers an outbreak.

Outbreaks have occurred in numerous diverse settings, including schools, hotels, restaurants, cafeterias, hospitals, institutions, cruise ships, swimming pools, and lakes. Secondary cases can also occur. Currently, diagnosis is limited to research laboratories. When available, commercial diagnostic assays will allow the identification of the 40-50 percent of nonbacterial-nonprotozoal gastroenteritis, now thought to be due to the Norwalk agents.

Sporadic, severe gastroenteritis, viral or bacterial, is most frequently caused by the rotaviruses. In temperate climates, infection occurs most frequently during the cooler months of the year. Rotavirus is a common cause of outbreaks in children in day care centers and hospitals. However, the main impact of this virus is by its constant endemic occurrence, causing 30-50 percent of severe diarrheal illness.

After an incubation period of one to three days, illness is typically the sudden onset of watery diarrhea, often accompanied by vomiting, fever, and abdominal pain. Resolution of illness generally requires three to eight days. Although infection may be asymptomatic or mild, rotaviruses cause up to 50 percent of diarrhea requiring hospitalization in young children. Treatment consists of oral rehydration or intravenous fluids, if necessary, for severe dehydration or shock.

Transmission is primarily by the fecal-oral route. Since the infective dose in a child can be as few as 10 particles, person-to-person transmission is frequent, and recurrence may be common in such settings as day care centers. Respiratory transmission may also be possible. Diagnostic kits that detect rotavirus in stool specimens are available commercially. Development of a rotavirus vaccine is at the field-testing stage, and preliminary results show significant protection of about 57-77 percent.

Other enteric viruses have also been identified. The second most important viral cause of endemic diarrheal illness is the group of enteric adenoviruses. These cause five to 10 percent of diarrheal illness requiring hospitalization in young children. Also responsible for sporadic cases and occasional outbreaks are the caliciviruses and the astroviruses. Most common in infants, young children, and the elderly, infection with these viruses does not generally require hospitalization. Yet to be identified are the unknown agents which rival the rotaviruses in frequency.

Prevention

Since there is no specific antiviral therapy for any of the viral enteropathogens, prevention is all the more important. Careful hygiene and frequent hand washing are necessary for interruption of the fecal-oral transmission of these agents, and careful food preparation is necessary to prevent contamination of food by the virus. Viral replication occurs in the human host rather than in the food or water source. Thus, temperature regulation and food storage factors are less important with these viral agents than they are with bacterial agents.

Viruses are the major etiology of epidemic and sporadic diarrheal disease in the U.S. When stool cultures for bacteria and examination of stool for protozoa are negative, we now are aware of viral agents likely to be involved and must focus patients' and physicians' attention to preventing transmission of these enteric viruses.

Maria Moll, MD
Pennsylvania Department of Health

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The Mid-Atlantic Heart Institute brings together the country's foremost experts in cardiology and cardiothoracic surgery for a concentrated symposium, featuring eminent cardiologists and surgeons in the forefront of cardiovascular diseases. This event will take place on Friday, October 1, 1993, at the Lancaster Eden Resort Inn and Conference Center, Lancaster, PA. Cost is $75/physican and $50/nurse or resident. For registration information, please call The Mid-Atlantic Heart Institute at 1-800-221-0613. Registration deadline for the symposium is September 15, 1993. Attendance will be limited to 250. CME Credits.*

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JAMES D. MALONEY, M.D.
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Society's Public Outreach Strengthened by New Department

Communications Division

Involvement in public initiatives has long been a major State Society priority. Physician volunteers and staff from various branches of the Society have represented the Society in numerous state, local, and private organizations affecting public health and welfare.

In the late 1980s the need for better coordination of the Society's public affairs efforts as well as increased outreach were highlighted as part of the Society's Plan for Revitalizing Communications. Since the plan was put into effect in 1991, the new "Department of Public Affairs" has developed into an integral part of the Society's Communications Division. John H. Wright joined the Society in 1991 as director of the new department, bringing with him more than 23 years of professional experience in public relations, television, education, and government service.

Following are some of the department's ongoing programs that are bringing positive visibility to the Society and reinforcing medicine's presence in public affairs statewide:

Anti-tobacco programs

The State Society's anti-tobacco efforts have been stepped-up through "Youth Against Tobacco," a program of the Pennsylvania Department of Health, in partnership with the Society, the Pennsylvania Department of Education, and the American Cancer Society. Through school and youth organizations, the campaign encourages teenagers not to smoke by asking them to take a pledge and providing them with anti-smoking information.

This program has gained exceptional publicity in large part because of an award-winning television public service announcement produced by the Minnesota Department of Health using "smoking animals." More than 40,000 posters of the animals—posed to appear to be smoking cigarettes—have been distributed statewide. In addition, an award-winning 'rap' radio public service announcement and other materials such as bookmarks, book covers, and refrigerator magnets, have been handed out at public displays and through participating schools and organizations.

The program has been exhibited at the state capitol, the state Farm Show, the annual meeting of the Pennsylvania Health Educators Institute, and the Pennsylvanians AWARE youth conference. Since November, thousands of youngsters have signed pledges and more than 44,400 requests for information kits have been fulfilled.

Another anti-tobacco program involves cooperation with the Pennsylvania Pharmaceutical Association to recognize pharmacies that stop selling tobacco products. For the past two years, this program has recognized more than 60 pharmacies with certificates and letters from the Society president.

Women's health initiatives

To help promote women's health, the Society participated in "The Breast Test," a live, one-hour public television network program seen by more than 95,000 viewers across the commonwealth. Originally broadcast from WQED, Pittsburgh, in cooperation with the Allegheny County Medical Society, the program was simulcast over seven public television network stations where volunteer physicians and others manned phone banks, responding to more than 2,000 calls. As a result of the program, more than 10,000 booklets on breast self-examination were distributed.

Funding was provided by the Medical College of Pennsylvania, the Pennsylvania Public Television Network, and the Jewish Healthcare Foundation of Pittsburgh, with numerous other organizations participating. Funding is being sought to air this year's program nationally.

Rural health sponsorships

The Society is a sponsor and is represented on both the planning committee for the Pennsylvania Rural Health Conference, held for the second year May 10 and 11, and the Advisory Committee of the Pennsylvania Office Rural Health of Penn State University. Society Past President Robert N. Moyers, MD, moderated the opening session at this year's conference, a panel on the Clinton heath care reform proposal. Invited guests included U.S. Senator Harris Wofford, state Representatives Dwight Evans and John Wozniak, and state Senator John Peterson. Thomas J. Weida, MD, a Society member and president elect of the Pennsylvania Academy of Family Physicians, served on a panel on managed care.

Promoting wellness

The Society is one of nine corporate and nonprofit sponsors of the Sixth Annual Keystone Health Promotion Conference, to be held June 21-25 at Susquehanna University, Selinsgrove. More than 200 participants, including health educators, nurses, administrators, and others, are expected to register and attend the week-long conference to promote comprehensive health education and wellness.

Specialty society involvement was encouraged through the State Society, and the Pennsylvania Academy of Ophthalmology responded by planning a segment involving ophthalmology and the school-age child.

Health system reform plans

John Wright represents the Society on the Health Care Roundtable, a consortium of a broad range of partners, including the American Association of Retired Persons, and Pennsylvania health industry and business organizations. To educate Pennsylvanians to better participate in the public debate and make informed decisions on major health care issues, the consortium is initially encouraging community-based health system reform roundtables. Robert N. Moyers, MD, participated in a forum held in Coraopolis in October. Other forums are planned for Harrisburg and Newcastle in May, and Berks County later in the summer.

Patient information

More than 130,000 copies of the Society's "living will" brochure, *Dignity in Life — Dignity in Death*, have been distributed to Society members and the general public. In cooperation with the Commission on Bioethics and Council on Education and Science, a revised living will brochure was published within three weeks after the legislation became law.

Four issues of "A Healthier You," a pilot patient information project, were inserted in the Society *Executive Report* newsletter to members. Subjects included AIDS, health system reform, tuberculosis, and cardiac bypass surgery.

Other initiatives

AIDS: A workshop on AIDS prevention for more than 100 school nurses, teachers, and administrators was conducted in cooperation with Penn State-Harrisburg and the state Department of Education. The course was taught by John J. Dennehey, MD, of Geisinger Medical Center; Sam Monismith, PhD, Penn State-Harrisburg; and Marion Sutter, PhD, of the Department of Education.

Minority health: The Public Affairs Department was the point for Society cosponsorship and participation in the first Pennsylvania Conference on African-American and Minority Health Issues, sponsored by state Rep. David P. Richardson Jr.

Domestic Violence: Planning continues for the first annual Rev. Dr. Martin Luther King Jr. Youth Assembly where John Wright serves on the promotion and executive committees. To be held June 11-13 in Harrisburg, the assembly is expected to educate about 500 multi-ethnic youth from across the state in methods of non-violence.

Doctor's Day: Every year, county, state, and national branches of the federation of medicine promote March 30 as Doctor's Day. The Society's Public Affairs Department works to promote this event internally as well as externally.

Drug and alcohol abuse: Information kits from the National Council on Alcoholism and Drug Abuse about their "April is Alcohol Awareness Month" campaign were sent to county medical society executives.

Women in Medicine: The Public Affairs Department began "Women in Medicine" month activities statewide, encouraging Governor Casey to declare September as Women in Medicine Month for the past two years. Receptions have been held in Harrisburg and Philadelphia to celebrate women physicians and recognize their contributions to medicine throughout history.

What Our Enemies Are Really After: The Other 90 Percent

George Ross Fisher, MD

As statistics have shown, physician income accounts for approximately 10 cents of the "health care dollar." But in this editorial, a Society trustee questions whether the real issue is not that 10 cents, but rather control of the other 90.

When the history of the 1993-94 battle over health system reform gets written, what will it say was the main underlying issue? What was it our assailants really wanted? Could we have afforded just to give it to them? Is the public better served if we did or we didn't?

Let's orient ourselves by looking at the national health care dollar. Twenty cents of that dollar is paid to physicians, but physicians only get to keep half after expenses—10 cents on the dollar, getting steadily less for the past 50 years.

Therefore, although sneers about "rich doctors" immediately provoke us to anger, it is very clear that this battle over health care reform is not really about physician income. If you paid every doctor in the country zero income, it would only reduce health care costs by 10 percent. Class warfare rhetoric is a convenient way to attack the existing order, and it is certainly part of our rust belt conversational tradition in Pennsylvania. But 10 percent cannot be the real issue.

We maybe get a little closer to the real issue when we protest the matter with our assailants. "Well, it's true that doctors only get 20 percent"—there they go again—"but doctors control the spending of the other 90 percent." So now the demon in the health care cost problem is the doctor with a pen—except that doctors have no control over the price of what they order: no control over the $15 hospital aspirin tablets, or the $1,000 emergency room charge for upper respiratory infections, or the $100-a-month prescription drugs, or the $50 blood counts, or the $80 physiotherapy sessions, or the $500,000-a-bed hospital construction.

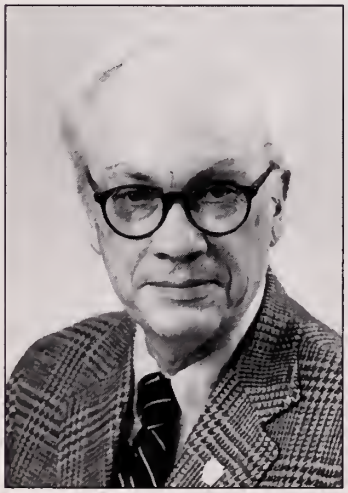
In fact, in utilization matters where the doctor does exercise major control, the physician record is quite creditable. Physicians have reduced hospitalization from 1,100 days per 1,000 population to 300 days per 1,000. Do you think that was due to the Professional Standards Review Organization (PSRO)? Well, I was once president of a PSRO, and I can tell you the reduction in utilization was overwhelmingly a spontaneous effort by the physician community in a public-spirited response to perceived needs of the community. Utilization (controlled by physicians) fell by two-thirds, while hospital prices (totally uncontrolled by physicians) promptly rose by more than four times. I suppose there are some Medicaid mills out there somewhere, but the real cause of the state deficit in Medicaid is in nursing home costs, and that's pretty easy to prove.

Let's come back to the point. Neither physician income nor physician utilization behavior can possibly be real factors provoking all this reform talk with its anti-physician spin. Let's see how much we can explain by a different theory. What these reformers really want is to get their hands on the other 90 percent of the health care dollar, and physician control gets in their road.

It's fairly easy to believe this is what motivates the so-called limited license practitioners, the physiotherapists, the nurse practitioners, and similar. Independent insurance billing is their goal—independent of physician control, that is, and which is not too likely to reduce the cost of medical care.

It is my belief that hospital administrations don't really want to practice medicine or get control of physician income. But it is fairly easy to believe they want physicians to be captives of their laboratories, their operating rooms, their x-ray departments, and their inpatient admissions. That, after all, is 90 percent of the revenue. Doctors are welcome to their 10 percent, particularly if they will keep quiet.

That brings us to managed care networks: health maintenance organizations (HMOs), preferred provider organizations (PPOs), and group practices. The single,



Dr. Fisher, a Philadelphia endocrinologist, is the State Society's First District Trustee.

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Today's Pork: Compare it to chicken for a healthy surprise

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Compare pork with chicken[1,2*]

	Calories	Total Fat	Saturated Fatty Acids	Cholesterol
Chicken Breast, skinless	140	3.0 g	0.9 g	72 mg
Pork Tenderloin, trimmed	139	4.1 g	1.4 g	67 mg
Pork Top Loin Roast (boneless), trimmed	165	6.1 g	2.2 g	66 mg
Center Loin Chop, trimmed	172	6.9 g	2.5 g	70 mg
Chicken Thigh, skinless	178	9.2 g	2.6 g	81 mg

*Table refers to 3-oz. cooked servings.

New study: Pork is now 31% leaner

Pork is leaner today because of significant changes made in breeding and feeding techniques.[1] According to new 1992 official USDA data, fresh pork sold today contains an average of 31% less fat after cooking and trimming than the same pork cuts reported in 1983.[1]

Today's pork fits well within the dietary guidelines recommended by both the American Heart Association and the National Cholesterol Education Program. Here's some advice to help patients on low-fat diets enjoy the variety, extra taste, and versatility of pork:

- Choose the leanest cuts. Shop for cuts with "loin" in the name.
- Trim away any visible fat.
- Keep portions moderate (about 3 oz, cooked).
- Prepare by broiling or roasting, and avoid additional fat in preparation.

1. US Dept of Agriculture. *Composition of Foods: Pork Products*, 1992. Agricultural handbook 8-10.
2. US Dept of Agriculture. *Composition of Foods: Poultry Products*, 1979. Agricultural handbook 8-5.

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"When you already have a group of high-SAT workaholics trained for eight or more years to take care of patients, do you really suppose the system would be run better in a 30-hour week by someone with an MBA or a degree in city planning?"

golden thread running through all of these organizations is that the member physician is limited in his or her choice of vendors to those within the network. There has to be some such explanation for the clamor for networks, because there is no evidence at all that managed care saves money. Managed care may reduce premiums by chasing expensively sick people into other insurance arrangements, but the evidence that the community as a whole saves money is lacking. The highest penetration of HMO-PPO organizations is in the Minneapolis-St. Paul area. Health care costs in Minneapolis-St. Paul are rising as fast as everywhere else.

An interesting insight into the anti-physician mentality is seen in the Pennsylvania Medicaid program. Just about every physician in Pennsylvania knows that Medicaid physician reimbursement rates are less than the office overhead cost of seeing Medicaid patients, for all it matters. It doesn't matter because every physician in Pennsylvania knows it is just about impossible to fulfill the paperwork requirements for Medicaid reimbursement, so you don't get paid anything. If you consider the underlying attitudes which must be at work in the Department of Public Welfare for this to be so, it is very strange to look at their pride in HealthPass.

HealthPass is Medicaid's pilot HMO program run in central Philadelphia. State officials are so pleased with this program they are not only proposing to spread it statewide, they are going to national welfare meetings and saying what a success it is. Some friends of mine are physicians in HealthPass, and they tell me the income they make is really pretty nice. Now, here is quite a paradox. HealthPass saves money. Evidently the state welfare department has discovered a way to walk on water. An alternative explanation is that the department has a mind-set that any doctor must be running a Medicaid mill and shouldn't be paid unless the doctor joins the managed care network, in which case he or she is a public benefactor deserving of comfortable reward.

In quite a different arena, last December the AMA House of Delegates was treated to a bewildering uproar about the ethics of self-referral. Somehow it was unethical to refer to a laboratory where you owned a part interest, but it was just fine to enjoy income redistribution within an HMO, group practice, or faculty practice plan. Somehow my confused mind went back to all those little hospitals I know that were started by a physician in some large, empty house in a small town. Also, my mind turned on the inspired editorial in a recent *New York Times*, inspired, that is, by some hearings on physician self-referral conducted by Representative Pete Stark (D-CA). In all the confused and largely well-meaning argument at the House of Delegates, a Biblical phrase came to me. "The voice is Jacob's voice, but the hand—is the hand of Esau."

So you, the reader, can best judge whether I have got this theory right. But if I have got it even close to right, let's ask a strategy question. Since the reformers probably don't much care about our 10 percent, maybe they would leave us alone if we gave them control of the 90 percent. Maybe they would even give us 12 percent or 15 percent to make nice. Would that be in the public interest?

The examples available to us are not encouraging. When England adopted socialized medicine, its chief advocate, Aneuryn Bevan, announced how he would win over the doctors: "I will stuff the doctor's mouths with gold." Does that sound as if Mr. Bevan thought the big problem in England was physician overpayment? And now, after 40 years of that health system, can we really believe that three-year waits for elective surgery were a desirable feature which surgeons were perversely preventing under the old system? Conversely, how long do you suppose it would take for that backlog to disappear if you let the surgeons run the system?

When you already have a group of high-SAT workaholics trained for eight or more years to take care of patients, do you really suppose the system would be run better in a 30-hour week by someone with an MBA or a degree in city planning?

Let's look at the question in another way. Is it more practical to train a doctor about accounts receivable, or to take an accountant and teach him or her medicine? Bean counting isn't very exhilarating work, but if beans have to be counted, doctors could do it.

Anyway, the big saving that increased doctor-control of the system would offer the public is the likelihood that doctors would quickly decide that most of those beans don't need to be counted. In fact, maybe we will rediscover that a hospital is not just a place to generate paychecks; a hospital is a place where a doctor takes care of someone who is sick.

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Reform Legislation: Potential Implications for Physicians

Thomas P. Weil, PhD

Differences of opinion on health care reform most often center around the issue of whether to continue with the current pro-competitive, market-driven, pluralistic approach, with its 1,500 third-party payors[1]; emulate the German quasi-private, quasi-public approach[2]; or implement a more regulated single-payor, Canadian-type design.[3]

Those who still support the existing health care delivery approach argue that we have the finest scientific and technologic system in the world, and that there should be grave concern about any further government intrusion into the practice of medicine.[4] Those who are more supportive of replicating the German or Canadian model in this country stress the significant savings that can be realized by setting global budgetary targets for total health care expenditures,[5] reducing administrative expenses[6], and possibly eliminating the unnecessary duplication of high technology services.[7]

Although it may be difficult to predict the steps, specific benefits, and timetable for the passage of a health reform plan in the U.S., we must speculate on some of the possible implications of such legislation on physicians, because this social insurance program could soon provide coverage to one-fourth of the nation's population. For purposes of simplicity, this brief discussion is limited to the following elements of a potential U.S. health reform plan: patient benefits; plan administration; plan costs; and reimbursement methods and fiscal incentives for physician services to provide improved patient accessibility for care, but also to contain total health care expenditures.

"What is worrisome is that more politics than patient care needs will be considered in designing the initial package of benefits."

Dr. Weil is president of Bedford Health Associates, Inc., management consultants for health and hospital services, Asheville, North Carolina.

Patient benefits

Since the uninsured have higher rates of illness and disability than the insured,[8] a major conceptual advantage of a health reform plan would be that the physician-patient relationship, for the new 37 million Americans without benefits each day, would no longer be constrained by the patient's inability to pay for services. This assumes under the new plan the availability of a broad range of physician and hospital benefits that would include diagnostic, curative, and rehabilitative services without significant deductible or coinsurance features.

Many current health reform proposals, however, provide only basic benefits (e.g. routine physician office visits and inpatient visits; maximum of 30 days' hospitalization) and exclude almost all tertiary services. This is an issue for many medical and surgical subspecialists since the uninsured already have inadequate access to cardiology and cardiac surgery services,[9] high-risk newborn care,[10] high-cost and high-discretion procedures,[11] and treatment for lung cancer.[12]

Since there is also considerable concern that these new health reform benefits might compete with existing health insurance benefits or be fiscally unaffordable, compromises will need to be struck among physicians, hospitals, and other providers with respect to the benefits to be provided. What is worrisome is that more politics than patient care needs will be considered in designing the initial package of benefits. Another factor to weigh is how primary care will fare in these discussions with their procedure-oriented colleagues, since this could be a key indication of what each others' role and income will be with universal access and then potentially later with a national health insurance (NHI) plan.

Plan administration

The prospect of implementing a single-payor, Canadian-style NHI plan remains unlikely in the foreseeable future for both political and fiscal reasons, even though such an approach could save annually between $55 billion and $100 billion.[13] This is in part because many Americans are unwilling to allow the government to make health policy decisions that might affect the delivery of services to themselves or members of their family. In addition, the Health Insurance Association of America

(HIAA) and the Blue Cross/Blue Shield Association have retained powerful lobbyists who will advocate using existing third-party payors to achieve universal access coverage thereby ensuring their own future corporate viability.

Since a multi-payor system is probably the only politically feasible approach to implementing a health reform plan in the foreseeable future, there has been considerable emphasis on potentially using managed care approaches to micro-manage new benefits for the previously uninsured. When given a choice, some physicians would prefer to be hassled by such micro-management methodologies as gatekeeping, precertifications, recertifications, second opinions, and concurrent review rather than be dictated to by one single payor—the government. But maybe the question should be, "Are managed care plans that have experienced their major growth and can work well in a procompetitive environment conceptually consistent with the implementation of a highly regulated health reform plan?"

The success of most health maintenance organizations (HMOs) is dependent on their ability to select their enrollees,[14] reduce hospital inpatient utilization,[15] maintain long waiting times for non-emergency and most diagnostic visits without antagonizing the patient,[16] and other similar approaches to either reduce utilization or cost.[17,18] Managed care plans, excluding most large-group or staff-model HMOs, might well be alien to the regulatory environment where there is open enrollment for those now uninsured, where hospitals are reimbursed roughly the same amount for similar services irrespective of the third-party payor, and where most physicians are paid on a fee-for-service rather than a salary or capitated basis.

HIAA, Blue Cross/Blue Shield, and some providers should be relatively successful in lobbying to foster under the health reform plan the current multi-payor, micro-management approach. But the conceptual inconsistency—the management difficulties in administering a plan for more than 60 million potential beneficiaries, and our predictable inability to contain the cost of a universal access plan—might well encourage more public officials and others later on to restudy as potential models the Canadian[19] or German systems.[20]

Plan costs

The significant rise in health care costs, and the increasing number of persons without health insurance benefits in the 1980s, raises doubts of the efficacy of the procompetitive model for the health field. Already, under President Clinton's proposals, speculation has arisen that there could be significant pressures to reduce either physician fees (i.e., price) or utilization (i.e., volume of services).

There is increasing evidence based on experience in the U.S., Canada, and 10 European countries,[21] that central fiscal control is the key factor to explain differences in health care spending across nations. NHI advocates[22] suggest that health care systems relying on some overall control of spending are generally more cost effective than those counting on more decentralized mechanisms of control. It is doubtful, therefore, that cost containment efforts for a health reform plan can be implemented by some cost-sharing approach (i.e., deductibles and co-insurance) or the micro-management of physician and hospital services by many managed care plans.

Reimbursement methods/fiscal incentives

The resource based relative value scale (RBRVS) Medicare fee schedule, now being phased in over a five-year period, was predicted to improve the imbalance in income between primary care and procedure-oriented physicians. These regulations have been under attack by many medical and surgical subspecialists as well as hospital-based physicians, although at the outset it was predicted that the regulations would have only a modest negative impact on most of their incomes. In some large, high-cost metropolitan areas, some medical and surgical subspecialists are now not accepting any additional Medicare patients.

What should be of far greater concern in the long-run is the expansion of the RBRVS approach to the currently uninsured as part of the universal access plan and then the entire population, which many believe will eventually happen anyway. Since it is unlikely that most physicians under universal access and then a NHI plan will be paid on a salary or capitated basis, the RBRVS approach will become a critical historical linchpin.

What could have an even greater impact on physician reimbursement than the relative value methodology are more studies that compare per-capita expenditure for physician services in the U.S. with other western nations. Two Stanford economists[23] concluded that the cost of physician services is significantly greater (a ratio of 1.72) here than in

"There is increasing evidence based on experience in the U.S., Canada, and 10 European countries,[21] that central fiscal control is the key factor to explain differences in health care spending across nations."

Canada, and these differences were explained almost entirely by higher fees. Although fees in this country for procedures are more than three times as high as in Canada, physicians' net incomes here are only about one-third higher.

The recommendations contained in this study would be predictable by most physicians: there is a need to train more primary care doctors (the top priority), reduce billing costs, eliminate some patient/employee amenities, and minimize overhead and administrative expenses—in particular, to reduce those costs that relate to such expenditures as malpractice, marketing, and negotiating contractual relationships with third-party payors.

Where physician reimbursement might be heading late in the Clinton administration is toward global budgetary targets whereby physicians' fees and related services will be set on a national and then state-by-state basis. There eventually will be agreed-upon state-administered physician fee schedules, and large increases above projected volumes caused by any consumer- or provider-induced demands will result in a reduction of the fees per unit of service the following year. An obvious concern is that these reimbursement methodologies would encourage quick and frequent visits, as have been the experience with the German quasi-private, quasi-public approach.[24]

What the future holds

The nation's current economic conditions, the first time in 60 years that a recession has adversely affected the middle class, might well be the actual trigger mechanism in the passage of a U.S. health reform plan. When enacted, it would provide basic physician and hospital benefits for currently uninsured patients and would thereby enhance current physician-patient relationships.

The nation's 1,500 third-party payors with their managed care strategy will have difficulty, for reasons outlined earlier, in micro-managing the pressures to ensure high quality patient care; more benefits, including tertiary services; and less cost to the private and public sectors. As a political compromise between maintaining the existing pluralism and implementing a single-payor Canadian approach, we could expect later on to proceed toward the German quasi-private, quasi-public model where there are national and state global budgetary targets, but where there is no direct government intervention in the actual setting of physician fees.

Although a universal access plan may be alien to our current values of pluralism and individual responsibility, I would vote for some evolutionary-type health reform now, rather than waiting a few years until cost containment and the number of uninsured become an ever increasing problem.

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HEALTH DEPARTMENT BUDGET INCREASES TO HALF BILLION

Increased funds to tackle the state's public health priorities—tuberculosis, infant mortality, domestic and youth violence, and the primary physician shortage—represent major portions of the Department of Health's 1993-94 budget. The recommended budget exceeds half a billion dollars for the first time, a 21.6 percent increase over the past two years.

Outlining the preliminary budget plans before the State Society's Board of Directors in March, Secretary of Health Allan S. Noonan, MD, said that "the real strength of the Department of Health (DOH) is in its people." To accomplish 14 new initiatives, department staffing will be increased by 28 new positions, including six laboratory inspectors and 16 long-term care quality assurance positions.

Funds for public health

Uppermost among Dr. Noonan's public health concerns is tuberculosis. While emphasizing that "confinement is our strategy of last resort," he highlighted plans to open three new facilities for confinement of recalcitrant TB patients. This "major budget item" would develop accommodation for 10 to 15 patients at each site. The budget also slates $677,000 for community outreach and residential treatment of TB patients who are unwilling to cooperate with mandated programs.

To enhance maternal and child health within the commonwealth, DOH will be working with the Department of Public Welfare to pool $30 million in funds. DOH has slated $4.8 million of the federal Maternal and Child Health Services Block Grant to focus on increasing early enrollment of pregnant women into prenatal care. Another $900,000 will be used for targeted outreach efforts in prenatal care; $337,000 will be used to enhance counseling services for women with substance abuse problems; $635,000 will start follow-up health care services for infants at eight hospitals with high-risk birth rates; and $1.3 million will be used to increase the number of community workers providing health, social services, and parenting education.

Funds to help increase the number of primary care practitioners in the state will more than double in this year's DOH budget. The additional $1,418,000 will bring total investment in this area to over $3.2 million for next year.

According to Dr. Noonan, the new budget allocates funds to combat youth violence for the first time in Pennsylvania. DOH is targeting $140,000 in federal funding to combat homicide, assault, and suicide.

Other new initiatives and priorities in the new budget include:

- $359,000 in federal funds to develop programs and resources for prevention of injuries from automobile accidents, poisoning, falls, and fires. The funds will be used to establish 10 local coalitions in conjunction with the SAFE KIDS programs. (See the January 1993 issue of this publication, page 26, for more details on SAFE KIDS.)
- $220,000 to improve education of minorities about AIDS;
- an additional $2 million for expansion of drug and alcohol case management services to nearly 3,400 more persons;
- an additional $76,000 in state funds and $75,000 in federal funds to expand the chlamydia testing program begun in 1989;
- over $550,000 in new state and federal funds to expand the department's quality assurance efforts in nursing homes.

WELFARE BUDGET PROPOSES FEDERALIZED GA PROGRAM

To address rising Medical Assistance (MA) program costs of nearly $700 million in the next year, Governor Robert P. Casey on March 8 proposed a Department of Public Welfare (DPW) 1993-94 budget that would federalize the state's General Assistance (GA) program, a measure supported by the Pennsylvania Medical Society.

By federalizing the GA program, Pennsylvania could claim federal financial payments made for MA services provided in inpatient hospitals for GA recipients under the Federal Disproportionate Share Program; currently such payments are funded 100 percent by the state. DPW has said that though the measure would pull in an additional $247.4 million of federal funding for fiscal year 1993-94 and another $254.9 million for 1994-95, the change would have no impact on the types or amounts of services provided to program recipients.

Another budget proposal supported by the Society is an intergovernmental transfer of funds that would allow more federal nursing home dollars. According to the department, this transfer would generate approximately $99.1 million for 1993-94.

Other proposals would:

- limit inpatient admissions for all adults aged 21 and older to two per year, except for pregnant women and children. DPW reevaluated its service coverage package and, believing it was previously "very liberal," would institute limits consistent with other insurance programs. *Savings for 1993-94: $10.5 million; for 1994-95: $33.9 million.*
- eliminate not medically necessary drug and alcohol admissions. DPW would implement this change to coincide with the statewide implementation of Act 152, which will provide alternative treatment resources and help ensure MA recipients receive treatment at the most appropriate level of care. *Savings for 1993-94: $5.2 million; for 1994-95: $16.3 million.*
- eliminate hospital payment for non-emergent care in the emergency room. DPW would maintain sufficient funds to cover the appropriate use of outpatients clinics and physician office services, thus eliminating the need for this coverage. *Savings for 1993-94: $2.2 million; for 1994-95: $6.7 million.*
- eliminate payment for chiropractic and podiatric services. Finding that many other state Medicaid programs do not provide such services, DPW proposes to cut reimbursement for them in an effort to contain costs. *Savings for 1993-94: $1.5 million; for 1994-95: $4.7 million.*

The governor's proposal also calls for a savings of $87.7 million by revising hospital payments and performing more stringent reviews of medical claims. Included among the hospital payment changes is the elimination of medical education payments, a proposal the Society opposes. The Society also would oppose any provider taxes, though they are not proposed at this time.

Finally, proposed initiatives include a comprehensive health care package for children from low-income families and a managed care or HMO-type health care plan to assist an additional 45,000 MA patients.

One to One.

One to One is a series that invites physicians to ask questions about Pennsylvania Blue Shield.

We've designed *One to One* to be another open line of communications between physicians and Blue Shield. Our goal is to give you the opportunity to ask questions — and to give us the chance to provide physicians with information about both our Private Business and Medicare operations.

Your questions will be addressed by Joseph A. Ricci, M.D., Blue Shield's senior vice president of Professional Affairs. If you have a question, please write Dr. Ricci at Pennsylvania Blue Shield, P.O. Box 890089, Camp Hill, PA 17089.

What is a certificate of medical necessity?

An authorization form that health care providers fill out for their Medicare patients who require durable medical equipment or supplies. It is essentially a prescription for the equipment that the patient needs. Medicare requires a certificate of medical necessity, or CMN, to provide reimbursement for the equipment.

CMNs authorize the purchase of equipment or supplies that are used in the home by a Medicare patient. This includes such things as oxygen equipment, wheelchairs, artificial limbs, braces, ostomy supplies and special hospital beds. When a piece of durable medical equipment is prescribed by a physician, Medicare also covers the repair and maintenance of that equipment.

When does a physician fill out a CMN?

A physician should fill out a CMN when a patient's diagnosis warrants the use of durable medical equipment. After you determine that the equipment meets a medical need for your patient, fill out a CMN as your authorization for Medicare reimbursement. Again, the rule is that the equipment must fill a medical need. It should not just be a convenience for the patient.

Are there other things to remember when filling out a CMN?

A health care professional should fill out all CMNs. Equipment suppliers should fill out just their specific portions of the form.

The provider should list the specific equipment or supplies he or she is prescribing and should be familiar with its use and limitations. It should not be up to the supplier to make the choice.

Choosing the right piece of equipment is also important. The variety of equipment available today allows you to pick something that will fit your patient's needs, without necessarily being expensive. The key is to be aware of what you are ordering. It doesn't have to be extravagant to work.

For example, a hospital bed that is raised or lowered by a hand crank – as opposed to a more expensive electrically-powered bed – may suit the patient's needs and save money for the Medicare system.

Before you sign a CMN, check it quickly to ensure it lists the specific piece of equipment you prescribed for your patient. Then, have your staff put a copy of the signed form in the patient file for future reference. The original copy should be sent to the supplier, who submits it to Medicare for reimbursement.

It is also a good idea to periodically re-evaluate the continuing need for the equipment. Again, the rule of thumb is medical necessity – does this equipment continue to fill a medical need?

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ACTIONS OF THE BOARD OF TRUSTEES, MARCH 10, 1993

BOARD ADOPTS MANAGED CARE PAPER

At its March 10 meeting, the Society's Board of Trustees adopted an extensive paper entitled, "The Role of Managed Care in Improving Quality and Controlling Health Expenditures."

The paper—developed by the Society's Council on Medical Economics and coordinated with the Society's Task Force on Health Care Reform and Access—outlines the role of managed care in cost control and quality improvement, safeguards to *protect* quality and access, paperwork protections, the importance of freedom to choose plans as well as physicians, the importance of a pluralistic insurance market, the continued need for medical education and research funding, the need for tort reform, and the continued need to increase the supply of primary care physicians.

The paper will serve as a major addition to the Society's health system reform proposals being circulated to legislative leaders and representatives of business, labor, insurance, provider, and consumer organizations. Excerpts will be published in a future issue of PENNSYLVANIA MEDICINE; members may request a complete copy by calling the Society's Division of Communications and Public Affairs at (800) 228-7823.

Related recommendations

In related action, the board approved two managed-care-related recommendations.

The first, from the Council on Medical Economics, directs the Society to support the Pennsylvania Department of Health (DOH) in its efforts to regulate and provide oversight of point-of-service managed care plans, particularly those self-insured plans that fall under the Employee Retirement Income Society Act (ERISA), which exempts them from government oversight.

The point-of-service plans use primary care gatekeepers to control utilization of services, but allow subscribers to go outside the network of physicians if they so choose, but with a monetary penalty. The companies have disputed the health department's regulatory oversight over these health care products.

A showdown recently occurred between DOH and ERISA-exempt companies when three point-of-service products were introduced this year without department approval. Though DOH will not bring regulatory action against the company offering these products, the Society agrees DOH oversight of such programs is needed.

The second approved recommendation, from the Council on Medical Practice, directs the Society to continue all ongoing activities to educate members about managed care, and authorizes the development of educational materials and seminars.

Finally, the Society's Task Force to Develop a Managed Care Network reported that it has been meeting with consultants to discuss the appropriate organizational response of the State Society to the managed care movement. The task force is studying the Society's role in developing and organizing a broad-based or regional alternative delivery system, physician network, or third-party administrator.

POSITION REVERSED ON SUNSET OF PHC4

At the recommendation of the Executive Committee, the board reversed its position favoring the sunset of the Pennsylvania Health Care Cost Containment Council (PHC4). The committee and board agreed that the State Society's best interest lies in supporting the existence of the council, acting to make it a useful resource for health care delivery, and supporting proposed amendments to legislation to reenact the council and its principles relating to operation.

The Society's original opposition to PHC4 was a response to the introduction of a bill in 1989 to abolish the council amid concerns about the council's effectiveness and the cost of compliance with data collection. But to enact health system reform proposals that favor "consumer choice," which is based on the ability of consumers to obtain and assess health care data necessary for making informed choices, the Society realizes the council or a similar entity would be needed to collect and provide such data, and the board believes an independent health care cost containment council is preferable to other alternatives.

The Society was also concerned that "opposing" PHC4's existence diminished credibility in critiquing data such as the recently released coronary artery bypass graft surgeon-specific report. According to Society President Donald G. Ferguson, MD, "Our long-held opposition to continuation of the council was not a fight against responsible data collection and analysis; it was instead a statement of concern that inappropriate use of data would do more harm than good...We believe that by dropping our 'political statement' of opposition to the council, the Society will become better known for its 'philosophical statement' of support for good, quality data and responsible use of that data."

"LANCASTER PLAN" MAY SERVE AS MODEL

The State Society, at the recommendation of its Task Force on Health Care Reform and Access and with board approval, will support the development and testing of local networks to deliver care in a coordinated system to Pennsylvania's Medical Assistance (MA) population.

Acknowledging that managed care may be one way to improve access and reform the health system, Lancaster County will pilot a program—the Lancaster Community Health Plan Managed Care Pilot Project—as part of the Department of Public Welfare's MA managed care initiative. The Society is suggesting that, if the pilot is successful, it be used as a model for the development of other local networks across the state to serve the uninsured and underinsured, as well as MA recipients.

Further, the Council on Governmental Affairs is investigating the feasibility of converting the Society's health system reform proposals into legislative action.

OTHER ACTIONS OF THE BOARD

Acting on several other recommendations presented at its March meeting, the board:

- approved the concepts expressed in a model letter to be sent to employers, third-party insurers, or prescription drug programs that attempt to influence physician prescribing inappropriately;
- adopted a policy statement on the inappropriate use of U.S. DEA numbers by many third-party insurers and pharmacy services for drug utilization review procedures;
- approved a position paper on tuberculosis (see "Physicians to Play Key Role in Halting the New TB Threat," page 16);
- authorized the production of a videotape, in partnership with the Department of Aging and the Pennsylvania Bar Association, to educate consumers of all ages on advance directives;
- endorsed the idea of a meeting, scheduled for June 3, between Society leaders and specialty society officers, to discuss the Society's health system reform proposals, and directed that representatives of the Society's other specialty sections also be invited;
- approved that the Society assist the Beaver County Medical Society in the appeal process to reverse the IRS's denial of tax-exemption; and
- adopted a report on the cost effectiveness of PENNSYLVANIA MEDICINE.

Board member Robert L. Lasher, MD (Erie County, center), was one of 37 Society members to attend the AMA gathering of physicians in Washington, DC, in March. He visited the office of Congressman Thomas J. Ridge (R-Erie, left) along with Robert J. Carroll, MD (Allegheny County, right).

IN THE NEXT ISSUE:

Watch for complete coverage of the ***Pennsylvania Medical Society Leadership Conference***

and

Information on ***Radon Gas*** *as an environmental threat to patients.*

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

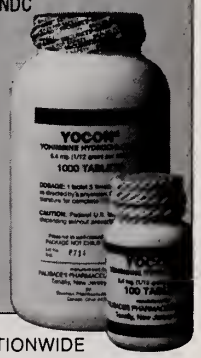
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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An Editor's-Eye View of the AMA's Washington Summit

by John W. Mills, MD
Medical Editor

Society leaders met with Pennsylvania's two U.S. senators during the AMA summit in Washington. Pictured above (left to right) are: Roger Mecum, Society executive vice president; John W. Lawrence, MD, chairman of the Society's board; Senator Arlen Specter; Donald G. Ferguson, MD, Society president; and Robert G. Doe, MD, president of the Lancaster County Medical Society. At left, Senator Harris Wofford considers health system reform proposals presented by the Society.

More than 1,000 physicians from across the country joined together March 23-24 in Washington, DC, to discuss health system reform. Speakers included Vice President Al Gore, Health and Human Services Secretary Donna Shalala, and a number of key Congressional leaders. The event, "A Time for a New Partnership," generated a great deal of media coverage, and excerpts of speeches were aired on C-SPAN. The Society's Key Contact program was responsible for sending approximately 50 participants, the largest contigent from one state.

As medical editor of this publication—and as a State Society trustee, practicing physicians, and a consumer of health services—I felt duty-bound to attend the AMA's Washington, DC, meeting in March, heralded as an historic gathering of physicians. It was an eye-opening affair, and I offer here, from my copious notes, a sketch of the speakers' remarks:

Senator Nickles (R-Ok.): Senator Nickles feels that Medicaid is broken and the Health Care Financing Administration is overextended, that price controls will be a disaster, and that the government should make no promises for which it can't pay. He questions employer mandate, thinks that malpractice and antitrust laws definitely need reforming, and believes that a reform package will be passed this year.

Representative Pete Stark (D-Cal.): Representative Stark's opening "joke" about death by torture had an ominous ring to it—at worst I would translate it as a reference to death to the medical profession as we know it. He feels the Canadian system is very successful, and admonished us to abide by the congressional budget office's strict rules, although he didn't bother to tell us what the rules are. He said we should get rid of PROs, and that we basically have three choices: 1) a fee freeze, 2) cost controls, or 3) premium controls. He favors cost controls, predicting a large number of "high-priced physician losers." He also favors moving the entire U.S. health care system under Medicare since that bureaucracy is already established.

Senator Phil Gramm (R-Tex.): Senator Gramm believes that market forces have not worked in the past to control rising costs, and yet he also says that global budgets equate to price control and rationing. His definition of managed competition is a "foggy idea." He describes Hillary's reform task force as mostly ghostwriters doing a visionary plan about something they know little about. He likens the U.S. health care system to a large black box entitled "danger high voltage," cautioning us to be careful as we move the inner wires around.

Senator Edward Kennedy (D-Mass.): Senator Kennedy read a "canned" speech in which he noted that Congress "will try" for anti-trust relief. He did state rather emphatically that the present malpractice system and paper overload should be relegated to the trash heap.

Vice President Al Gore (D-Tenn.): The vice president noted that 60 of the 500 people on the reform task force "are doctors," but didn't mention whether or not all 60 are physicians. He was delighted with the AMA stance, saying that tort reform and paperwork hassle relief are musts, and that the task force realizes

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Keith Williams
Wilkes-Barre, Pennsylvania

Vice President Al Gore

Representative Fortney (Pete) Stark (D-CA)

Senator Robert Dole (R-KS)

the patient's choice of physician and choice of type of coverage are very dear to Americans. He essentially said to the physicians, "you give us global budgets and we'll give you tort reform and hassle relief."

Senator Robert Dole (D-Kan.): Senator Dole indicated that he was told by the White House that they wanted " no Republican input" on the reform task force. He predicted extensive debate of reform policies and proposals, but that reform legislation might slip through this year despite the Republican coalition. He said Congress definitely does not have enough votes to sustain tort reform.

Senator George J. Mitchell (D-Maine): Senator Mitchell agreed that paperwork must be standardized that and malpractice needs reformed.

Health and Human Services Secretary Donna E. Shalala: Secretary Shalala gave no mention whatsoever of Hillary's task force, only describing HSS plans for preventive medicine. Her remarks were geared more toward the high school level than toward physicians.

Senator Jay Rockerfeller IV (D-West Va.): Senator Rockerfeller seems to be the driving force behind the President's health reform mission. He feels the AMA should do surgery on the whole health care system because if no new system is adopted, chaos will result and, without question, a single-payor system will emerge. He believes that a reform package must be passed this year or we will have lost momentum, and added that medicine has the most to gain from this painful process!

Representative Newt Gingrich (R-Ga.): Representative Gingrich ditched his prepared remarks and decided to wing it in the style of a real Southern orator. He wondered how we can trust a secret plan, devised by unknown persons, many of whom are attorneys. He cautioned that all Americans need to be told the truth about the plan and the taxes they will face to pay for it. He feels that all attorneys ought to be reimbursed by a Medicare-RBRVS-based system. and would like to see the attorneys argue before the Supreme Court why such a system is unconstitutional for them but constitutional for us!

Professor Kenneth Thorpe, PhD, deputy secretary of health care policy: I was pleased to be able to arrange a private meeting with Dr. Thorpe, a health care economist serving as a member of Hillary Rodham Clinton's reform task force. He happens to be a native of my home base, Indiana County. As a member of the task force, he is restrained from speaking to the press, but consented to discuss general issues.

On tort reform: he agrees the system needs to change, and proposes moving malpractice premium payments to the umbrella group so that individual physicians would no longer have to pay these premiums. He also suggested that anti-trust relief is a "sacred cow" which many Senators refuse to touch.

On managed competition: I told him of my concern that this will be farily simple to implement in urban areas with large numbers of employers and employees, but not feasible in rural areas. He referred to a "national plan" for these areas—that sounded ominous to me.

On physicians' income: After Dr. Thorpe threw some income figures at me that staggered my rural intellect, I was better able to understand why the administration is interested in cutting back this type of reimbursement.

PARTIAL FILLING FOR SCHEDULE II PRESCRIPTIONS

Though for many years it was illegal to partially fill a schedule II controlled substance prescription after 72 hours from the time of initial filling, recent federal regulation—compatible with Pennsylvania laws—now permits partial filling for long-term care facility (LTCF) patients, as well as patients "in hospice or home care that have a medical diagnosis documenting a terminal illness."

The initial law created several problems in LTCFs and was amended years ago to permit pharmacists to partially fill prescriptions for a period of up to 60 days. Recognizing that terminally ill patients also faced similar problems under the law, the Drug Enforcement Agency in 1991 amended the regulation for those patients as well to allow partial filling for a period of up to 60 days.

Documentation requirements are the same for both types of patients under the new regulation. First, the pharmacist must record on the prescription whether the patient is "terminally ill" or a "LTCF patient." According to the regulation, a prescription that is partially filled and does not include such notation "shall be deemed to be have been filled in violation of the Act."

Second, accurate records—including the date of partial filling, the quantity dispensed, the remaining quantity, and the identification of the dispensing pharmacist—must be maintained for each partial filling so that the total quantity of drug provided would never exceed the original amount authorized by the physician.

Also, for terminally ill patients, pharmacists must verify with each partial filling that the patient is still terminal. The regulation states that "if there is any question whether a patient may be classified as having a terminal illness, the pharmacist must contact the practitioner prior to partially filling the prescription," and that "both the pharmacist and the prescribing practitioner have a corresponding responsibility to assure that the controlled substance is for a terminally ill patient."

The 1991 amendment frees families from storing large amounts of narcotics that may not be required because of the impending death, e.g., of cancer patients. Similarly, repetitive prescriptions, which would just make more work for physicians and their terminally ill patients, are not necessary. (See the June 3, 1991, *Federal Register.)*

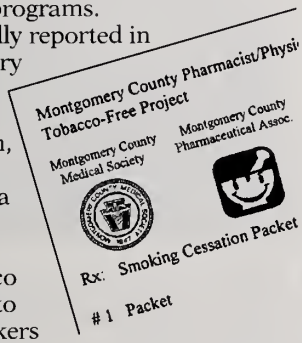
Neil M. Ellison, MD, an oncologist at Geisinger Medical Center, Danville, and Carl Gainor, PhD, JD, legal counsel of the Pennsylvania Pharmaceutical Association, Harrisburg, and assistant professor at the University of Pittsburgh School of Pharmacy, contributed to this article.

COUNTY NEWS

MCMS SMOKING-CESSATION PROGRAMS SUCCESSFUL

The Montgomery County Medical Society (MCMS), working with the county pharmaceutical association and health department, has been highly successful in its smoking-cessation programs.

As initially reported in the February 1993 issue of this publication, MCMS developed a dual-approach anti-tobacco campaign to reach smokers and help them quit smoking. The first part of the campaign, designed to target smokers at the point of sale, is educational and requires the cooperation of county pharmacies and physicians. Currently, 110 physicians and 26 pharmacies are actively involved.



Participating pharmacies display a "Quit Smoking" message and distribute smoking-cessation packets. Participating physicians receive a packet containing:

- "smoker" identifier stickers to be placed on charts of patients who smoke,
- smoking-cessation pamphlets,
- a list of local participating pharmacies that have smoking-cessation materials,
- a referral pad to refer patients to participating pharmacies, and
- physician/employee "Quit Smoking—Ask Me How!" buttons.

In the course of contact with a patient who smokes, the participating physician provides a brief smoking-cessation message. If the patient expresses an interest in quitting, the physician then consults the participating pharmacies list and, using a referral/prescription sheet (above), suggests a pharmacy that can supply the patient with a smoking-cessation packet.

If the patient is not interested in the packet, the physician offers the patient a smoking-cessation pamphlet as information and places a "smoker" identifier sticker (at right) on the patient's medical record to remind the physician to reinforce smoking-cessation messages at subsequent visits.

Developed by the State Society, the second part of the campaign recognizes pharmacies that have decided not to sell tobacco products—each receives a plaque identifying it as a "Tobacco-Free Pharmacy." To date, seven Montgomery County pharmacies have received the honor. This initiative, recognized by the AMA as an innovative idea, is being used as a model nationwide.

County medical societies or individual physicians interested in additional information about these initiatives should call MCMS directly at (215) 277-3690.

AMA NEWS

CONTEST BOOSTS AMA'S ANTI-TOBACCO CRUSADE

The AMA and U.S. surgeon general have sponsored, as part of a campaign to achieve a smoke-free environment by the year 2000, a nationwide contest to increase children's awareness of the dangers of smoking.

The contest, "Say No, Old Joe," is designed to combat the tobacco industry's "spending millions of dollars in advertising to encourage young children to start smoking," and is aimed at R.J. Reynolds Company's camel cartoon—cigarette-smoking Old Joe Camel. Studies published in the December 1991 *JAMA* showed children six years of age and older found the character just as recognizable as the Disney Channel's Mickey Mouse logo, and the character's appeal increased smoking of that brand among children five to 32 percent during a three-year period.

The contest asked students in kindergarten through eighth grade to draw a poster or write a letter, poem, or essay telling Old Joe Camel why he should stop smoking. AMA President John L. Crowe, MD, said the campaign hopefully will encourage teachers to discuss the dangers of smoking with students.

Contest winners will be announced later this month. For more information, call Lisa Levin at (800) AMA-3211.

LIFESTYLE, SOCIETAL PROBLEMS COST BILLIONS

Medical conditions related to violence, drugs, alcohol, and tobacco significantly contribute to escalating health care costs, according to a new study released by the AMA.

Some examples cited in the study include 500,000 premature deaths annually, and $22 billion attributed to cigarette smoking and other uses of tobacco. Also, 25 percent to 40 percent of patients in general hospital beds are being treated for complications of alcoholism, and $5.3 billion is spent each year to treat health problems due to street and domestic violence.

Defensive medicine, another factor in the study, in 1989 cost the health care system $15.1 billion.

AUXILIARY NEWS

MIAMI PHYSICIANS RECEIVE RELIEF FUNDS

Auxilians and physicians banded together last year following Hurricane Andrew to provide relief to needy peers in Miami, Florida. Word from the Florida Medical Association Auxiliary (FMAA) is that Drs. Cliff Crump and Mansura (Manny) Barkett were selected to receive the Pennsylvania Medical Society Auxiliary's $3,925 donation. The following information is taken from a letter from Elizabeth P. Kagan, FMAA president.

Drs. Crump and Barkett, a husband and wife physician team and both members of FMAA, practice medicine in the worst-hit suburb of Miami, Homestead. Their home and office were damaged in the hurricane, and

STATS

Tobacco use, one of the single most important avoidable causes of death in the nation, is responsible for more than one out of every six deaths.

Source: "Health Risk of Pennsylvania Adults 1991," Pennsylvania Department of Health.

they lost water and power. They were able to remain in their home by cooking with a Coleman stove and using flashlights and lanterns, but they concentrated their efforts on repairing and reopening their office, which was heavily damaged and for which they had no insurance.

The office, located in the center of what was once a plant nursery, was surrounded by beautiful trees and shrubbery. There was a flat roof on the waiting room, with skylights and plate-glass windows, allowing patients an open view of the lush surroundings. The hurricane broke all five of the skylights and the windows in the front. The surrounding trees and plants were uprooted violently and tossed everywhere in broken piles, blocking any access to the parking area or office.

The office was looted twice in the early days and nights following the disaster. Equipment was stolen, and supplies of samples trashed. Also, because of the destruction of Homestead Air Force Base, the doctors lost all but one of their office staff—the others, spouses of military personnel, moved away due to military transfer.

Friends, family, and church groups rallied to help Drs. Crump and Barkett clear and reopen their office. South Miami Hospital and St. Mary's Hospital provided generators, and the doctors themselves were up on the roof for days, nailing plywood and laying tarps to help stop the pouring leaks. They cut the glass to fix the broken windows and approached government agencies trying to get emergency phone service. Their dramatic efforts were heralded in the local newspaper.

Their office was out of service less than two weeks, but it was two months before telephone service was restored. Drs. Crump and Barkett took calls from their answering service by page and returned all they could on portable phones. At that time, most of the portable frequencies were overloaded, so the answering service was instructed to tell people to just come by the office. Also, by running ads in the papers, the doctors were able to restaff quickly from the pool of newly unemployed office workers.

The positive spirit and determination of these physicians encouraged their patients as well. Drs. Crump and Barkett are deeply appreciated in their community because they stayed and were there for those who needed them, experiencing the same hardships and sacrifices as their neighbors. Through it all they kept their sense of humor, and their faith and hope alive.

COUNCIL ENDORSES AMA SELF-REFERRAL OPINION

The Society's Judicial Council at its March 11 meeting endorsed the AMA Council on Ethical and Judicial Affairs' opinion on self-referral. That opinion concludes that physicians:

- should not refer patients to an off-site health facility at which they do not directly provide care or services when they have an investment interest in the facility, and
- may invest in and refer to an outside facility, whether or not they provide direct care or services at that facility, if there is a demonstrated need in the community for the facility and alternative financing is not available.

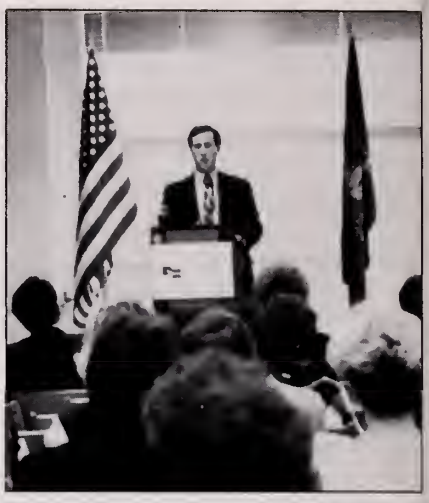
The position is directed at passive investment, not in-office laboratories, and outlines specific exceptions. Also, the State Society's Judicial Council believes the AMA policy strongly portrays patient advocacy.

Current House of Delegates policy permits medically necessary self-referrals to off-site facilities in which a physician holds a financial interest, provided the physician discloses his or her ownership interest and provides the patient with alternative facilities available in the community. In light of the Judicial Council opinion, the House of Delegates is expected to reconsider that policy at its annual meeting in October.

REHAB HOSPITAL OPENS JOB PERFORMANCE CENTER

Greater Pittsburgh Rehab Hospital, Monroeville, in late February opened its new Work Performance Center, a state-of-the-art facility to minimize the risks and expenses related to on-the-job injuries.

On hand to dedicate the center was Senator Roger A. Madigan (R-Lycoming), a major proponent of workers' compensation reform in Pennsylvania, and Representative Rick Santorum (R-Allegheny). Senator Madigan spoke about the cost of health care on individuals and



U.S. Representative Rick Santorum (R-Allegheny) explains his health system reform proposal at the opening of Greater Pittsburgh Rehab Hospital's Work Performance Center in Monroeville.

the challenges facing health system reform, and Representative Santorum discussed health system reform on the federal level.

The center will offer comprehensive services to prevent, evaluate, and treat occupational injuries. Staff will focus on comprehensive, specialized care tailored to specific work sites and work-related injuries. Patients will be assigned "treatment teams" that will coordinate treatment for a variety of disciplines, including physical therapy, occupational therapy, exercise physiology, psychology, and vocational counseling.

The center will also house WORKperfect, the key to the center's prevention program that includes sending a team of specialists to assess and assist with the ergonomic redesign of job tasks and work site adaptation, creating a safe working environment. In addition, the specialists will train employees on the proper biomechanics related to their job task, whether lifting, bending, or even performing administrative duties.

CANDIDATE SITES SELECTED FOR HIV THERAPY TRIAL

The AIDS Clinical Trials Group (ACTG) of the National Institute of Allergy and Infectious Diseases, Bethesda, Maryland, has selected 16 candidate sites for the proposed trial of a novel, three-drug combination therapy for HIV infection. Among the

CORRECTION

On page 37 of the March 1993 issue of PENNSYLVANIA MEDICINE, Table 2 listing the number of claims filed by speciality with the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) from January 1, 1988, to December 31, 1992, included incorrect information for a number of specialties. Below is a corrected version of that chart; corrections are indicated with asterisks.

Specialty	Number of claims
Allergy	10
Anesthesiology	147
Cardiology	173
Cardiac Surgery	20
Cardio-Thorocic Surgery	22
Cardia-Vascular & Tharacic Surgery	56
Cordio-Voscular Surgery	50
Dermotology	48
Emergency Medicine	124
Fomily Practice	373
Gostroenterology	21
Generol Proctice	227
General Surgery	442
Geriatrics	1
Gynecology	18
Hematology	1
Hematology/Oncology	7
Industrial Medicine	5
Infectious Diseases	1
Internal Medicine	747
Nephrology	2
Neurology	75
Neurosurgery	118
Nuclear Medicine	3
OB/GYN	534
Oncology	7
Ophthalmology	145
Orthopedics	6
Orthopedic Surgery	388
Otolaryngology	82*
Pothology	23*
Pediatrics	195*
Plastic Surgery	122*
Preventive Medicine	1*
Proctology	7*
Psychiatry	32*
Radiology	282*
Rehab/Physiatry	64*
Rheumatology	6*
Thoracic Surgery	17*
Urology	81*
Vascular Surgery	11
Vosculor ond Tharacic Surgery	7
Physicians Not Otherwise Classified	28*
Corporate Liability	759
Partnership Liability	38
Nurse Anesthetist	11
Nurse Midwives	0
Nurse Practitioner	2*
Physiotherapist	0*
Physician's Assistant	4*
Registered Nurse	6*
Surgical Technician	2*
X-Ray Technician	1
Other Direct Employee	1*
TOTAL	**5,553**

Questions or comments should be directed to Jane Conley, Director of Medical Research and Statistics, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375.

sites under consideration is the University of Pennsylvania, Philadelphia.

The proposed trial, in development since the beginning of this year, would test 400 selected participants with advanced HIV disease who have taken antiretroviral drugs, such as AZT or DDI, for more than six months. Patients would be randomly selected to participate in one of two therapy regimens: a combination of AZT/DDI or a combination of AZT/DDI plus a third drug, nevirapine.

The candidate sites were chosen from the 31 adult ACTG units nationwide, based on each unit's expressed interest and geographic location. For additional information about the trial, call (800) TRIALS-A, open between 9:00 a.m. and 7:00 p.m. EST, and available in English and Spanish.

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Dr. Ferguson

Dr. Regan

The Pennsylvania Medical Society Auxiliary sponsored, "Health Care Reform—Perceptions, Possibilities, People," as part of the Pennsylvania Legislative Exchange, March 22 in Harrisburg. Members of the four-member panel presenting the medical community's reform efforts on state and national levels included: **Donald G. Ferguson, MD,** State Society president; **James R. Regan, MD,** chairman of the Society's Task Force on Health Care Reform; **Pam Formica, MD,** AMA trustee; and **Roger Mecum,** Society executive vice president.

Dr. Kennerdell

John S. Kennerdell, MD, chairman, Department of Ophthalmology, Allegheny General Hospital, Pittsburgh, has been elected president of the Pennsylvania Academy of Ophthalmology.

David P. Connolly, MD, general surgeon and neoplastic disease specialist, has been appointed president of the Pittsburgh Surgical Society.

Jason R. Soss, medical student, Thomas Jefferson University, Philadelphia, was appointed student representative to the State Society's Council on Membership for the 1992-93 term.

Arun S. Sawardekar, MD, Grove City pediatrician, was elected president of the Mercer County Medical Society.

Simmon Wilcox, MD, Center Township family practitioner and a member of the Society's Council on Governmental Relations, was elected president of the Aliquippa Hospital Medical Staff, Aliquippa. Also elected were: **Manojkumar Patel, MD,** vice president, and **John Notaro, MD,** secretary/treasurer.

Irwin J. Hollander, MD, pathologist, was elected president of the medical staff, Grand View Hospital, Sellersville. Also elected were: **Alan C, Kaufman, MD,** vice president; **Anthony E. Foderaro, MD,** secretary/treasurer; **David M. Flowers, MD,** medical executive committee member-at-large; and **Walter G. Zemel, MD,** representative to the hospital medical staff section of the Pennsylvania Medical Society.

Fred H. Rubin, MD, internist and geriatric medicine specialist, has been appointed chair, Department of Medicine, Shadyside Hospital, Pittsburgh.

R. Michael Buckley, MD, chief, Section on Infectious Diseases, Department of Medicine, Pennsylvania Hospital, Philadelphia, was elected president of the hospital's medical staff for 1993. Also elected were: **David L. Paskin, MD,** vice president, and **Gary W. Dorshimer, MD,** secretary/treasurer.

Surgeons at the University of Pittsburgh Medical Center are studying the effectiveness of aerosolized cyclosporine to slow or reverse chronic organ rejection in lung transplant patients. **Robert J. Keenan, MD,** assistant professor of surgery, is principal investigator.

Elibaldo Silva, MD, FACS, surgeon, Geisinger Medical Center, Danville, has been appointed Pennsylvania state chairman of the American College of Surgeon's Cancer Liaison Program.

David H. Schaub, MD, internal medicine specialist, was elected to the board of directors, Allegheny Valley Hospital, Natrona Heights.

Dr. Shea

Francis J. Shea, MD, Gibbsboro, New Jersey, has been appointed chairman, Department of Diagnostic Imaging, Temple University Health Sciences Center, Philadelphia. He has served as deputy chairman of the department since 1985.

Edwin C. Fischl, MD, general and colorectal surgeon, was named president of the medical staff, Suburban General Hospital, Pittsburgh.

Gary Gurian (left), director, Montgomery County Health Department, discussed the past year's accomplishments and future plans of the department with Mrs. Evelyn Perch (center), Montgomery County Medical Society Auxiliary president, and Charles Cutler, MD (right), Montgomery County Medical Society vice president, at a society-Auxiliary joint meeting. The society and auxiliary have been strong supporters of the department and have engaged in several cooperative projects.

The CEO-Physician: Key to Thriving Group Practice

As today's medical practices continue to grow in size and complexity, the need for physician leadership and management becomes more important than ever. In the past, the role of office leaders was either overlooked or automatically assumed by the senior physician. But to survive and prosper in today's competitive environment, effectively managing a medical practice requires more than "passing on the tradition." It now means appointing a physician with the right combination of business savvy and vision for the future to manage the practice.

All too often, physicians resist the notion of a CEO-physician, preferring a more collegial, informal, democratic approach to decision making. The concept of "one doctor, one vote" works well in solo practices; however, with more than one doctor, when everyone has a say in every decision, often nothing gets done.

The need for vision

With a CEO-physician, a group is better equipped to deal with problems, adapt to changing conditions, and seize opportunities. The CEO-physician's role may include everything from framing critical questions—How can we improve service to patients? Can we run the practice more efficiently? Can we market ourselves more effectively? Where do we want to be in five years?—to presiding over meetings with other doctors in the group or the clinical/support staff.

The impact of the CEO-physician will be felt throughout the practice. The executive physician acts as a peer leader for other physicians in the practice, defining the practice's philosophical vision and mission within the medical community. Accountable for the growth and development of the practice, the CEO-physician is concerned with the "big picture" for the group and getting members to buy into it. A critical challenge for the executive-doctor is to push for consensus among the members to avoid decision-making gridlocks, without taking an autocratic position.

The day-to-day responsibilities of the CEO-physician will vary according to the size and nature of a practice. The executive-doctor's tasks may range from organizing monthly meetings for the physicians; providing financial oversight; managing the practice's office manager or administrator; making all routine decisions regarding supplies, bills, and hiring and firing; to negotiating on behalf of the group with hospital executives or managed care companies.

Making it work

Every practice can benefit from having a single doctor take care of business. But who's best for the job? Someone who both understands and enjoys the business side of medicine.

Finding the "right" doctor is only the first step. After appointing an executive-doctor, giving him or her enough time to do the job is equally critical. The managing doctor also must be compensated for his or her efforts. This compensation can take a number of forms, including assigning a fee or stipend for the physician assuming the leadership responsibility on top of a full clinical load; offering a performance bonus for the one who assumes individual responsibilities with measurable goals; or setting a base pay for the doctor who gives up much or all of his or her clinical load to become the group's executive-physician. An extreme, but appropriate alternative in some groups will be to allow the CEO-physician to assume full-time leadership responsibilities while dropping all clinical responsibilities with no decline in income.

Appointing a CEO-physician for a medical practice is a worthwhile—and necessary—investment that can lead a group to new heights.

The contributing authors, Dorothy R. Sweeney and Mark E. Kropiewnicki, JD, LLM, are consultants with The Health Care Group, a medical practice management firm based in Plymouth Meeting.

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OBITUARIES

Gaetano Brindisi, MD, *Bryn Mawr*
Thomas Jefferson Medical College, 1940; age 80, died March 12, 1993. Dr. Brindisi specialized in cardiovascular diseases.•

Thomas E. Davies, MD, *Wellsboro*
University of Maryland Medical School, 1942; age 77, died February 20, 1993. Dr. Davies was a general surgeon.•

Peter L. DeSantis, MD, *Farrell*
Hahnemann University School of Medicine, 1951; age 74, died February 11, 1993. Dr. DeSantis was a general practitioner.•

Robert G. Greenawalt, MD, *Chambersburg*
University of Pennsylvania School of Medicine, 1935; age 82, died February 9, 1993.•

E. Blaine Hays, MD, *Carlisle*
University of Pennsylvania School of Medicine, 1933; age 86, died March 6, 1993. Dr. Hays was an obstetrician/gynecologist.•

Norman G. Golomb, MD, *Monongahela*
University of Pittsburgh Medical School, 1938; age 77, died March 10, 1993. Dr. Golomb was a general practitioner.•

S. Victor King, MD, *Tyrone*
Thomas Jefferson Medical College, 1947; age 70, died February 18, 1993. Dr. King was an orthopedic surgeon.•

Richard C. Reinsel, MD, *Wyomissing*
Temple University School of Medicine, 1945; age 72, died March 7, 1993. Dr. Reinsel was a general surgeon.•

George A. Richardson, MD, *Philadelphia*
Thomas Jefferson Medical College, 1923; age 95, died March 20, 1993. Dr. Richardson was an otolaryngologist.•

William H. Spivey, MD, *Oaks*
East Carolina School of Medicine, 1981; age 39, died February 26, 1993. Dr. Spivey was an emergency physician.•

Dorothy Tindall, MD, *Haverford*
Medical College of Pennsylvania, 1938; age 85, died February 24, 1993. Dr. Tindall was an ophthalmologist.•

David M. Austria, MD, *Pittsburgh*
University of Cincinnati Medical School, 1987; age 31, died February 7, 1993. Dr. Austria was an internist.

David Cornfeld, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1948; age 66, died February 22, 1993. Dr. Cornfeld was a pediatrician.

Chester E. Kirk, DO, *Landisburg*
Age 74, died March 1, 1993. Dr. Kirk specialized in acupuncture.

Walter T. Medic, MD, *Coraopolis*
University of Pittsburgh School of Medicine, 1952; age 66, died March 14, 1993. Dr. Medic was a general practitioner.

I. Edmund Mikowski, MD, *Southampton*
Thomas Jefferson Medical College, 1940; age 80, died March 16, 1993. Dr. Mikowski was an internist.

Lysle W. Sherwin, MD, *Windber*
Temple University School of Medicine, 1939; age 81, died February 27, 1993. Dr. Sherwin was an obstetrician/gynecologist.

Norman G. Sloane, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1935; age 81, died March 4, 1993. Dr. Sloane was an internist.

John W. Snoke, DO, *Camp Hill*
Philadelphia College of Osteopathic Medicine; age 68, died February 14, 1993. Dr. Snoke was an osteopathic surgeon.

John P. Szczepaniak, MD, *Wallingford*
Hahnemann University School of Medicine, 1943; age 78, died February 17, 1993. Dr. Szczepaniak was a general surgeon.

Charles W. Vates, MD, *Pittsburgh*
University of Pittsburgh School of Medicine, 1945; age 72, died March 5, 1993. Dr. Vates was an orthopedic surgeon.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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Are PROs Worth Their Costs?

Donald E. Harrop, MD

Again and again, the Keystone Peer Review Organization is asked to justify its existence financially. In this month's column, the organization's president attempts to do that by answering: Are PROs worth their costs?

I'm sure it would not surprise anyone to hear that we get complaint letters. Those in response to pending denials and pending quality concerns often contain remarks about how we erred in even questioning the particular care.

But there is one common theme that is prevalent in most complaint letters, and that is the cost of the PRO program. Most say that PROs were only created to save money, that they don't save money, and that the enormous costs of the program could be better spent on patient care.

Sure, the PRO program costs many millions of dollars across all PROs throughout the country, but the last time I saw any figures on this, the cost of the program was about one quarter of one percent of the many billions of dollars of total Medicare costs. Does anyone really believe that patient care would be improved if doctors and hospitals got a one-quarter of one-percent increase in their annual reimbursement?

Although I know of no in-depth studies showing cost savings as a result of PRO review, there are many indications from Health Care Financing Administration (HCFA) reports that PROs do pay their own way through savings in utilization review and DRG validation activities. There are, of course, no denials involved when cases are identified with quality of care concerns (except in readmissions resulting from premature discharge from the same hospital) and, therefore, no cost savings to Medicare for quality review activities, and it appears as though the PRO program still results in an overall savings to Medicare.

Let's consider the other accusation: PROs were only created to save money. If this were true, it would be logical for HCFA to put PROs on a quota for denials and DRG changes. I hope we have written enough about quotas to dispel any notions that they exist under this program. But, for the sake of argument, think of what would happen if PROs were on such quotas.

To start with, after nearly eight years in this business, it would be easy for KePRO to meet a quota because PROs have seen it all by now and would know specifically where to look to find the fat. HCFA knows that too, but still requires random sampling as the basis for PRO review. In fact, the size of the samples will decrease drastically under the next PRO Scope of Work.

KePRO Enters New Contract

The Keystone Peer Review Organization (KePRO), a Society subsidiary, entered a new three-year contract with the Health Care Financing Administration, effective April 1, 1993. KePRO will work under the new Fourth Scope of Work, which is somewhat of a departure from prior years as previously explained in this publication ("New Methodology Challenges PRO," April 1993, page 42).

According to Donald E. Harrop, MD, president of KePRO, "We are very happy about the contract and looking forward to the change in direction when it becomes more patterns of care instead of individual physician review, and when it's less punitive and educational."

He also notes that when this contract is complete, the organization will have been in business for more than 10 years, reflecting its success: "A lot of people thought we'd be lucky to last one year, but we're going to be a viable company for more than 10 years." He adds that KePRO, one of only two medical society-owned PROs in the country, is "proud to show that physicians in medical societies are able to handle peer review." That, he says, is a "real feather" in the Pennsylvania Medical Society's cap.

Maria T. Montesano
Assistant Managing Editor

Dr. Harrop is president of the Keystone Peer Review Organization.

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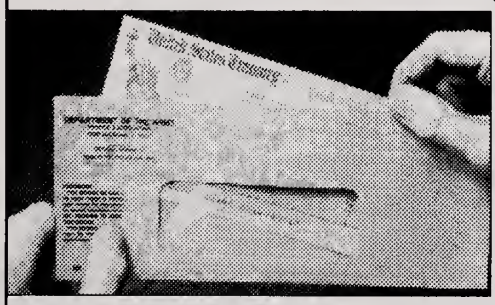

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The Changing Rate of Change

Ralph D. Zehr, MD

As part of his farewell remarks to the class of 1964 at SUNY Upstate Medical School, the chairman of medicine confessed, "We know that 50 percent of what we taught you during the past four years will be proven not to be true during your careers. Our problem is that we do not know which 50 percent is false." But what he perceived to be an honest confession was only partially true! In reality it was more like 75 percent that was proven to be untrue during our careers, and our careers are not over yet.

From his point of view, his prediction was based on solid evidence—his own personal experience. But he could not have foreseen the quickening rate of change so soon to occur. How could anyone have dreamed of the technological advances and rapid growth of scientific knowledge that have occurred during the past three decades?

Yet, the rate of scientific advances in medicine pales beside the sociological and economic changes that are taking place. Two divergent, but equally radical changes are that patients are by law admitted to the decision-making process concerning which course of treatment is best for them, and that physicians' and hospitals' fees are largely determined by federal agencies. And if politicians keep their promises, many more socioeconomic changes are just around the corner.

The ability to change varies greatly from individual to individual. Some seem to relish the opportunity of doing things in a new and different, hopefully improved manner. Others resist all change. This provides an additional challenge to the medical college admissions committees. For a number of years now, medical college admissions have been seeking to admit students who are likely to become lifelong learners. Now they must also seek those who have the capacity for rapid and continuous change.

To truly change involves not only changing outward behavior, but also modifying inner attitudes. Extra effort is required to replace old habits with new, and this expends physical energy. Similarly the development of new attitudes that subsequently displace the old requires psychic energy. Just as there is a feeling of uncertainty when one is altering physical habits, there is a sense of psychic turmoil associated with attitudinal changes.

Profound change usually demands a transfer of loyalty. This is well illustrated by the sociological phenomenon of the evolution of nationhood. Initially early man perceived the family unit to be all-important. Then as his mind expanded, he was able to encompass the clan as the group to which he belonged. Subsequently the clan was replaced by the tribe, then the tribe by the city, followed by the state, and eventually the nation. Each of these stages demands, more or less, complete loyalty of each of its members. And as the sense of belonging expands, a transfer of loyalty must occur.

The medical profession is being challenged to improve quality, increase access, and cut costs of medical care. Many of us are already doing this. Based on Pennsylvania Health Care Cost Containment Council data, the severity-score adjusted outcomes for our patients remain among the highest in our region, while our costs are among the lowest. At the same time, we do not restrict admissions based on ability to pay. This kind of performance cannot be achieved without a high level of fiscal responsiveness.

As we move into the era when medical outcomes are measured not only by biochemical, physiological, and anatomical parameters, but also include a sense of well-being and quality of life experienced by the patient, we need to become responsive to these additional requirements as well. Our relationship with the patient will be that of an advisor rather than a director, and this too will require an attitudinal change.

Like much of what my professor taught, most of what is stated here will soon be of little import. But one can conclude with reasonable certainty that the changing rate of change will continue to increase.

Dr. Zehr, chairman, Department of Radiology, Guthrie Clinic, Sayre, is editor of The Guthrie Journal.

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CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

Pregnancy and lactation. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life (t1/2) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL (pravastatin sodium) was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*; a forward mutation assay in L5178Y TK +/− mouse lymphoma cells; a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area ($mg/meter^2$). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL (pravastatin sodium), it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General**.)

ADVERSE REACTIONS

Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below, also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia.

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

(J4-422A)

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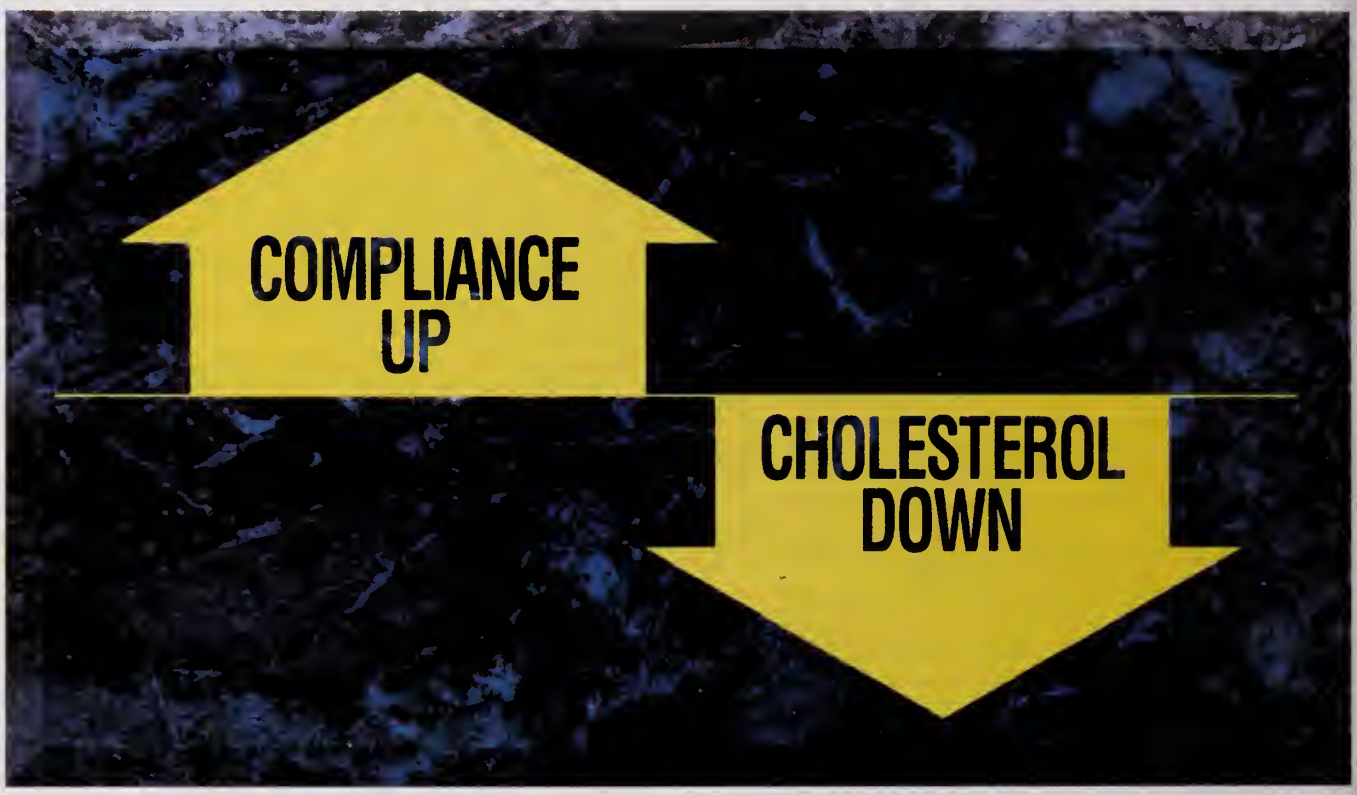

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Medical Journalism Award 1992 First Prize

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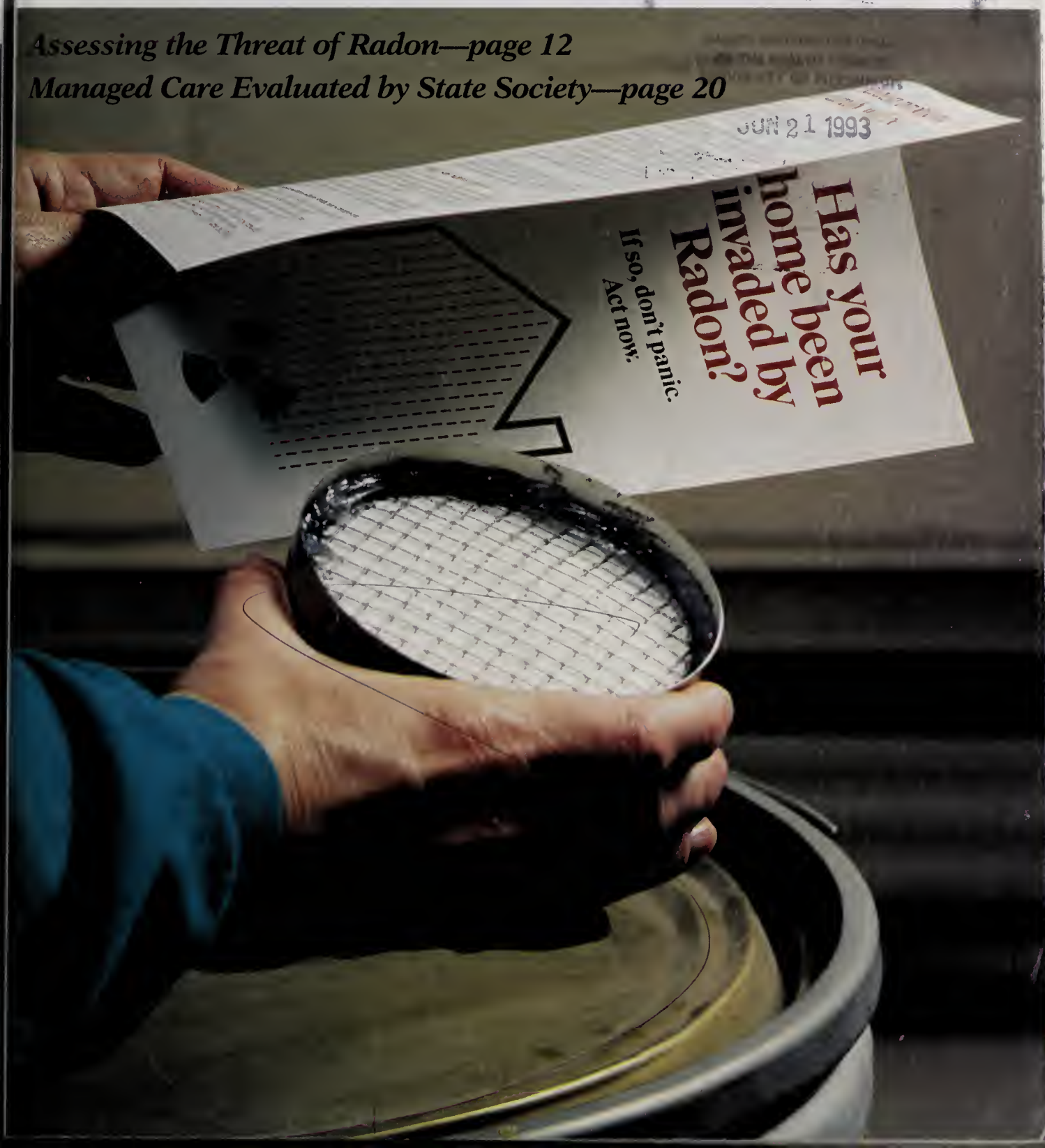

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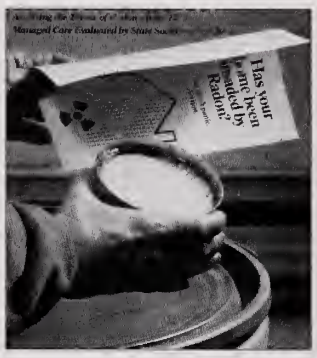
Past opinions on radon risk have confused the public, leaving a number of high-risk households untested. In this article, a State Society physician and a chemical engineer overview the "real" risk of radon and urge testing throughout Pennsylvania.



Cover photo by Blair Seitz©, Harrisburg

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Physicians are encouraged to read and comment on the managed care position paper written by the State Society's Council on Medical Economics and excerpted here.

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A Clarion Call

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THE MID-ATLANTIC HEART INSTITUTE OF LANCASTER GENERAL PRESENTS

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The Mid-Atlantic Heart Institute brings together the country's foremost experts in cardiology and cardiothoracic surgery for a concentrated symposium, featuring eminent cardiologists and surgeons in the forefront of cardiovascular diseases. This event will take place on Friday, October 1, 1993, at the Lancaster Eden Resort Inn and Conference Center, Lancaster, PA. Cost is $75/physican, $50/nurse and $35/resident. For registration information, please call The Mid-Atlantic Heart Institute at 1-800-221-0613. Registration deadline is September 15, 1993. Attendance will be limited to 250. CME Credits.*

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MEDIGRAM

GOVERNOR PROPOSES HEALTH SECURITY ACT: Governor Robert P. Casey on May 19 released the Pennsylvania Health Security Act, his proposal to reform the state's health care system. The plan, developed by the governor's Economic Development Partnership, includes several elements the Society has supported: a basic benefit package, elimination of pre-existing conditions, employee participation in premium payment, employer mandate, portability, and a clinical advisory council. The Society, however, has a number of concerns regarding many provisions in the legislation. A final analysis will be discussed at a June meeting of the Society's Task Force on Health Care Reform and Access. A nine-member board appointed by the governor would run a nonprofit, public corporation, which would create the managed competition system. Related proposed legislation would continue the Pennsylvania Health Care Cost Containment Council, create a Patient Bill of Rights, reform medical liability, and ban or limit physician self-referral. The governor estimates his proposal would cut state health care costs by $710 million in its first year. The Society will seek clarification of other elements of the plan from the governor's staff.

SENATE, HOUSE PASS BUDGET AHEAD OF DEADLINE: The legislature on May 28—more than one month ahead of deadline—passed the state's 1993-94 budget by a 25-22 vote in the Senate and a 104-98 vote in the House. In addition to funds for Medical Assistance outpatient and inpatient programs, the budget package included medical school funds which had been threatened. The General Appropriation bill also restored the "medical education" line item with an emphasis on primary care.

WORKERS' COMP REFORM POSSIBLE BEFORE RECESS: At press time, the Society notified its legislative action teams and other members via a Call to Action to contact their legislators prior to June 7 concerning workers' compensation. Senate Bill 1 could move out of conference committee or another bill could be passed prior to summer recess. The Society urged that the following provisions be retained: an initial medical fee schedule established at no less the 120 percent of current Medicare allowance for the type of service and provider; a cumulative annual update, beginning January 1, 1994, of the allowances equal to the percentage change in statewide average weekly wage; provision for providers to form coordinated care organizations, and for CCOs to negotiate with employers and insurers; requirement for the Secretary of Labor and Industry to publish the fee schedule and any changes; and use of existing referee system for resolution of disputes involving medical necessity of services.

ACTION EXPECTED ON OPTOMETRY BILL: Also expected to be reported out prior to summer recess, Senate Bill 1061 would permit optometrists to use therapeutic drugs and surgery in the treatment of the eye. The Society requested member lobbying support to ensure this bill is opposed due to potential harm to the patient, and to oppose expansion of the scope of practice of non-physicians into the practice of medicine.

AMA URGES CAUTION ON OPTING OUT OF MEDICARE: Physicians should be cautious about using the recent *Stewart et. al. v. Sullivan* case as justification for exceeding the limiting charges for Medicare billings, according to the AMA. The case—in which a physician and five of her patients sued the federal government claiming it was a violation of their rights for the government to ban patients from contracting privately with a physician outside the Medicare program—was dismissed as unfit for judicial decision since it was unclear that HCFA policy specifically prohibits such action. HCFA has since acknowledged the need for a policy statement. The AMA urges physicians to seek competent legal counsel prior to treating Medicare patients on a private contract basis.

AMA PREPARING FOR RELEASE OF CLINTON PLAN: Following the release of President Clinton's health system reform plan—expected sometime this summer—the AMA will respond in Washington, in the media, and at the grassroots level. Also, the AMA expects to distribute an in-depth analysis of the plan to all 718,000 physicians and medical students in the nation.

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The Federation Needs You!

John W. Mills, MD
Medical Editor

Even as I write this, 47 health care professionals are busily reviewing the health system reform proposals put forth by the 500-plus-member task force headed by Hillary R. Clinton. Public release was delayed to May 17, two weeks late, and at press time rumors were placing the release at the end of May or even into June. We will of course publish the salient features of this national effort and appropriate comments by our leadership.

Meanwhile, I attended the Society's Leadership Conference in late April and returned to find my district trustee report on membership figures on my desk. Seeing the number of members removed from the roles for non-payment of dues, coupled with this month's events, gave me strong impetus for this editorial.

Health system reform dominated the Leadership Conference. Several hundred committed members were present, all of them trying to lead/steer themselves and others through this difficult time in our professional history.

We must all bolster our self-esteem. We've been labeled as "providers" by the Health Care Financing Administration (HCFA), insurance companies, and so on, but I applaud our President, Donald G. Ferguson, MD, for his steadfast assertion: "We are doctors, period!" [PENNSYLVANIA MEDICINE, January 1993, page 8].

"The fierce independence prized by so many physicians will perhaps cost us dearly in the long run."

Think about this statement: The fierce independence prized by so many physicians will perhaps cost us dearly in the long run. AMA membership was a natural in my early years,when membership was free or a few token dollars. The onset of Medicare coincided with a large erosion of AMA membership, and soon financial problems required dues from the remaining members. Freedom to belong or not was each physician's choice.

Unification with the AMA was instituted by our 1989 House of Delegates. Through the democratic process, we gave up our freedom to choose AMA membership. Political aspirations may have contributed, but I honestly believe it was passed so Pennsylvania could have a more effective voice in AMA decisions and better access to AMA leadership. This is important to us, and we need to recognize it.

Obviously, not all AMA decisions, priorities, and policies will please each of us—and there are those who blame our present situation on the AMA—but let's be realistic: it's a sign of the times and our dogged independence.

Some at Leadership Conference questioned AMA President John L. Clowe, MD, about physicians going on strike to relay our points or win positions. Dr. Clowe said strikes are "inconceivable," and I wholeheartedly agree. The Hippocratic Oath should be our guide. Some reiterated that the AMA was out of touch and not in the trenches. I doubt that, for I don't know any AMA officer who hasn't practiced medicine for a number of years.

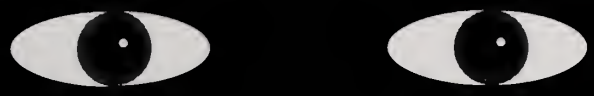
Unionization of physicians could be possible if we were all salaried. But I doubt any of us would like it any better to be told by a union steward or boss what to do, when to do it, and how. Loss of self-esteem would quickly erode our personalities, and we'd forever lose our professional status and our profession.

Former members often cite cost and dissatisfaction as reasons for dropping out. I know how hard it is to pay $900-plus in a lump sum right after the holidays. Our incomes are down—mine is way down! The Society is trying to address this issue with a dues payment schedule. Unfortunately, it takes money to run an active and effective organization.

We've had a series of setbacks in our legal challenges, but still been able to negotiate some benefit. Given the climate of our times, the severity of the problems, and the power of our opponents, it is difficult to conceive of any other outcome.

Some specialty groups have forged ahead on their own, embracing this, endorsing that, negotiating for themselves. Presenting a fragmented picture to Congress—such as the American College of Surgeons refusing to take their seat at the AMA—has never helped our cause. To survive as a profession we need unity. We need to negotiate with one voice; be unafraid of speaking up; and have the humility to realize that ours is a caring, serving profession, and we are dedicated to that end.

The bottom line is: you can't vote without being a member, and if you don't vote, your voice is not heard. Our federation needs us *all*.



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Are You Listening Yet?

Donald G. Ferguson, MD

In the past few months, this page seems to have taken on a certain similarity of expression, usually headed by a title such as "Health System Reform and Us." But this is appropriate and not exactly repetitious, since every month—and sometimes almost every day—has brought some new political development in health care.

It appears, however, that for the immediate future these plans are being slowed down by some of the political realities that have been there all along. Things such as "who will pay for it, and how, and how much?" Things that political candidates seldom mentioned, but that serving government officials must eventually deal with.

At any rate, the 100 days have passed, and 200 or 300 may pass before any definitive action on health system reform will take place. Budgets *must* be passed on very tight schedules; legislators *love* their summer recesses; and political wisdom suggests bringing up sensitive issues at sensitive times, such as immediately before critical elections. As of this writing, it appears that at least some of the sense of urgency has evaporated from the health care proposals.

This most certainly does *not* mean that we can all relax for the summer. Behind the scenes, the politicians' political machines are as busy as ever, as their public relations specialists and pollsters are turning to a massive campaign to convince the American people that they *want* exactly the kind of health system reform that the politicians will decide on.

Now is the time for us, as individual physicians and as concerned members of our communities, *to go to work—to involve ourselves* in the debate and in the community planning that is absolutely necessary to any major changes in our social systems. Leaders of medicine have repeatedly insisted that *any* changes in the health care delivery system must have the support of the entire community if they are to have any chance of success, and *we are members of our communities.*

We who will have to *deliver* the care that may be mandated know more about the needs of our patients than economic planners whose primary focus is more on cost than on quality of care. We know that cost is important, but so *are our patients.* We are willing to explore any proposal that may lower the *real* cost of health care if the *quality* of care and the *needs of our patients* are safeguarded. *We are willing to compromise, but* ***we are not willing to be ignored.***

So, while the politicians are "quiet"—however long or short that time may be—we *must be active.* Active in our communities through town meetings, service clubs, AARP...wherever we can be heard. Our message is that *we are part of the community,* that *we can help* in developing community plans for health care and in solving the social problems in our neighborhoods.

> ***"We are willing to compromise, but we are not willing to be ignored."***

Any health system reform, to be workable, must include *all* of the system—doctors, allied health care professions, hospitals, managed care plans, insurance carriers, *and lawyers,* not to mention the community leaders without whose cooperation local planning may never get started. Try to reform only part of the system—any part—and the reforms will fail.

If local health planning fails, what then? At a recent discussion with the governing board of a Pennsylvania hospital system, I was asked a penetrating question by a community board member: What is my own worst-case scenario? After a little thought, I replied that my worst nightmare would be a single-payor system with micro-management from Washington. A nightmare, indeed.

So, this is my plea to you: *Get involved in your community, in your government, and in your future before it's too late.* Are you listening yet?

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LETTERS TO THE EDITOR

MANAGING WASTES IN PENNSYLVANIA

Of major interest at a Pennsylvania Waste Management Association conference I attended late last year was an update on infectious and chemotherapeutic waste (ICW). While Jeff Greenawalt ably summarized the issue in the November 1992 PENNSYLVANIA MEDICINE ["DER Revises Waste Management Rules"], I would like to enumerate some additional, interesting points made at the conference about several related issues:

1) For household ICW, the Department of Environmental Resources (DER) recommends that sharps be stored in a jar with a screw-top lid to prevent accidents and that saturated dressings be double-bagged.

2) Most doctors' offices and "doc in a box" clinics can qualify as small-quantity generators (SQGs). They do not require a written plan, but do need daily records, storage and monitoring, and some segregation. The definition of SQG is less than 220 pounds of ICW per month.

3) SQGs may disinfect some wastes, but must monitor their autoclave every 40 hours of operation. They may not use ethylene oxide for chemical disinfection.

4) SQGs may store wastes on site for up to 30 days unrefrigerated or 90 days frozen, unless they begin to putresce. They must be secure, posted, segregated, and the area easily cleaned.

5) Containers must be puncture and tear resistant, and so noted directly on the container in ink that contains no heavy metals or by certification in writing from the supplier.

6) Hospitals with permitted ICW incinerators may accept up to 50 percent of their volume from outside sources.

7) SQGs may transport wastes with only a shipping paper (name, address, phone number, quantity of waste, and date shipped and received).

8) If an SQG uses a permitted transporter—and this includes a pickup from a hospital—a DER manifest must be prepared.

I came away from the conference with the impression that the Waste Management Association was, by and large, a decent group that is trying very hard to do their job safely and in an environmentally sound manner, but which suffers from over-regulation, regulatory inconsistency, and an appallingly poor public image.

David R. Brill, MD, Chairman
Pennsylvania Medical Society
Commission on Environmental and Occupational Health

REEVALUATING ACT 111's INSURANCE REQUIREMENT

The time has come up for reevaluation of the need for the compulsory malpractice insurance enacted in Act 111.

The other portions of that law were accepted with Pennsylvania Medical Society support and, in return, physicians agreed to the requirement for malpractice insurance before licensure was granted. However, the remaining portions of Act 111 have been vitiated by court decisions leaving us with the onerous requirement of malpractice insurance without any of the other reforms that were fought for.

Many physicians retire and their skills are unavailable because of this expensive requirement. There is consideration to exempt retired or semi-retired physicians from the malpractice insurance requirement in order to fulfill services in clinics for poor. If that is the case, it is appropriate for all physicians not to have that requirement.

I well realize that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) will feel a little uneasy about a potential loss of income, but they are our company and should have concern for us.

John A. Kibelsits, MD
Allentown

THE PRIVILEGE OF MEDICINE

"The practice of medicine is an art, not a trade: A calling, not a business: A calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak: of the righteous upon the wicked, of the wise upon the foolish."

Sir William Osler
Aequanimitas 1932

No one who has recently attended a medical staff meeting can fail to recognize the anxiety that grips physicians as we contemplate the future of our profession. A fortress mentality permeates our gatherings, whether they are held in the largest urban medical centers or the smallest rural hospitals. Changes are coming in our "health care delivery system."

Changes are necessary and warranted. Unfortunately, many of the changes that are coming will not have merit nor will they be warranted. Many proposed remedies will have their genesis in political opportunism. Many proposals will be cynically advanced by entrepreneurs who realize the great opportunities that will exist in this giant new medical bureaucracy. The impending corporatization and federalization of the medical profession concerns us all. Neurosurgeons, no less than our other medical colleagues, are bracing for a maelstrom.

As we confront the turmoil which surrounds us, our irrepressible strength is a resolute commitment to what Osler characterized as our "calling." We are privileged to participate in the honored and honorable practice of medicine. As financial security diminishes and bureaucratic constraints multiply, our altruistic commitment to our patients must abide. The special privileges and status which society has granted physicians devolves from our willingness to care for the afflicted regardless of their social or economic status. If we forget this obligation, we will lose the protection of the virtue that is our greatest shield against errant bureaucrats and self-serving proponents of medical hucksterism.

While change in the circumstances of medical practice is inevitable, the core values of our profession are immutable. Six decades have not obscured the wisdom of Sir William Osler's observations. Amid the turmoil, as we care for our profession and our patients, let us remember and be guided by the observation of our forebearers that it is a privilege to be a physician.

James A. Kenning, MD, President
Pennsylvania Neurosurgical Society

Editor's Note: At the request of Harold A. Richter, MD, vice speaker of the Society's House of Delegates, the preceding was reprinted with permission from "PNS News" of the Pennsylvania Neurosurgical Society, Spring 1993.

BURDEN OF PROOF REMAINS FOR KEPRO

I've asked the same question for three years: "Where is the evidence that $73 million spent on peer review has improved the quality and utilization of health care in Pennsylvania?"

Initially, my question, attributed to a disgruntled non-conformist, was ignored. Later, I was told not to worry because peer review is a political issue, not a scientific process. Eventually, the Keystone Peer Review Organization (KePRO) admitted that no evidence to support its efficacy is available. But finally it arrived, written confirmation from the Health Care Financing Administration (HCFA) that the $73 million spent on peer review in Pennsylvania has not been wasted.

In its letter, HCFA states: "The PRO's primary responsibility is to ensure quality of care to Medicare beneficiaries. Objective evidence that the $73 million spent on the peer review program in Pennsylvania has improved the quality and utilization of health care is not readily available. However, it is reasonable to assume that it has done just that, not withstanding the lack of objective evidence at the state level." Makes sense to me.

I offer as alternative evidence the results of the study, "Watching the Doctor-Watchers: How Well Do Peer Review Organization Methods Detect Hospital Quality of Care Problems?" published in the May 6, 1992, issue of *JAMA*. This study, performed by Johns Hopkins University, UCLA, and the RAND Corporation, concludes that "the PRO's final quality of care judgment and the study judgment agreed little more than expected by chance, especially about poor quality of care." Given this evidence, one might say that HCFA has subjected Pennsylvania physicians to a $73 million coin toss.

Needless to say, the burden of proof remains. KePRO and HCFA are not immune to the standards of our society.

HCFA's "Fourth Scope of Work" was scheduled to begin in April 1993. Patiently, I wait.

Philip D. Carey, MD
Carlisle

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues.

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Alerting Patients to the Risk of Radon

Richard T. Bell, MD
Kevin M. Stewart

The potential lung cancer risk from exposure to radon gas and the development of appropriate public health policy have been the subject of much discussion for several years. The American Lung Association has taken a leading role in educating the public on radon and other environmental hazards. This article presents background on radon, including the issues of risk assessment and policy development; reviews the current understanding of the hazards of exposure and the scope of the problem; describes how to test for radon; and discusses how to decrease radon levels.

Radon became a well-publicized, significant environmental threat in 1984 when a construction worker at the Limerick Nuclear Reactor in the Philadelphia area triggered the plant's radiation detector. An investigation determined that his home had radon levels up to 2,700 picocuries per liter (pCi/L) of air, or 675 times the Environmental Protection Agency's (EPA's) highest acceptable level of 4 pCi/L. Since then, testing has revealed that occupants of six percent of U.S. dwellings have an annual average radon exposure exceeding 4 pCi/L, and levels greater than 15 pCi/L are not rare. The average indoor radon level is estimated to be 1.25 pCi/L, with an outdoor radon concentration of 0.4 pCi/L.

Defining the non-occupational radon risk produced controversial recommendations and revisions from many different authoritative sources, who sometimes presented inaccurate and contradictory information. Some opinions may have confused the public, resulting in a number of untested households that are still exposed to high cancer risks. The current major controversies include how to educate the public effectively about radon and what radon policy and control goals should be.

What does pCi/L mean?

pCi/L means that there are 2.22 radioactive decays per minute per liter of air.

Assessing risk levels

The radon risk, extensively studied among underground miners, was applied to exposure in buildings. Conclusive studies have not yet been conducted on radon exposure in the home because of the numerous inherent variables. However, radon data are more comprehensive and consistent than current data for other environmental pollutants.

A well-accepted conclusion is that smoking combined with radon is a very serious cancer risk. A radon level of 4 pCi/L carries an extra 1/2 pack-per-day lung cancer mortality for those who are 1-1/2 pack-a-day smokers (see risk charts, page 14). For lifelong nonsmokers, the 4 pCi/L excess mortality is equivalent to the risk of smoking about one cigarette daily.

Children have a higher radiation cancer risk than adults because of their rapid growth. However, there are no conclusive data on whether children are at a greater radon risk than adults. Basement playrooms, where children may spend long hours, are more likely to have the highest radon concentration in the house, generally two to three times higher than the primary living space. Because their exposure may be higher per body weight than adults, children may have a higher risk in this environment.

Radon induces all forms of bronchogenic carcinomas without any one predominant cell type. The cancer risk depends on the past and present histories of radon dose and duration of exposure; smoking, including second-hand smoke; other carcinogenic exposures; and probably genetic predisposition. Unfortunately, many of the early studies in underground miners did not take smoking history into account, despite its importance as a cofactor.

Dr. Bell, a practicing physician in the Reading area and president of the Pennsylvania Society for Pulmonary Disease, is the pulmonary representative to the Society's Specialty Section. He also serves as a member of the board of directors of the American Lung Association of Pennsylvania. Mr. Stewart holds a B.S. in chemical engineering from Princeton University and is director of environmental and occupational health for the American Lung Association of Lancaster and Berks Counties.

What is radon? When is it hazardous?

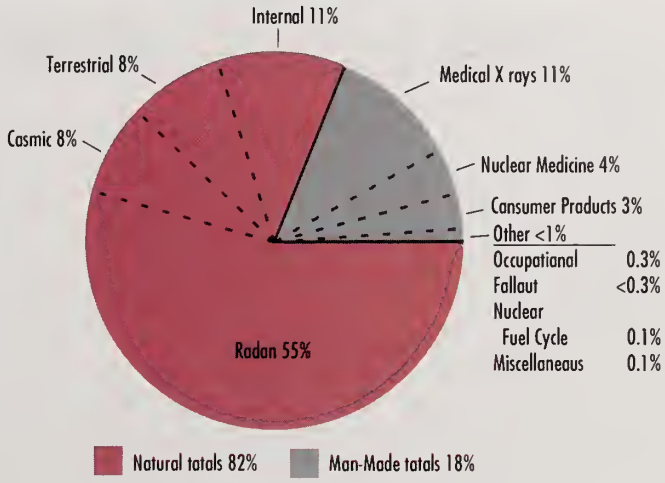
Radon is a colorless, odorless, chemically inert, radioactive noble gas formed from the decay of radium, a uranium daughter. Thus, like uranium, radon is found in virtually all soil and rock formations. Some building materials release radon, although they rarely cause radon problems by themselves.

Since the 1890s, uranium miners were known to have a high mortality from lung cancer. Forty years later, radon was identified as an etiology.

As radon diffuses from the soil into the atmosphere, it may concentrate within confined areas, such as mines and buildings. It decays into radioactive daughters of polonium, bismuth, and lead which may attach to airborne dust. When inhaled, this dust deposits in the lungs allowing the alpha particles from two of these daughters to penetrate the bronchial epithelium. This radiation may cause lung cancer, although the onset is delayed by many years.

Like other environmental and occupational risks, not everyone exposed to elevated radon levels will develop lung cancer despite a classic dose-response relationship. Radon represents about 55 percent of the U.S. average total radiation dose (see pie chart at right), equivalent to about 250 chest x-rays annually.

U.S. Average Radiation Dose



Source: National Council on Radiation Protection and Measurement

In addition, since the miner studies involved only adult males, the same exposure risk may not apply to the different sexes and ages in the general population. Although it is difficult to estimate the excess cancer mortality because of the variables, bronchogenic cancer mortality in the general population from a 20-year household radon exposure of 20 pCi/L is increased by about 10 percent for smokers and about one percent for lifelong nonsmokers.

To compare radon exposures, a working level (WL) is defined as the combination of short-lived radon daughters in one liter of air which result in the emission of 1.3×10^5 MeV of potential alpha energy. Cumulative exposure is expressed using the working level month (WLM), defined as the exposure to one WL for 170 hours (one working month). The radon risks for miners and the general population per WLM exposure are comparable when major variables such as smoking are taken into account. In the general population, the average lifetime exposure to indoor radon levels of 1.25 pCi/L is about 10 to 20 WLM. However, excess incidence of lung cancer in miners starts to appear at about 50 WLM. Although unproved, the lower rate of exposure in the general population may pose a lower risk per WLM than that estimated for the miners because of time-related processes such as cellular repair. Several prospective studies are attempting to define more accurately the radon risk in the general population.

To date, perhaps the best study of lung cancer risk from residential radon exposure has been done in New Jersey. The study compared 480 women with lung cancer to a control group of 442 women without lung cancer. A statistically significant trend of increasing cancer risk with increasing residential radon concentration was demonstrated even after adjustment for major variables. The increase in relative cancer risk (3.4 percent per WLM) was consistent with the increase in the underground miner studies.

The scope of the problem

Pennsylvania has the third highest average residential radon level of all the states. However, when the number of homes involved is factored in, Pennsylvania's radon problem is more than twice as great as that of any other state. The radon risk involves every Pennsylvania county (see map, page 15). Radon, the most potent environmental hazard, is more likely to cause harm than any other water or air pollutant monitored by the EPA. Nationwide, approximately 50,000 to 100,000 families are exposed to greater radiation levels (20 pCi/L) than permitted for uranium miners.

Approximately 170,000 new cases of lung cancer are expected in 1993, with about 30,000 of these occurring in nonsmokers. The EPA estimates that secondhand smoke causes 3,000 lung cancer deaths in nonsmokers and that 7,000 to 30,000 lung cancer deaths each year are influenced by radon, the second leading cause of lung cancer in the United States after smoking. The National Institute of Occupational Safety and Health reports that about 85 percent of radon-induced lung cancers include smoking as a cofactor.

Residential radon exposure is unpredictable because markedly elevated levels may be found in the same neighborhood

Radon Risk If You Smoke

Radon Level	If 1,000 people wha smaked were expased ta this level aver a lifetime...	The risk af concer from radan exposure compores to...	WHAT TO DO: Stop smaking and...
20 pCi/L	About 135 people could get lung cancer	◆ 100 times the risk af drawning	Fix yaur home
10 pCi/L	About 71 people cauld get lung concer	◆ 100 times the risk of dying in a hame fire	Fix yaur hame
8 pCi/L	About 57 people cauld get lung cancer		Fix yaur hame
4 pCi/L	About 29 people cauld get lung cancer	◆ 100 times the risk of dying in on oirplane crosh	Fix your hame
2 pCi/L	About 15 people cauld get lung cancer	◆ 2 times the risk of dying in o cor crosh	Cansider fixing between 2 ond 4 pCi/L
1.3 pCi/L	About 9 people cauld get lung cancer	(Averoge indoor rodon level)	(Reducing rodan levels belaw 2 pCi/L is difficult)
0.4 pCi/L	About 3 people could get lung cancer	(Average outdoar rodan level)	

Note: If you are a former smoker, your risk may be lower.

Radon Risk If You've Never Smoked

Radon Level	If 1,000 people wha never smaked were exposed to this level aver a lifetime...	The risk af concer from rodon exposure compores to...	WHAT TO DO:
20 pCi/L	About 8 people cauld get lung cancer	◆ The risk af being killed in a vialent crime	Fix your hame
10 pCi/L	About 4 people cauld get lung cancer		Fix your home
8 pCi/L	About 3 people cauld get lung cancer	◆ 10 times the risk af dying in an airplane crash	Fix yaur home
4 pCi/L	About 2 people cauld get lung cancer	◆ The risk af drawning	Fix your hame
2 pCi/L	About 1 persan cauld get lung cancer	◆ The risk af dying in a hame fire	Cansider fixing between 2 ond 4 pCi/L
1.3 pCi/L	Less than 1 persan cauld get lung cancer	(Average indaar radan level)	(Reducing radan levels below 2 pCi/L is difficult)
0.4 pCi/L	Less than 1 persan cauld get lung cancer	(Averoge outdoor rodon level)	

Note: If you are a former smoker, your risk may be higher.
Saurce: EPA

with homes having normal measurements. These variations are due to differences in building construction and underlying geologic formations. Radon can be found in all styles of homes, regardless of age or type of construction. It is clear that the radon problem is more widespread than was initially thought.

High residential radon levels have been detected in areas outside of known uranium-bearing rock formations, such as the Reading Prong which stretches across southeastern Pennsylvania, through northern New Jersey, and into New York. Despite publicity, testing may have been done primarily by households in which health risk reductions, such as maintaining proper diet, are considered important. Potentially less reliable testing may be done prior to real estate transfers, during which the seller might test improperly to avoid mitigation costs.

Radon gas is drawn into buildings, especially by heating systems, through dirt floors, basement crawl spaces, cracks, construction seams, drains, utility access channels in the foundation, or through the water supply or less obvious entry routes. Although radon released from the water supply is not a significant problem in Pennsylvania, it can be released into the air from water used for showering or other activities. Unless the radon levels in the household air are elevated, a certified laboratory analysis of radon levels in well water is unnecessary. Although radon dissolved in ingested water may be carcinogenic, it is a lower risk than radon in the air. Radon in water can be removed before it enters the home.

How to test for radon

The EPA recommends testing in dwellings to assure that radon levels are below the 4 pCi/L acceptable level. The agency suggests an initial screening with a short-term (2 to 90 days) device, such as a charcoal radon adsorption canister, available for about $20 in some hardware or home supply stores and, in many areas, at the local Lung Association. These simple mail-in kits should include the phrase "Meets EPA Requirements" to assure quality.

The unit is placed, according to its directions, in areas where one would anticipate high concentrations of radon, generally the lowest area of the dwelling that is frequently used. The exterior doors and windows should be kept shut, except for normal activity. The adsorbed radon is calculated from laboratory measurements of gamma ray emanations from its radioactive decay products.

If the radon level is above 4 pCi/L, a follow-up measurement should be done. If the second test confirms the first, the EPA recommends mitigating or reducing the radon exposure. For a radon level above about 10 pCi/L, the follow up should be another short-term test. But if the initial result is between 4 and 10 pCi/L, it is preferable to use a test such as an alpha track detector over 3 to 12 months to obtain a more reliable estimate of the long-term exposure.

Because radon levels may vary daily as well as seasonally, the short-term tests are less likely to indicate the true average exposure. During winter, radon levels are usually higher because heated homes tend to draw soil gases inside, and there is usually less ventilation in an attempt to conserve heat.

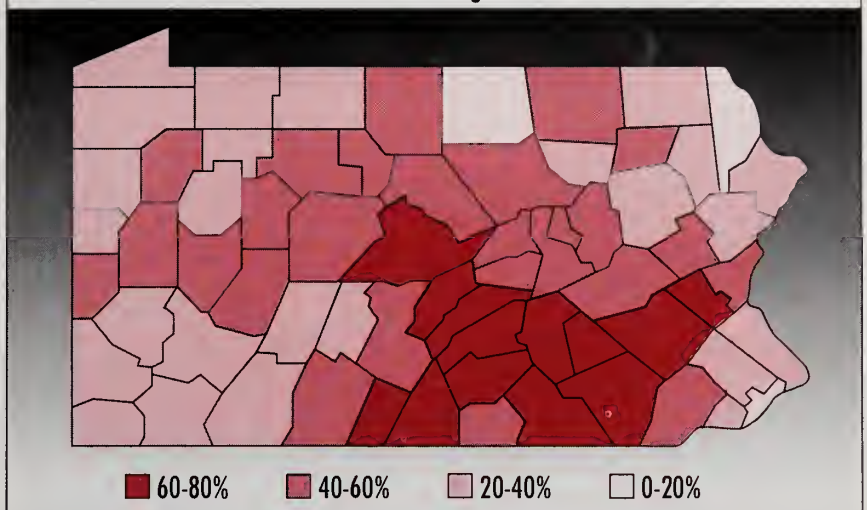
Reducing the risk

Cost-effective risk reductions can be achieved even by reducing a person's average radon exposure from 2 to 4 pCi/L to less than 2 pCi/L. Although there is no known safe level of radon, it is difficult and not cost effective to decrease levels already below 2 pCi/L.

Most mitigation in Pennsylvania involves depressurizing the soil gas around the foundation, thus preventing the radon gas from entering the home. This is usually accomplished for $800 to $1,500. Although increased ventilation can be helpful in some cases, mitigation typically involves sealing cracks and openings through which radon enters the home, in combination with the depressurization technique.

Estimates are that mitigation of the five million homes with elevated radon levels would result in a 15 to 20 percent reduction in radon-related deaths, or about 1,000 to 6,000 fewer deaths per year at current smoking rates.

Percentage of Radon Readings Above 4 pCi/L in Pennsylvania
4.5% of Housing Tested



Source: EPA Region III

Suggested Reading

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Whom to Call

For information about testing, mitigation, and contracting firms certified by the Pennsylvania Department of Environmental Resources (DER) in your area, call the DER radon hotline at (800) 23-RADON.

EPA Proposes Radon Guidelines

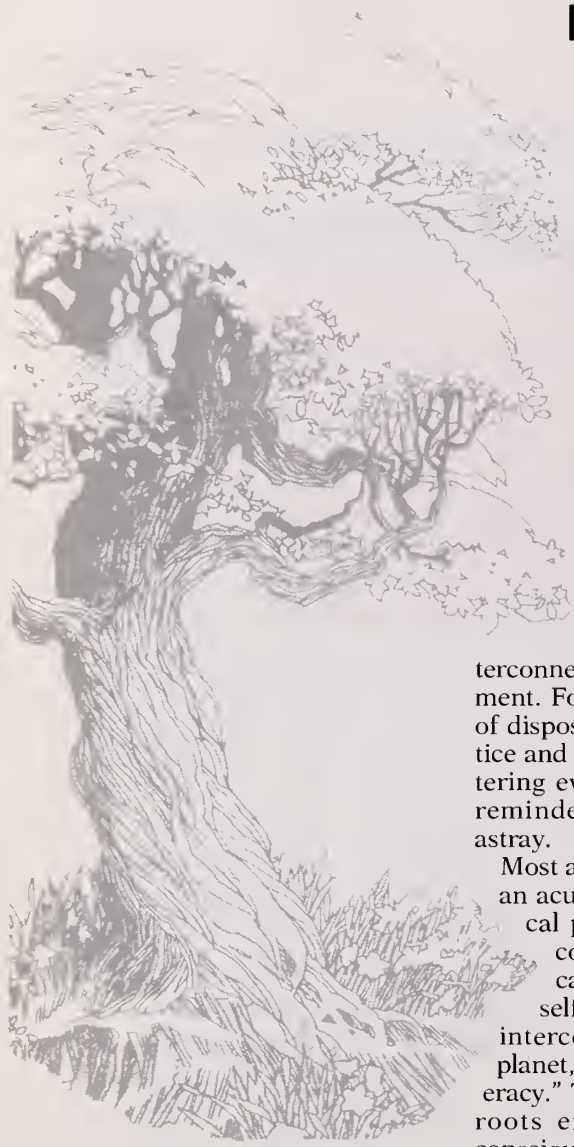
According to the *New York Times*, the Environmental Protection Agency (EPA) in early April proposed voluntary guidelines calling on builders to install protective measures in hundreds of thousands of new houses in more than a third of the country to prevent radon, an invisible and odorless radioactive gas, from seeping in. Estimates show that 145,000 houses are built each year in high-risk radon areas.

The voluntary guidelines were subject to change after a public comment period of 60 days. Agency officials said that if the standards were put into effect, they would urge states and local governments to write them into law and building codes.

In other news, the EPA has published an information pamphlet, "Home Buyer's and Seller's Guide to Radon," warning people of radon's potential to cause lung cancer and urging buyers to require sellers to test houses for radon before a sale can be completed.

The agency regards radon as one of the most serious environmental threats to public health, accounting for 7,000 to 30,000 cases of lung cancer each year in the U.S.

For more information about the proposed guidelines or a copy of the "Home Buyer's and Seller's Guide to Radon," call the EPA Radon Division Office at (202) 233-9370.



Think Recycled

John Eggert

For some, it first started when their pregnant patients called for advice on what to do in the aftermath of the Three Mile Island incident. For others, news of contaminated needles found on the shoreline brought a fresh awareness of how their patients' health is interconnected to the health of the environment. For many, the recent proliferation of disposables in standard medical practice and the mountains of junk mail cluttering every medical office are nagging reminders of the world's health gone astray.

Most agree that today's physicians have an acute awareness of how their medical practice is both affected by and contributes to environmental decay. In part, medical education itself can create this awareness of the interconnectedness of all life on the planet, which some term "biological literacy." The recent groundswell of grassroots environmentalism has raised consciousness in the medical world, as in society as a whole.

Daily, physicians are dealing with changing disease patterns that result from pandemic environmental decay. Anne Marie Audet, MD, of the American College of Physicians, Philadelphia, reports that recent studies on the nationwide increase in asthma find a direct correlation between air quality and hospital admissions for respiratory problems. Stephen Perryman, MD, of Lancaster General Hospital, reports that their recent city-wide screening for lead poisoning was initiated when they found 23 to 24 percent of the children they tested in their hospital had lead levels above the levels recommended by the Centers for Disease Control and Prevention (CDC).

Alan Peterson, MD, who heads the Division of Community and Environmental Medicine at Lancaster General Hospital, summarizes: "The environment makes up so many things that we deal with today: stress-created illness and trends; radon, which you can't see or smell, but which is causing cancer...; increased melanoma related to deforestation...; and blue baby syndrome from nitrate contamination of the water supply, possibly from pesticides, and especially important in Pennsylvania where the bulk of family physicians are not practicing in urban areas."

Although more biologically literate, it is questionable whether physicians as a whole have had a positive impact on the environment commensurate with their heightened awareness. On the other hand, individual physician activists have played a prominent role in Pennsylvania's environmental debates, as across the nation.

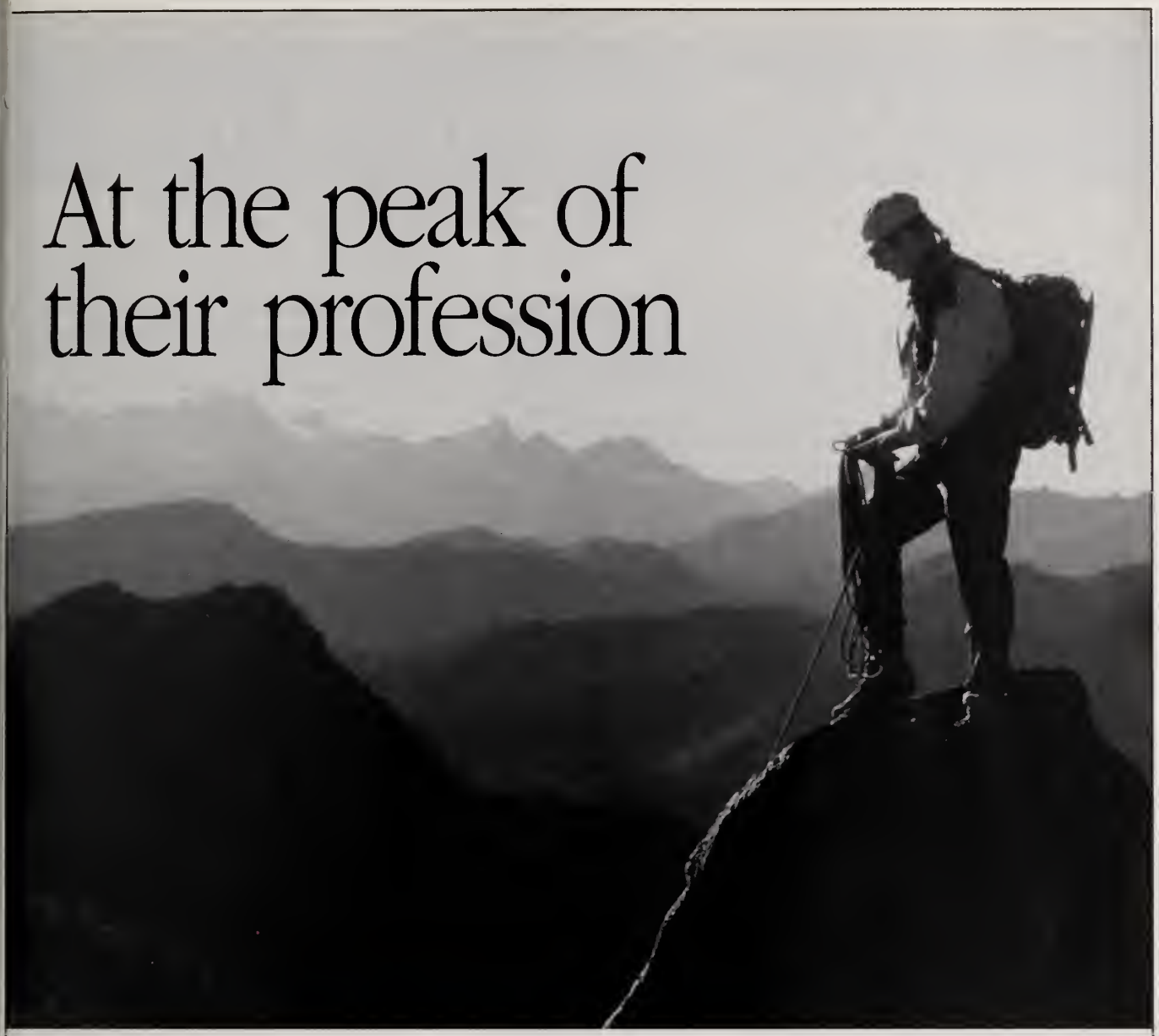
Prior to his present position, Dr. Peterson served as chairman of the Environmental Advisory Council of Pequey Township for three years. He had a great deal of input to the town supervisors on development matters, and his efforts to protect soil conditions and the water supply contributed to a model town landscaping ordinance recently profiled in state publications.

Daniel Fine, MD, of New Kensington, a founding member of Physicians for Social Responsibility (PSR), a Nobel Peace Prize-winning organization which recently turned its efforts to environmental matters, has worked with the Earth Day Coalition of Western Pennsylvania for the past three years. Dr. Fine and others in PSR have focused attention on the ongoing health impact of the nuclear weapons facility formerly in Apollo, Pennsylvania, and call for definitive studies to be done of the rising disease patterns in that area.

Roger Spingarn, MD, a pediatric resident at Philadelphia's Children's Hospital, was instrumental in getting that hospital to institute a recycling program. At an introductory meeting with the chief of medicine, Dr. Spingarn brought up his concern about the enormous addition he saw the hospital making to our solid waste problem. This sparked a series of developments which led Children's Hospital to institute recycling programs and have its cafeteria switch to china and silverware, and eliminate paper trays. Dr. Spingarn says he has been recycling for more than 20 years, "not because my recycling makes a difference in the U.S. solid waste prob-

Mr. Eggert is business development manager, Avery Dennison Specialty Products, Rolling Meadows, Illinois.

At the peak of their profession



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Editor's note: See "Letters to the Editor," page 10, for an update from David R. Brill, MD, on managing wastes in Pennsylvania.

Also, the November 1992 issue of this publication includes an article on the Department of Environmental Resources revised waste management rules.

lem or energy problem, but because I think it is a behavior we should all adopt since en masse it will make a difference...As the saying goes, 'We didn't inherit the earth from our ancestors, we're borrowing it from our children!'"

Recycling is a beginning to materializing environmental concern—and many would urge it to be just a beginning. Jim Jones, MD, of New Cumberland, a strong advocate of natural conservancy who toured the Monte Verde forests of Costa Rica last year, urges fellow physicians "to realize that the environment is a public health problem. We have to work on all fronts—looking at things like lead locally, looking globally at things like the ozone depletion—and be ready to share our assets. As a nation, we need to change our way of looking at the gross national product to also look at depletion, what we're doing to the environment. From this perspective, we have an energy policy that is unconscionable!"

As responsible citizens and as leaders in the community, physicians can have a major impact on waste reduction and other environmentally sound policies.

Recycling the Forgotten

Every day American hospitals dump enormous amounts of surplus medical supplies into the waste stream. In an effort to alleviate the problem, the Global Links program in Pittsburgh collects excess equipment, medications, and fixtures that hospitals can no longer use, and passes them on to Third World clinics and health organizations that need them.

To date, Global Links has sent more than $8 million in medical, surgical, and educational supplies to nearly two dozen countries around the world. The program was founded in 1989 by Brenda Smith, a 1980 graduate of the University of Pittsburgh.

For further information, contact Global Links at 4809 Penn Avenue, #2, Pittsburgh, PA 15224; (412) 361-3424.

Resources

A good place for physicians to *begin* environmentally is to initiate recycling and buy recycled products for their offices. For information on recycling and recycled products, call:

- Division of Waste Minimization and Planning, Pennsylvania Department of Environmental Services, (800) 346-4242
- American Fiber-Velope, (215) 586-7200
- Reynolds Business Systems, (215) 398-9080
- Visible Systems, (800) 338-8164
- Zack Products, (800) 344-3453

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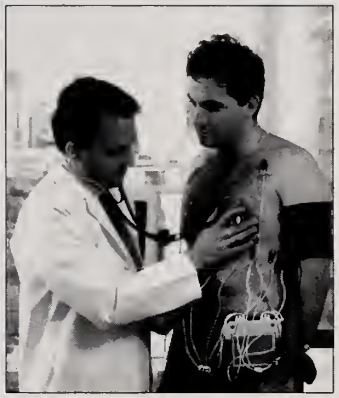

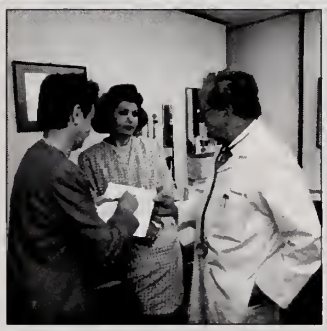

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Improving Quality, Controlling Costs: The Role of Managed Care

Pennsylvania Medical Society
Council on Medical Economics

Recognizing the importance of managed care concepts in the nationwide debate on health system reform, the State Society's Council on Medical Economics has compiled a discussion draft of the Society's positions on "The Role of Managed Care in Improving Quality and Controlling Health Expenditures," excerpted here. In addition to members' comments, the Society is soliciting comments from health caregivers, legislators, regulators, labor, business, insurers, and most importantly patients. Members may obtain a free copy of the complete draft by calling the Society's Department of Media Relations at (800) 228-7823. Direct any written comments to the Society's Division of Communications and Public Affairs.

Managed care is the popular buzzword in health care cost containment discussions. It is being touted as *one*—if not *the*—solution to rising health care costs. Enthusiastic endorsements emanate from health insurers, employers, and other group purchasers, health policy commentators, government administrators, legislators, and many health caregivers.

While managed care is not a new concept, support for this approach to cost containment has been revitalized by the health system reform movement. Many reform proposals call for incentives for consumers to enroll in managed care systems, and some would even *mandate* managed care. For a comparison of the most recognized types of managed care systems, see the chart on the next page.

The Pennsylvania Medical Society believes it is important for physicians to participate in the managed care debate as advocates for our patients. The outcome will have a dramatic impact on the tenuous balance between cost, access, quality, and freedom of choice. From our frontline position as caregivers, we also offer an important and unique perspective on how both the economic theory of managed care works in real-life patient management situations and on the best strategies for achieving positive results.

Dictionary of Acronyms

Readers delving into the widespread media as well as medical community coverage of managed care and health system reform developments may find the following short list of current acronyms useful. It is excerpted from the Society's discussion draft on managed care.

Editor's note: For a lighter view of health reform "alphabet soup," see the column by Donald E. Harrop, MD, president of the Keystone Peer Review, on page 26 of this issue.

ACOG— American College of Obstetricians and Gynecologists
AHCPR— Agency for Health Care Policy and Research
CBO— Congressional Budget Office
CCO— Coordinated Care Organization
DPW— Department of Public Welfare
DRG— Diagnosis Related Group
DUR— Drug Utilization Review
EDP— Economic Development Partnership
EPO— Exclusive Provider Organization
ERISA— Employee Retirement Income Security Act
HMO— Health Maintenance Organization
IPA— Individual Practice Association
KePRO— Keystone Peer Review Organization
MCN— Managed Care Network
MET— Multiple Employer Trust
NCQA— National Committee for Quality Assurance
PACE— Pharmaceutical Assistance Contract for the Elderly
PHO— Physician/Hospital Joint Venture
PPO— Preferred Provider Organization
PRO— Peer Review Organization
ProDUR—PACE Prospective Drug Utilization Review
RBRVS— Resource Based Relative Value Scale
RDUR— Medicaid Retrospective Drug Utilization Review
TPA— Third-Party Administrator
TQM— Total Quality Management
URAC— Utilization Review Accreditation Commission

Summary of Society positions

The Pennsylvania Medical Society believes the following elements should be considered in developing an effective health system reform model:

• *Cost control and quality improvement:* Many managed care approaches—when properly implemented—can play a constructive role in controlling health care expenditures and improving quality. Managed care can be especially beneficial in the Medicaid and workers' compensation programs.

Managed care works best when the system fosters a collaborative effort with the patient's caregivers to improve efficiency and outcomes, instead of merely managing the cost borne by the insurer by reducing payments and denying care through mechanistic, regulatory interventions—which also hassle providers and increase overall costs.

Managed care is not the panacea to cure escalating health care costs. While high-tech care and products are sometimes overused, they often can significantly improve outcomes. Such an approach will not curb the rise in health care costs due to the *appropriate* use of new technology

and products unless it is a euphemism for rationing.

• *Safeguards to protect quality and access:* Safeguards are essential to ensure that managed care efforts to control insurer costs do not sacrifice quality and access. The techniques and incentives employed by managed care systems to reduce *unnecessary and inappropriate* utilization can also jeopardize *appropriate* utilization and access when adequate safeguards are not in place.

• *Paperwork protections:* Protections are also necessary to assure that managed care systems do not increase overall costs by imposing undue administrative burdens on providers.

• *Freedom of choice:* The Society's Health Care Reform Proposals, released earlier this year, would result in more individuals enrolling in managed care plans by creating incentives for cost-consciousness. However, we generally oppose *mandated* managed care—i.e., government requiring that health care be exclusively financed and delivered through a managed care system.

Most managed care approaches limit the patient's choice of provider and what care they can receive. Many patients may be willing to accept these restrictions in exchange for a reduced premium. However, others will prefer to make their own health care decisions, independent of the restrictions placed by a managed care system.

• *Pluralistic insurance market:* A full range of insurance plans should be permitted—not just network managed care plans. Indemnity plans—especially "pure" indemnity plans with no managed care—may have difficulty competing in an environment with heightened cost-consciousness. However, why not let the market forces work? Those indemnity plans that cannot effectively compete will not be offered by insurers.

• *Medical education and research:* Funding sources for medical education and research may be drained through efforts of managed care systems to reduce provider

Comparison of Managed Care Systems

SYSTEM	Selective Contracting	Gatekeeper	Reimbursement		Out-of-Network Option	Utilization Controls
			Primary Care	Specialist		
Health Maintenance Organization (HMO)	Yes	Yes	Capitation	Fee Schedule	No	Yes
Preferred Provider Organization (PPO)	Yes	No	Fee Schedule	Fee Schedule	Yes (usually at higher out-of-pocket expense)	Yes
Exclusive Provider Organization (EPO)	Yes	No	Fee Schedule	Fee Schedule	No	Yes
Gatekeeper PPO	Yes	Yes	Fee Schedule	Fee Schedule	Yes (usually at higher out-of-pocket expense)	Yes
Point-of-Service HMO	Yes	Yes	Capitation	Fee Schedule	Yes (usually at higher out-of-pocket expense)	Yes
Managed Indemnity Insurance	No	No	Charges or Fee Schedule	Charges or Fee Schedule	N/A	Yes

payments. This funding is necessary to ensure a continued supply of qualified health care professionals and to search for new technology and methods that will improve quality and reduce costs. Providers engaged in medical education and research must be assured adequate funds to continue their investments for the future.

• *Tort reform:* Meaningful tort reform is necessary for managed care to work and to reduce the practice of defensive medicine. Physicians and other providers are not likely to respond to managed care incentives to limit tests and procedures and deliver or arrange care in lower-cost outpatient, office, and home settings unless they have better protections against malpractice actions. Primary care providers also will be reluctant to undertake the responsibility of a wider scope of services in the absence of tort reform.

• *Primary care physician shortage:* Expanding the use of managed care also requires increasing the supply of primary care physicians. However, Pennsylvania already has a primary care physician shortage in rural and inner-city areas, and a move towards more managed care is likely to aggravate this shortage. Absent remedial measures, the suburban managed care systems are likely to fill their increased demand by drawing upon the already depleted supply in rural and inner-city areas.

Positions on Managed Care: Society vs. EDP

The Economic Development Partnership (EDP), an advisory body created by Governor Robert P. Casey, released last November a health system reform plan in a report entitled, "A Plan for Managed Competition in Pennsylvania." The EDP report was developed by a subcommittee composed of representatives of business, labor, and academia, and members of the Governor's administration. Though given a chance to react to the plan at hearings held across the state, health care providers were excluded from the subcommittee.

Editor's note: The following is a brief comparison of the Society's managed care positions and those of the EDP, which appeared in the March 1993 issue of PENNSYLVANIA MEDICINE *["A Matter of Cost Control: Comparing Priorities for Pennsylvania," pages 16-18]. At press time, however, Governor Casey was expected to release his finalized EDP plan, which may be updated since this comparison was made. Watch future issues for an analysis of the latest EDP reports.*

	State Society	***EDP***
Benefits and limitations	Acknowledges that many managed care approaches—when properly implemented—can play a constructive role in controlling health care costs and improving quality.	Places great reliance on the potential of network managed care plans—such as HMOs and PPOs—to save costs while maintaining quality.
	Cautions that managed care cannot be expected to curb the rise in health care costs resulting from the appropriate use of new technology and products that can vastly improve outcomes—but at a high price.	Does not reflect recognition of the limitations of managed care in controlling patient demand for valuable—but expensive—new technology and products.
Safeguards	Advocates safeguards to ensure that managed care plans do not sacrifice quality to save costs or impose undue administrative burdens on providers that can increase overall costs.	Makes no mention of the need for safeguards

	State Society	*EDP*
Freedom of choice	Supports a pluralistic insurance market in which individuals can enroll in a managed care plan if that is their choice. Advocates health care reforms that would result in more individuals enrolling in managed care plans. Generally opposes *mandated* managed care, because of the restrictions on patient freedom of choice.	*Mandates* managed care for all services covered by the guaranteed basic health care package (BHCP)—i.e., requires all services covered by the BHCP to be financed and delivered exclusively through managed care networks (MCNs).
Insurance market options	Believes the full scope of indemnity and managed care options should be permitted, including both "pure" indemnity plans and indemnity plans that incorporate managed care features such as a precertification requirement. Acknowledges that increased competition in the insurance market may result in insurers no longer offering pure—or even managed—indemnity plans. Let the market decide, rather than prohibiting these types of plans.	An indemnity plan would not qualify—not even a managed indemnity plan. Consumers could only purchase indemnity coverage for services not covered by the BHCP.
Attendant cost control measures	Emphasizes the need for tort reform control measures to ensure that physicians and other providers will respond to managed care incentives to reduce defensive medicine. Stresses importance of resolving the primary care physician shortage to increase access and reduce costs—especially because of the increased need for primary care physicians in managed care systems.	Largely ignores the need for tort reform. Supports increasing the supply of primary care physicians.

MANAGED CARE INITIATIVE TO BE LAUNCHED

The AMA is launching a comprehensive educational initiative to help members understand, adapt to, and prosper in the managed care environment.

The primary goal is to inform AMA members about the options and resources available to develop successful managed care strategies for "facing the challenges of medicine's changing health care environment."

The initiative, called "Medicine in Transition: Managing Change in a New Environment," includes a broad-based educational package of managed care publications and seminars to be offered across the country. The publications will be available this month; the workshops will be offered in July.

For more information, call the AMA at (800) 262-3211.

SECRETARY PROPOSES DOH RESTRUCTURING

A new proposal presented to the State Society in April by Pennsylvania Secretary of Health Allan S. Noonan, MD, MPH, would restructure the state's Department of Health (DOH) according to its functions. Currently, the department is structured according to disease lines.

Dr. Noonan says the idea to restructure began about a year and a half ago at a meeting with the department's deputies and special assistants. At that time, the plan's parameters were two-fold: 1) it cannot cost proportionately more than the department does now; and 2) the department cannot increase or reduce the numbers of employees.

Consistent with those parameters, deputy secretaries for public health assessment, health promotion and disease prevention, quality assurance and health planning, community health systems development, and administration and management would report to Dr. Noonan and oversee a number of bureaus and offices (see "Proposed DOH Structure," next page).

The following is an overview of current department functions and where they fit into Dr. Noonan's proposal. Although his plan would "shuffle" a majority of DOH functions already in place, it also includes two major changes in the areas of prevention and administration.

Prevention

One of the major elements of Dr. Noonan's proposed restructuring is that DOH's drug and alcohol (D&A) programs, which in the past comprised a bureau of their own, would fall under health promotion and disease prevention. The programs stress prevention, intervention, training, and information.

According to Dr. Noonan, the current deputy secretary for D&A programs would be the most likely candidate to oversee the new area of health promotion and disease prevention that would include, in addition to D&A programs:

- preventive health programs through health risk reduction, tobacco control, injury protection, communicable disease prevention, and health treatment services;
- HIV/AIDS programs, which would include the establishment of seven regional planning coalitions to provide local systems of education, training, intervention, and care; and
- maternal and child health programs.

Administration

The second major change proposed by Dr. Noonan would promote the current deputy for administration to the executive deputy secretary level. This deputy secretary would be responsible for DOH's financial operations and management services, as well as personnel management, and would have decision-making authority over department operations when Dr. Noonan is unavailable.

Assessment

The deputy secretary for public health assessment would oversee three health centers/bureaus: the State Center for Health Statistics and Research, the Bureau of Epidemiology, and the Bureau of Laboratories.

In addition to providing a statewide system for the registration and certification of birth, death, fetal death, marriage, and divorce as DOH's State Center for Health Data currently does, the new state center would also be responsible to research and study the etiology, distribution, and trends of major diseases. Research areas currently supported include: statewide cancer registry, Vietnam veterans' health, TMI health research, arthritis, lupus, cancer, rabies, and AIDS.

In the area of epidemiology, the department would continue to investigate reported diseases to determine the source of infection, mode of transmission, and control measures to prevent additional cases, and evaluate short- and long-term trends requiring public health intervention.

The newly created Bureau of Laboratories would provide testing in several areas—rabies, HIV, tuberculosis, measles and rubella, etc.—and monitor the performance standards for 6,000 clinical and physician office laboratories in Pennsylvania.

Assurance

The current DOH structure plays a major quality assurance role in Pennsylvania. The department licenses and approves hospitals, ambulatory surgical facilities, and other medical facilities and conducts surveys of the facilities to determine compliance with standards for sanitation, fire safety, health, and level of care required for Medicare and Medicaid certification and state licensure. These functions would be split between the new Bureaus of Quality Assurance and Community Program Standards.

Under health care financing, DOH would continue its responsibility for licensing, oversight, and consumer protection of complex managed care plans.

And finally, in compliance with Pennsylvania's Certificate of Need (CON) law, DOH reviews applications for the establishment, renovation, or expansion of clinically reviewable services for projects costing more than $2 million. According to DOH, the reviews seek "to prevent needless duplication of health care services while maximizing accessibility and quality, as well as to plan and provide for health care needs of the future."

CON certification would move under the Bureau of Health Planning, which would also include a division of planning and technical assistance, and a division of emergency medical systems.

Community health

As currently structured, the division of community health provides and supports primary care through community health services, health profession development and recruitment, and a loan forgiveness program for primary health care professionals.

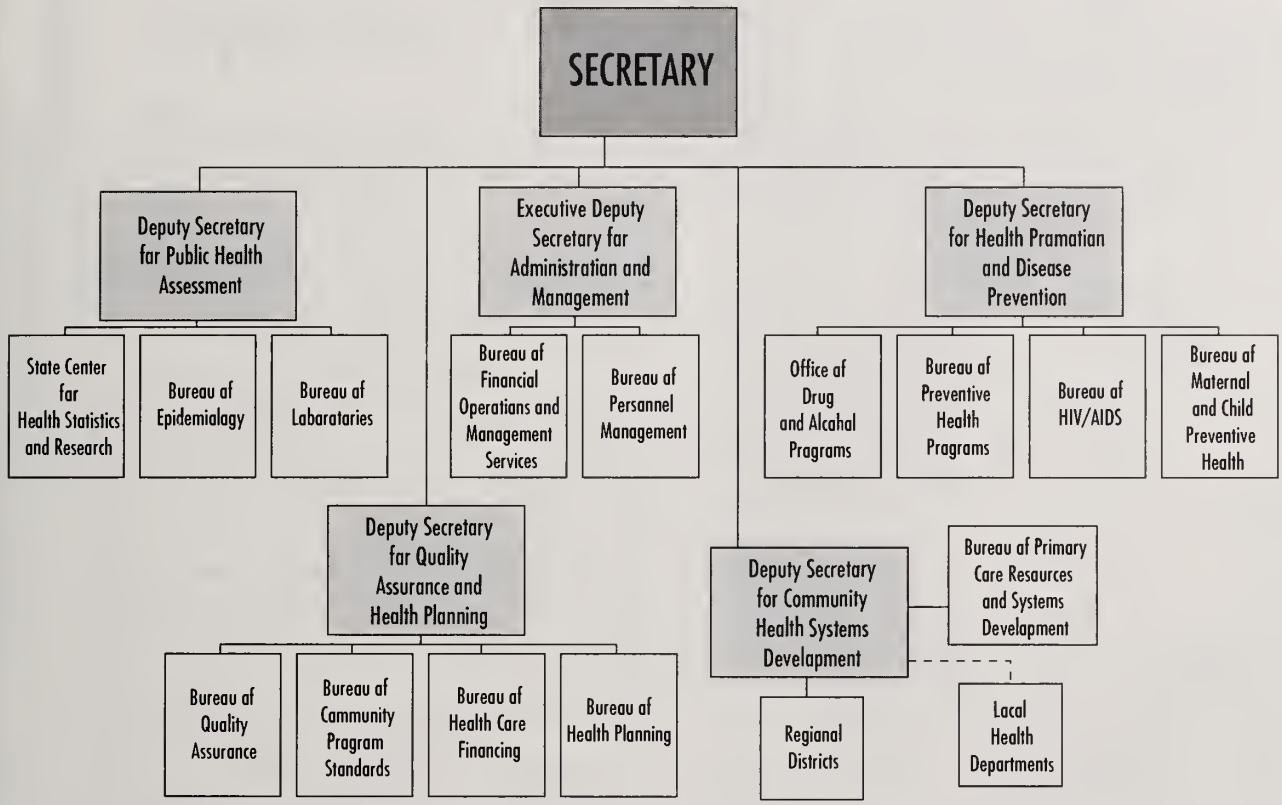
The new functional area, divided into six districts and including nine local health departments, expects to expand its community health services focus while still addressing primary care concerns through the Bureau of Primary Care Resources and Systems Development.

Implementation

Dr. Noonan's goal is to implement the overall plan by the start of the commonwealth's next fiscal year, July 1, 1993. By press time, he had already received tentative support from both the Senate and House Health and Welfare Committees, which oversee DOH as well as the governor's office.

Though the plan has received some opposition—mostly from the D&A community—the Pennsylvania Medical Society Board of Trustees at its May 12 meeting voted to support Dr. Noonan's proposal.

Proposed DOH Structure



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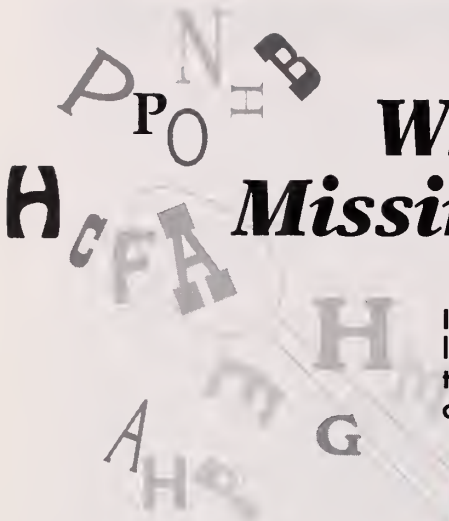

Where Is That Missing Element?

Donald E. Harrop, MD

In his monthly column, KePRO's president looks at the "alphabet soup" of health system reform and the element missing from currently proposed reform plans.

A few years ago I thought I had it made when I finally learned some of the main acronyms that make up the alphabet soup we live with from day to day in the health care field. There were PROs (Peer Review Organizations), HCFA (Health Care Financing Administration), PPS (Prospective Payment System), FIs (Fiscal Intermediaries), HMOs (Health Maintenance Organizations), PPOs (Preferred Provider Organizations), PHC4 (Pennsylvania Health Care Cost Containment Council), etc., etc., etc.

Well, get ready because someone is stirring the soup, and it looks like we will soon have a whole new set of funny sounding terms to deal with.

Although no one seems to use MC as the acronym for the newest and most widely used buzzword, "managed competition," everyone who is proposing health system reform under that concept has a number of variations of some of the possible components of their proposed system. Here are just a few of the ones I've seen. At this point in time, I hope no one asks me what they really mean:

- AHP: Accountable Health Plan or Partnership
- CHP: Community Health Plan
- CHPA: Community Health Purchasing Alliance
- HIPC: Health Insurance Purchasing Cooperative
- MCN: Managed Care Network
- NHB: National Health Board
- UEHB:Uniform Effective Health Benefits

I considered trying to learn all of these, but decided to wait until something is finalized before getting myself further confused. Besides, most are surely subject to change anyway and will probably be passé by the time this goes to print.

With all these new proposals floating around, I find it difficult to try to decide which may have the most merit. I keep looking for that one special element—quality—that would cause me to favor one over another. The word may creep into some of the plans, but usually it's difficult to tell if they mean quality, as in care that meets acceptable standards, or the quality of the cost containment efforts they are proposing.

"I keep looking for that one special element—quality—that would cause me to favor one over another."

Because most of these new concepts deal with capitated payment systems, I believe there must be strong independent controls for consumer protection. There is always some concern with capitation because there are inherent negative incentives. For example, a poorly managed plan may be the low bidder to the HIPC (see, I did it already, I meant the Health Insurance Purchasing Cooperative) and subsequently run into financial difficulty or even become insolvent, leaving enrollees without access to care. During a financial crunch or the time preceding insolvency, it is doubtful that needed access would always be readily available to the consumers as the plan would try to stay afloat.

Therefore, I strongly suggest that before any health system reform proposal is considered, it must include AASEGPADQHC (Assurance of Access to the System, External Grievance Procedures, and Assurance of Delivery of Quality Health Care). I don't think you should waste your time learning this acronym, unless, of course, you can make it sound like a word.

Dr. Harrop is president of the Keystone Peer Review Organization.

Quarterly Reports from KePRO Overseers

The House of Delegates, through Resolution 86-44 (Amended), has mandated the Society to provide regular reports on KePRO findings. The following report from the Ad Hoc Committee on KePRO Oversight covers the period January 1 through March 31, 1993. It shows the number of Medicare discharges, cases reviewed by KePRO physician reviewers, pending denials issued, final denials issued, and DRG changes made by KePRO.

KePRO Data for all Pennsylvania Hospitals 1/1/93 - 3/31/93

Medicare Discharges	188,361*
Cases Reviewed	1,149
Admission Denials	201
Administrative Denials	5
Total Denials	206
DRG Changes	215
PPS Hospitals Under IR	0
Generic Screen Failures	1,055
Pending Quality Problems	764
Confirmed Quality Problems	217

**Reflects total discharge received by KePRO for the reporting quarter*

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

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Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

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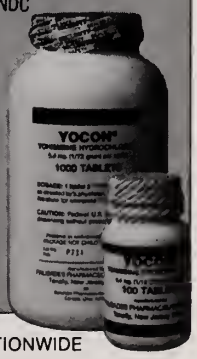
Rev. 1/85



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Helping the Medically Indigent and Underserved

Part III—Recruiting Physicians for Medically Underserved Communities

John A. Malcolm Jr., MD

This article—the last in a series of three—explores further the toughest problem in providing care to the medically indigent and underserved: encouraging and recruiting physicians to permanently locate their practices in medically underserved communities.

Developing permanent physician practices in underserved areas of the state is the primary long-term goal of a wide range of government, community, business, and medical organizations. The Society is actively participating in the development of the commonwealth's integrated program for recruitment/training of primary care practitioners chaired by the Pennsylvania Department of Health.

What specifically does the Pennsylvania Medical Society offer to aid the interested physician and/or medically underserved community attempting to establish a viable long-term medical practice relationship beneficial to both parties?

Some programs, such as the Society-AMA Cooperative Physician Placement Service, were discussed in Part II of this series [April 1993, page 28], but the State Society offers other services helpful to the physician and community in evaluating practice possibilities in underserved areas.

For example, the Society recently introduced an on-line data service that supplies current physician manpower statistics. Available are the numbers and specialties of physicians in any given county.

The Society's "Data on 1990 Physician Services Provided to the Medical Assistance Population," provides a rough estimate of the volume and reimbursement of medical services delivered to Medical Assistance patients by practice specialty within each county. Included in the data are the number of Medicaid-participating physicians in each county with comparisons to rural/urban statewide statistics.

> ***"The toughest problem in providing care to the medically indigent and underserved [is] encouraging and recruiting physicians to permanently locate their practices in medically underserved communities."***

Also, the Society—through The Educational and Scientific Trust and the Council on Medical Economics—maintains listings of currently available practice incentives for underserved areas, such as the commonwealth's loan repayment program for primary care physicians in these areas, government-backed low interest loans for medical facility construction, and enhanced payment for services in designated underserved areas, etc.

Perhaps one of the most valuable, yet least known Society services for physicians and communities is the "Community/Practice Opportunity Assessment" handbook, published in 1985. The handbook materials enable the physician and/or the community to evaluate objectively a broad array of professional, personal, social, cultural, educational, and recreational factors integral to practice location decision making.

The handbook contains a step-by-step guide with categorized questionnaires and checklists to evaluate specific subject criteria such as: population/demographic statistics, medical facilities/services, medical manpower, health support services, physician goals, physician and physician spouse/family personal issues,community education, community/area recreation, community health assessment, and patient profiles.

Answering the questions will require some assistance from local chambers of commerce, banks, businesses, educational and religious institutions, libraries, health care institutions, professional organizations/practices, and other community organizations.

All of this probably sounds tedious, but for the medically underserved community trying to recruit physicians, or the practice-seeking physician trying to make a satisfying and financially viable long-term practice location decision, the time and effort will help ensure an informed decision and successful satisfying relationship for both the physician and community.

The author is physician representative on the Pennsylvania Health Care Cost Containment Council and served as chairman of the Society's Commission on Access to Health Care in 1992.

For additional information about the "Community/Practice Opportunity Assessment" handbook, call the Society's Department of Physician Services at (800) 228-7823.

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The Arthur G. James Cancer Hospital and Research Institute, a leading center for oncology research, diagnosis and treatment, opened its doors in 1990. Since 1977, the cancer program at Ohio State University has been committed to finding ways of eliminating cancer through the collaborative efforts of research and treatment of a nationally designated Comprehensive Cancer Center. The well-integrated relationship between many disciplines has created an approach that dramatically reduces the lag time between laboratory breakthroughs and practical application.

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At present, experts at The James are investigating and administering visionary cancer therapies such as intraoperative radiation therapy (IORT), brachytherapy, taxol, 13-cis retinoic acid and numerous other therapies on patients from over 23 states and 2 foreign countries.

Intraoperative Radiation Therapy

IORT, performed during surgery, utilizes targeted radiation to reduce or eliminate tumors without penetrating overlying tissue or damaging noncancerous cells surrounding the tumor. At The James, IORT is administered in a specialized operating suite equipped with a linear accelerator capable of emitting six million to 18 million electron volts. During treatment, a circular cone is positioned on the tumor and laser beams are used to align the accelerator before the prescribed high dose of radiation is applied. A minimum of 70 patients annually will be treated in the IORT suite.

Brachytherapy

Brachytherapy, or radiation implantation, destroys cancer cells by delivering radiation directly to a tumor. Radiation oncologists place radioactive material inside or in close proximity to the tumor so that a very high dose of radiation can be delivered to the tumor with little of the radiation going to the healthy tissues around the tumor. Because healthy tissue remains undamaged, side effects are usually minimal.

The James, one of the leading proponents of brachytherapy, active applies several forms of brachythera for various cancers and is one of th few centers to implant young childre

Early methods of brachythera often required surgery and lengt hospitalization and exposed patient families and nursing staff to radiatio Researchers at The James are spea heading efforts on several fronts overcome these problems. High dos rate brachytherapy allows the trea ments to be given in a few minute on an outpatient basis while total eliminating radiation exposure to th medical staff. Fluoroscopy an ultrasound can be used to guid the needles into tumors witho requiring surgery to expose th tumor. The researchers at Th James have combined th advantages of IORT an brachytherapy to delive intraoperative high dos rate remote brachyther py to tumors normally ina cessible to either IORT brachytherapy.

Radioimmunoguide brachytherapy utilizes a han held instrument that can dete the radioactive material remaining small tumors yet not visible to the su geon. A critical innovation in cance

VEEN RESEARCH AND TREATMENT.

ratment, the instrument was devel-
ed at OSU and is currently used
roughout the world.

The Section of Brachythera-
at The James organizes
nual symposia to dis-
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this emerging
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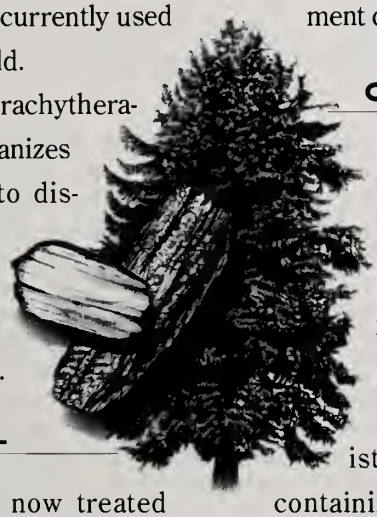

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ent of breast cancer, and one of only
two centers using taxol in the treat-
ment of head and neck cancer.

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Boron neutron capture therapy, which might offer significant promise for treating brain tumors, was first proposed by Dr. William Sweet in the 1950's.

Following the administration of delivery agents containing boron-10, the tumor is then irradiated with neutrons, resulting in a nuclear fission reaction yielding high energy radiation (alpha particles in Lithium-7 nuclei). A team of researchers at the Comprehensive Cancer Center is attempting to develop different boron delivery systems that will deliver amounts of boron to the tumor large enough to be effective. Researchers are also working in other aspects of BNCT, including the development of models to test therapeutic efficacy, alternative neutron sources and clinical treatment planning.

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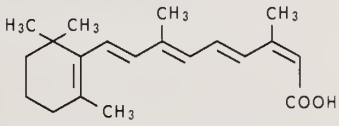
A seven-year study of 13-cis retinoic acid currently is underway to test the effectiveness of prolonged low-dose 13-cis retinoic acid in reducing the risk of second primary tumors in patients who have had head and neck cancer which has been controlled by surgery and/or radiotherapy. In addition, researchers are evaluating the kind and number of toxicities of low-dose 13-cis retinoic acid administered daily for three years.



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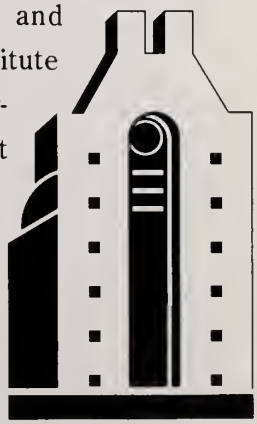

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Establishing Criteria for Evaluating Health System Reform Proposals

David J. Shulkin, MD
Paul J. Fink, MD

This article describes a Health System Reform Index that, according to the authors, "offers objective criteria for judging the comprehensiveness of proposals for health system reform."

With the Clinton Administration's heightened interest in health policy, proposals for health system reform are surfacing in both number and magnitude. In this article we describe a Health System Reform Index that offers objective criteria for judging the comprehensiveness of proposals for health system reform.

Specifically, the proposed criteria in the Health System Reform Index include: 1) assuring access to care, 2) controlling financial incentives, 3) developing efficacy-based guidelines for medical practice, 4) controlling the cost of technology, 5) reforming malpractice insurance, 6) developing standards for appropriateness of care, and 7) reducing the resources used to monitor medical care.

To use the system, the index's scoring system assigns points when an issue is addressed, and a solution is suggested by a given proposal for health system reform. "The Health System Reform Index" on the next page outlines the scoring scheme. Each item in the scheme is either essential (2 points) or important to the success of reform (1 point), and a total score of 20 points is possible if all issues have been adequately addressed. The higher the score, the more comprehensive the proposal. Combinations of proposals, considered in the context of a total package, may be scored in an additive fashion.

The following is a detailed explanation of each element of the Health System Reform Index. For point values, please refer to the table on the next page.

Dr. Shulkin is assistant professor of medicine at the University of Pennsylvania Medical Center, director of clinical outcome assessment and quality management at the Hospital of the University of Pennsylvania, and a senior fellow at the Leonard Davis Institute of Health Economics at the University of Pennsylvania. Dr. Fink is chairman of the Department of Psychiatry at Albert Einstein Medical Center and medical director of the Belmont Center for Comprehensive Treatment.

Assuring access to care

Care for the uninsured/underinsured: The uninsured and underinsured find it increasingly difficult to access medical care. Currently, 37 million Americans lack adequate health insurance coverage.[1] Providing care for the underserved populations must be an essential part of health system reform.

Avoidance of a two-tiered system: Proposals that address access to medical care must not create separate quality standards for those who can afford care and those who cannot. Perhaps the experiment in Oregon, where medical conditions have been prioritized in terms of effectiveness and cost, is the boldest attempt yet to address this issue. Unfortunately, the Oregon plan impacts only on Medicaid recipients and exempts those who can afford private insurance. Acceptable proposals must establish priorities in an even-handed fashion.

Controlling financial incentives

Limits on incentives for underutilizing medical care: In many managed care settings, primary care physicians act as gatekeepers and are financially rewarded if they limit the funds spent on ancillary services or specialty care. Without the appropriate quality controls, rationing based on monetary incentives will endure in contrast to decision making based on explicit criteria.

Rationing based on financial policies often bypasses the question of appropriate technological advances by simply depriving large segments of the community of the technological capabilities available. Proposals for reform must include careful consideration and decision making about the role of financial incentives in limiting utilization of medical care.

Limits on incentives for overutilizing medical care: In contrast to incentives that may potentially limit appropriate utilization, many traditional financial incentives encourage use of potentially unnecessary medical resources. Profit-centered corporations and the industrialization of medicine have introduced aggressive marketing and competitive business practices

aimed at increasing revenues.[2] Many health care facilities can generate their own demand, and financial incentives may obscure their objectivity. Forty percent of physicians have at least partial ownership in a service to which they refer patients.[3]

Physician ownership and participation in joint ventures involving diagnostic equipment have likely contributed to the proliferation of expensive equipment and the potential for overutilization of resources. Doctors who own their own equipment are more likely to use the services than those who refer to outside sources.[4] Changes in health care financing are needed to eliminate the incentive to provide increasing numbers of potentially unnecessary medical services.

Developing efficacy-based guidelines for medical practice

Establishment of standards for appropriate use of medical services: The establishment of standards for the appropriate use of medical services should serve as the basis for a systematic decision about who should and should not receive scarce medical resources. Relman has suggested that an acceptable rationing plan would have medical and ethical, as well as economic justification.[5]

Research support for outcomes research: Efficacy-based studies and outcomes data on the treatment of medical conditions are in demand. The federal government, through the Agency for Health Care Policy and Research, has begun to fund such studies, and these efforts must be enhanced. These studies will also serve as important information to the large purchasers of health care and to patients themselves.

Professional leadership for practice behavior: Implementation of medical practice driven by efficacy-based studies has proven difficult. Data have shown poor physician compliance with some guidelines developed from strong medical evidence. Current studies show that large numbers of physicians fail to follow commonly recognized recommendations distributed by prestigious professional organizations. For example, many physicians have failed to follow the published recommendations for appropriate indications for C-sections.[6]

The medical profession will need a strong commitment to adhere to efficacy-based guidelines. One of the most effective ways to accomplish this will be for clinical leaders to set an example. Physicians who have high visibility within the profession and have the respect of their colleagues are likely to have a significant impact on changing practice behavior.

Controlling the cost of technology

Technology assessment: While development of new and better methods of treating and curing disease is a worthwhile goal, some technology increases the quantity of services without improving quality. The escalating competition among hospitals and the increasing demand for technology have combined to ensure that health care providers have access to the newest and finest equipment. Large purchases are often made without careful consideration of need or adequate consideration of clinical issues. Studies of clinical effectiveness are often released after hospitals have already purchased the equipment.

Technology assessment should be based on explicit criteria for the economic evaluation of the impact of new technology and on the availability and effectiveness of existing technology.

Coordination of duplicative medical technology: The acquisition of new equipment by hospitals is often seen as a way of winning

The Health System Reform Index

Assuring access to care (3 points)
- Care for the uninsured/underinsured (2 points)
- Avoidance of a two-tiered system (1 point)

Controlling financial incentives (2 points)
- Limits on incentives for underutilizing medical care (1 point)
- Limits on incentives for overutilizing medical care (1 point)

Developing efficacy-based guidelines for medical practice (4 points)
- Establishment of standards for appropriate use of medical services (2 points)
- Research support for outcomes research (1 point)
- Professional leadership for practice behavior (1 point)

Controlling the cost of technology (3 points)
- Technology assessment (1 point)
- Coordination of duplicative medical technology (2 points)

Reforming malpractice insurance (2 points)

Developing standards for appropriateness of care (3 points)
- Establishment of indicators to assess quality of care (1 point)
- Educational reform to focus on cost/quality issues (1 point)
- Support for quality improvement activities (1 point)

Reducing the resources used to monitor medical care (3 points)
- Placing limits on administrative costs (1 point)
- Eliminating duplicity of regulatory and administrative requirements (2 points)

2 points = essential • 1 point = important to the success of reform

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in the competitive race for a profitable bottom line.[7] While some may expect that the economy of scale (i.e., the idea that large volume can support large expenditures) used by hospital chains and conglomerates can absorb such purchases and increase the competitive edge, excessive expenditures on the most current equipment may overwhelm even the budgets of these institutions. Effective health policy must encourage local coordination of expensive technology that incorporates both appropriateness and patient access to care.

Reforming malpractice insurance

The litigious nature of American society has led to enormous increases in the cost of all types of insurance, particularly malpractice insurance. According to Califano, the cost of malpractice insurance premiums is approximately $8 billion per year.[8] Malpractice awards in 1990 totaled $3.7 billion. Califano also estimates that doctors perform millions of useless tests and procedures at an annual cost of $20 billion.

Developing standards for appropriateness of care

Establishment of indicators to assess quality of care: With most health care reform proposals targeted to reduce costs, measures of quality of care will take on increased importance. Advances in the field of outcomes research are helping to identify methods to assess quality and will be essential in assuring a good standard of patient care.

Educational reform to focus on cost/quality issues: New efforts will be needed to introduce standards for appropriate care into medical schools, residency programs, and continuing education programs. Attending physicians must begin to reinforce those standards for cost and quality to students and residents in an attempt to abandon the current system of searching for rare syndromes and diagnoses that rely heavily on the use of advanced technology. Also, accreditation bodies must incorporate these standards into their certifying examinations.

Support for quality improvement activities: The medical profession's increasing interest in quality assessment and quality improvement provides an opportunity for hospitals and doctors to replace many of the external review activities with internal programs that examine the process and outcomes of providing medical care. Quality improvement is most successful when doctors begin to examine their own patient care practices. Third-party payors must begin to work with physicians to emphasize quality care, instead of utilization, as a primary endpoint. Quality and costs are concepts that will be increasingly integrated.

Reducing the resources used to monitor medical care

Placing limits on administrative costs: Administrative costs have been estimated at 22 percent of health care spending in 1983[9] and 24 percent in 1988.[10] These costs have been growing faster than direct clinical expenditures over the past several years.[11] Efforts to control health care costs have led to the creation of extensive review processes designed to eliminate waste and to find those who defraud the system.

Hospitals have had to increase the number of people in their review offices in response to both internal and external reviews. Some programs have found their review procedures to actually be more costly than the savings generated. In Massachusetts the peer review organization examined its precertification procedures for pacemakers and found the program to be non-cost-effective.[12]

Eliminating duplicity with regulatory and administrative requirements: Researchers Himmelstein and Woolhander estimate that over $77 billion was spent in 1983 on billing for medical services.[13] Much of this amount, of course, is translated into jobs for non-patient care personnel, whose responsibility it is to figure out how to get the money earned by the hospital from the insurers, the third parties, and the government. The result has been almost a doubling of the number of non-patient-related personnel assigned to meet the reviewers' requirements and to collect bills.

The number of clerical staff in doctors' offices has also increased dramatically, currently accounting for 47 percent of non-physician employees in doctors offices.[14] It has been estimated that 8 to 10 percent of health care costs could be saved or redirected through a more straightforward payment system.[15]

Summary

Effective proposals for health system reform will need to address the many complex issues facing medicine. Piecemeal approaches to health system reform are not likely to succeed. The Health System Reform Index may be a useful instrument for evaluating the scope and potential success of proposals that address critical issues in health care.

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Helping Patients Improve their Physical Fitness

Juli C. McGreevy

Alexander Kalenak, MD, is a professor in the Department of Orthopedic Surgery at Penn State's College of Medicine, Hershey. He has volunteered his services to the U.S. Olympic Committee, Keystone State Games, and Big 33 Football Classic. Robert L. Jones, DEd, MCP, is associate professor in the Department of Family and Community Medicine and director of the department's Prevention and Health Promotion Program at Penn State. He teaches medical sciences, health promotion, and preventive medicine, and has been involved with the fitness and health evaluation for the Big 33 Football Classic.

Since 1900, the proportion of deaths from chronic diseases in the U.S. has increases by 250 percent. Many illnesses are related to long-term patterns of behavior—or lifestyles. This article, a result of conversations with Drs. Kalenak and Jones, offers factors to convince patients that exercise habits affect overall health status.

Question: *How does physical activity reduce the risk of disease?*

Dr. Kalenak: Physical activity decreases cholesterol, triglycerides, certain lipid counts, and blood pressure. These factor into the cardiac, renal, and cerebral vascular disorders that are the major causes of death and disability in older people—strokes, heart attacks, and kidney disease.

Question: *Is lack of exercise a risk factor for any diseases?*

Dr. Kalenak: Lack of exercise is a risk factor for cardiovascular disease, osteoporosis, hypertension, and other disorders. In fact, regular physical activity may have a salutary effect on almost any disease or disorder.

Dr. Jones: Besides being an independent risk factor for heart disease—the number one killer—a sedentary lifestyle relates to weight control, blood sugar levels (diabetics who exercise regularly can usually control their blood sugar levels more effectively), and stress. There have been studies showing that fitness levels may influence cancer—the number two killer. It's not clear why, but it may be that appropriate levels of activity enhance the immune system.

Question: *What recommendations should physicians make to patients about exercise?*

Dr. Jones: Exercise doesn't have to be sweaty and painful to be valuable, just regular. Even a low level of activity on a regular basis is better than no activity. For each patient, physicians should consider past exercise habits and overall health. Once you make the base health assessment and there are no contraindications to exercise, the patient can begin a modest program of activity that isn't tiring or injury producing and gradually increase the activity to meet the patient's goals.

You must explain to patients why it's important to exercise. In addition to physical benefits, people who exercise regularly generally have better self-esteem, a more positive outlook, and a more effective response to stressful situations. The good news is if you exercise regularly, your functional capabilities will remain high throughout most of your life.

Question: *What are the factors needed for fitness?*

Dr. Kalenak: Physical fitness means aerobic fitness, muscle strength, flexibility, endurance, reaction time, and coordination.

Question: *One of the terms used frequently when referring to health fitness is moderation. What is moderate?*

Dr. Kalenak: Some people can exercise seven days a week without problems, but most will have some musculoskeletal problem. My suggestion is to work at a program a minimum of three days a week for 20 to 30 minutes at target heart rate.

Dr. Jones: Moderate is an activity where the individual can exercise without having difficulty speaking. When asked, an appropriate response from an individual would be: "I'm comfortable while exercis-

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's endeavor to address public health needs, Keystones of Public Health.

ing and energized afterwards." For the least fit individual, the greatest gains in health occur with moderate increases in physical activity.

Question: *How can physicians help patients stick with exercise programs?*

Dr. Kalenak: The doctor's role is to counsel the patient. It is up to the patient to do the rest. Know about the patient. Is he or she serious about exercise, willing and enthusiastic?

Dr. Jones: Give patients some guidance, and each time you see them, ask about their exercise program. In 15 minutes, a physician cannot communicate anything complicated to a patient. Basically, the physician needs to listen to what the patient is interested in doing and suggest an appropriate program. For instance, a physician could say, "I'd like you to walk for 10 minutes three or four times a week for this first two-week period." Discuss when and how the patient should increase the activity level, if appropriate.

The physician should also give information about the value of stretching and how to stretch. Muscle toning and stretching reduce injury and functional impairment, and enhance muscle health.

When the patient comes in again, ask how the walking program is going. Identify problems, if any, and discuss strategies with the patient to overcome the problems.

Question: *Why is fitness important to the health care debate?*

Dr. Jones: Fitness and regular physical activity are fundamental building blocks of good health—without them all kinds of negative health consequences can result.

Dr. Kalenak: There is not enough emphasis on prevention. Managed health care might be just fine, but until you prevent the disease initially, you haven't made any progress. Healthier people can ward off the ravages of heart disease, high blood pressure, etc., and with a decline in the number of patients with such serious disorders, health care costs would then decrease also.

Question: *What is your fitness regimen?*

Dr. Kalenak: I work out at least an hour every day. I run, use a NordicTrack® or treadmill, bike, and lift weights. I recommend that people take a day off; I do it if I feel I need it. When I run, I always stretch before.

Dr. Jones: I run four to five miles, five times a week. On alternate days I cross-train, and three times a week I lift weights for muscle tone.

Question: *How can physicians communicate better with patients about fitness?*

Dr. Kalenak: When I was younger, my doctor was a role model for me. It makes a difference when a doctor talks to patients from personal experience about fitness and what the patient ought to do to achieve it. The doctor should be a role model by doing something to promote his or her own physical fitness daily.

Dr. Jones: If a physician says something, for most people it will get their attention. Doctors can have a great impact on their patients by emphasizing regular physical activity and on the community by talking to organizations about the value of regular exercise.

Alexander Kalenak, MD (left), lists several factors needed for fitness, including aerobic fitness, muscle strength, flexibility, endurance, reaction time, and coordination. He suggests working at a fitness program "three days a week for 20 to 30 minutes at target heart rate."

Robert L. Jones, MD, (left), stresses the value of stretching in any exercise program: "Muscle toning and stretching reduce injury and functional impairment, and enhance muscle health."

The Governor's Council on Physical Fitness and Sports

In 1991, Governor Robert P. Casey re-established the Governor's Council on Physical Fitness and Sports to enhance the physical health and welfare of Pennsylvanians. Alexander Kalenak, MD, is one of 15 members of the council, along with David Joyner, MD, and Michael Cordas, DO.

"We offer guidelines to physicians on physical examinations for high school athletes and continue to be involved with the issue of certification of coaches," says Dr. Kalenak. "Certification of coaches is important because a coach is a role model who influences children's lives." Also available are emergency medical procedures to be followed at athletic events and practices.

Some of the council's functions are: recognizing outstanding achievements in physical fitness, supporting sports and recreation programs for the physically handicapped, and developing cooperative programs with professional societies to promote health and fitness.

For more information about the council, contact the Pennsylvania Department of Education, 333 Market Street, Harrisburg, PA 17126-0333.

Commentary: HIV-Infected Physicians— Who Has A Right to Know?

Richard I. Grossberg
Christine D. Lallos
John J. Whyte

The annual mock trial of the Pennsylvania Medical Society Medical Student Section this year focused on an orthopedic surgeon who became HIV positive after a blood transfusion. When hospital officials found out, they insisted that if he wished to continue to perform any "invasive" procedures, he had to inform his patients of his HIV status and of the risk of contracting the AIDS virus from the procedure. He sued, saying this violated the Americans with Disabilities Act by discriminating against him because of his HIV status. The jury, composed of six medical students and six law students, reached a stalemate. Not surprisingly, the medical students sided with the physician whereas the law students sided with the hospital. It isn't difficult to guess to which side a real jury would lean.

This case raises several ethical considerations concerning the HIV-positive physician which both society and the medical community need to address. First, should physicians be required to disclose their HIV serologic status to patients? Second, should infected physicians be restricted in the practice of invasive and/or non-invasive procedures? To answer these questions, we must examine the concept of risk.

The risk of contracting HIV from an infected surgeon is between 1/100,000 and 1/1,000,000. To put this in perspective: We have a greater chance of being involved in a fatal car accident on our way to work. None of us are likely to stop driving to work out of fear of being in a car crash, are we? We accept the risk because we consider it to be minimal. In addition, we take some safeguards—perhaps we drive at the speed limit or buy a car with an airbag.

With respect to AIDS, consider that there are no documented cases of an HIV-infected surgeon transmitting the HIV virus to a patient. In three separate studies published in *JAMA* this year, more than 19,000 patients of HIV-infected health care workers were tested in look-back studies and none were found to be infected. This does not mean it is impossible; however, we are more likely to get Hepatitis B than HIV from a surgeon. Interestingly, health care workers who carry Hepatitis B virus are not restricted from practice or required to inform their patients. Let's focus on protecting patients against real risks, not perceived ones.

Despite the small risk, many patients and some physicians will argue that everyone should know their HIV status and disclose it when necessary. Some groups even advocate mandatory testing, but laboratory studies are not perfect, and a person may be infected with the HIV virus but test negative either due to absence of seroconversion or lab error.

Also, testing only looks at one point in time. How often would it be necessary to retest? Every six months? Every year? Every five years? This is not the most effective use of our limited health care resources.

Since you can never know someone's HIV status with certainty, the most effective protection, ironically, is to presume everyone poses some risk and therefore to use universal precautions.

Testing positive has enormous implications. Unfortunately, despite major education efforts, an irrational fear of AIDS still exists. In a survey in *JAMA* a few years ago, 45 percent of respondents believed HIV-infected physicians should not be allowed to practice. Many believed they should not be allowed to practice at all—neither non-invasive nor invasive procedures! More than half would change physicians if they found out that their physician was HIV positive; more than 25 percent would seek care from another physician if their physician were even treating someone with AIDS.

Just last year, the U.S. Senate approved a bill to fine physicians $10,000 and 10 years imprisonment for failing to inform patients of HIV seropositivity. This action lacked any scientific basis; it was merely a misdirected attempt to placate voters' fears. Clearly, we have a long way to go in educating the public about the transmission of HIV.

If HIV-infected physicians do not have to inform their patients of their HIV status, do they at least have to restrict their practice? Keep in mind that HIV seropositivity is not equivalent to having the AIDS syndrome. Over a period of 8 to 10 years, the average HIV-positive person remains asymptomatic and lives his/her life without limitation. Only with a 10-40 fold increase in viral burden does the HIV-positive person experience physical and neurological deficits.

Contrary to popular belief, there are several laboratory predictors (such as serum B2 microglobin, T4 concentration, Hct) that correlate with the transition from asymptomatic to end stage. Physicians might refuse or be hesitant to treat HIV-positive patients for fear of contracting the HIV virus and being subject to severe job restrictions and discrimination. Restricting practice should, therefore, only be allowed when there is an issue of competency.

Competency needs to be determined on an individual basis by representatives of the medical staff. HIV seropositivity is not incapacitation, and physicians can continue to provide many years of valuable service and productivity. Let's not make their lives useless! Remember, all physicians eventually become patients.

So, what do we do about HIV-infected physicians? We need to develop a policy based on science and not on fear and hysteria. Because the risk of contracting the HIV virus from most invasive procedures is minimal, and the disclosure of HIV-positivity would subject the physician to discrimination that far outweighs any perceived public benefit, we [the authors] do not believe physicians have an obligation to uniformly disclose their HIV status. Such disclosure serves no rational purpose.

Only when substantial risk to the patient exists should the physician

STUDENTS "GO TO COURT": Approximately 50 students representing the five Philadelphia medical schools and Temple University School of Law "went to court" in early April to debate whether patients have the right to know if their physician is HIV positive. The setting was the Pennsylvania Medical Society Medical Student Section Mock Trial. Medical students played the role of expert witnesses; law students served as prosecution and defense teams. Above left, Sheila Boyle of Hahnemann University School of Medicine, playing the role of an AIDS expert, describes the worldwide prevalence of AIDS and its impact on American society. Above right, John Whyte (left), co-coordinator of the mock trial program, discusses testimony with fellow medical students Rich Grossberg and Christine Lallas. Chief sponsors of the program include the Pennsylvania Medical Society Liability Insurance Company and the Temple University Law, Education, and Assistance Program.

disclose his or her HIV status. If the medical community cannot act rationally towards its own members who are infected with the HIV virus, how can we expect society to do so?

The authors are fourth-year students at Hahnemann University School of Medicine, Philadelphia.

CLINTON ADVISOR OUTLINES PLAN TO MCP STUDENTS

Presidential health care policy advisor and transition team member Alan Hillman, MD, MBA, told more than 100 students at the Medical College of Pennsylvania (MCP) in February that it is clear that the U.S. health care system will change.

In his speech, sponsored by the MCP chapter of the State Society's Medical Student Section, he outlined the main principles of Clinton's reform plan: universal access, employer based, and global budgets. Additional proposals call for introduction of "smart cards" which would store patient records and insurance coverage data.

Dr. Hillman said, "There are too many lawyers chasing too many doctors," and noted tort reform might be instituted sooner than the overall reform plan.

In fielding students' questions, he said there are no plans to deal with the high cost of medical education, although loans could be forgiven for service in a National Health Corps. He also said that he believes the gap between primary care physicians and specialists will decrease.

Randolph B. Wood
Medical College of Pennsylvania

ROLE IN VIOLENCE PREVENTION OUTLINED

Medical students at Philadelphia's Children's Hospital have become involved in violence prevention efforts through the Philadelphia chapter of Physicians for Social Responsibility (PSR).

In February, PSR sponsored a talk at Children's Hospital entitled, "Violence Prevention from the Public Health Perspective," featuring Philadelphia Health Commissioner Robert Ross, MD, and Chu-Chu Onwuachi-Saunders, a specialist on violence from the Centers for Disease Control and Prevention.

The PSR is a nonprofit organization affiliated with International Physicians for Prevention of Nuclear War, which won the 1985 Nobel Peace Prize. PSR's original mission to educate physicians about the threat of nuclear war has broadened to include violence within communities. The Philadelphia chapter has created the Firearm Death Prevention Group, currently developing an educational brochure on firearms to be circulated through clinics and doctors' offices.

Penn's PSR chapter will work toward education of medical students to convince them that violence is not an expression of brutality that is collectively inevitable. The group plans to monitor legislation and provide speakers and other discussion programs.

Peter Kang
Secretary/Treasurer
Medical Student Section

PENN STUDENTS DEVELOP INTERNATIONAL PROGRAM

Spending time abroad to learn about medical practice in other countries and cultures is an imposing undertaking for medical students, and even more difficult for students whose schools do not have readily available resources. Shawn Safford, a first-year medical student at the University of Pennsylvania, discovered a lack of international programs or resources at his school and decided to created a new organization to fill the gap. He and three other first-year students, Gorden Chu, Matthew Deardorff, and Mary K. Eckert, founded Students for International Health (SIH) earlier this year.

So far, SIH has devoted its energy to three activities: speakers, resource materials, and help for foreign medical students arriving on campus. To increase students' understanding of the idiosyncrasies of medicine in a foreign country, the organization invited Perry Stafford, MD, a pediatric surgeon at Children's Hospital of Philadelphia, to discuss health care in Vietnam.

For medical students who wish to go abroad themselves, members of SIH and Penn administrators are collecting and organizing information that includes brochures about specific programs and a list of students who have already spent time outside this country.

SIH is also organizing a "buddy program" for foreign medical students doing clinical rotations at Penn, to pair them with students who can acquaint them with the campus and with American culture.

Although SIH members differ in the degree and nature of their exposure to international health care, they have a common belief in the immense value of international experiences and hope to expand their efforts in coming years.

Peter Kang
University of Pennsylvania
School of Medicine

BOOK REVIEW

Editor's note: The House of God, published in 1978 by Richard Marek Publishers Inc., has sold nearly one million paperback copies. "Samuel Shem, MD," is a pseudonym for a psychiatrist, now practicing and teaching in Boston, who continues to write and speak under this name.

IS THERE LIFE BEYOND MEDICAL SCHOOL?

The House of God, by Samuel Shem, MD, PhD, is a satirical look at an actual internship year through the eyes of a recent medical school graduate. The setting is on an internal medicine floor of the House of God, a hospital affiliated with the Best Medical School.

According to the Fat Man, the author's first-year resident, the young are plagued with the incurable "zebras" of medicine in which supportive therapy is all that a doctor can offer them; treatment is to no avail. On the other hand, the "gomers" (get out of my emergency room) or "gomeres" (f) are the ones who survive; these are the old and very old of society who never seem to die, but rather, withstand all the tests of time and pestilence.

Treatment of the young is futile, and treatment of the old only seems to worsen their condition. Shem realizes early on that the best treatment is no treatment. With this realization, the author's perceptions about his role in medicine are shattered. He no longer feels as if he is a healer, but rather an innocent bystander to the deaths of the young and a being tormented by the persistence of the aged.

Survival during the internship year is possible only if one adheres to the Laws of the House of God as spelled out by the Fat Man: Law #1 states, "gomers don't die." Law # 2, "gomers go to ground," introduces the interns to the wonderful art of turfing. To turf is to get rid of, to get off your service and onto another, or out of the House altogether. The final law of the House of God encompasses the author's attitude about medicine by the end of his internship: "The delivery of medical care is to do as much nothing as possible."

The book is peopled by a motley group of men forced to endure a year together in the House of God. The author's voice, a character named Roy Basch, is a young, disillusioned graduate of the Best Medical School who becomes very depressed as he realizes what medicine in the hospital setting truly is.

As a third-year medical student, I find it tempting to follow the advice of the Fat Man as I participate in patient care, yet I also find it difficult to believe this early in my medical career that all of his teachings and laws are true. As I read the book, I wondered whether life after graduation will truly be as it is portrayed by Shem. Nonetheless, the intent of *The House of God* is not to sway medical students and medical professionals into a different mode of patient care, but rather to provide humorous and enjoyable reading. Though cynical, satirical, and sometimes unbelievable, it is both enlightening and entertaining.

Rebecca Kunkel
Medical Student Section
Representative to the Pennsylvania
Medical Society Board of Trustees

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Authors are asked to seek clarity, accuracy, and originality; attention to details of grammar, spelling, and typing are important. The title page should include the full name, degrees, and affiliations of all authors, and the name and address of the author to whom reprint requests should be sent. Tables must be typewritten and double-spaced on separate 8 1/2" by 11" sheets, with a title and number. Symbols for units should be confined to column headings; and abbreviations, properly explained, should be kept to a minimum.

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1. **Goldwyn RM:** Subcutaneous mastectomy. *J Med Soc NJ* 74:1050-1052, 1977.
2. **Dixon WJ, Massey FJ:** *Introduction to Statistical Analysis.* New York, NY: McGraw-Hill, 1969, pp. 42-48.

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Today's Pork: Compare it to chicken for a healthy surprise

You may not have considered pork to be a healthy choice for your patients on fat-modified diets. But today's fresh pork compares surprisingly well to chicken in total fat, saturated fat, cholesterol, and calories.[1,2*]

Compare pork with chicken[1,2*]

	Calories	Total Fat	Saturated Fatty Acids	Cholesterol
Chicken Breast, skinless	140	3.0 g	0.9 g	72 mg
Pork Tenderloin, trimmed	139	4.1 g	1.4 g	67 mg
Pork Top Loin Roast (boneless), trimmed	165	6.1 g	2.2 g	66 mg
Center Loin Chop, trimmed	172	6.9 g	2.5 g	70 mg
Chicken Thigh, skinless	178	9.2 g	2.6 g	81 mg

*Table refers to 3-oz, cooked servings.

New study: Pork is now 31% leaner

Pork is leaner today because of significant changes made in breeding and feeding techniques.[1] According to new 1992 official USDA data, fresh pork sold today contains an average of 31% less fat after cooking and trimming than the same pork cuts reported in 1983.[1]

Today's pork fits well within the dietary guidelines recommended by both the American Heart Association and the National Cholesterol Education Program. Here's some advice to help patients on low-fat diets enjoy the variety, extra taste, and versatility of pork:

- Choose the leanest cuts. Shop for cuts with "loin" in the name.
- Trim away any visible fat.
- Keep portions moderate (about 3 oz, cooked).
- Prepare by broiling or roasting, and avoid additional fat in preparation.

1. US Dept of Agriculture. *Composition of Foods: Pork Products*, 1992. Agricultural handbook 8-10.
2. US Dept of Agriculture. *Composition of Foods: Poultry Products*, 1979. Agricultural handbook 8-5.

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Q&A: General Assistance Concerns

Clarifying General Assistance (GA) benefits has been the subject of ongoing talks between the Department of Public Welfare (DPW) and the Pennsylvania Medical Society, especially regarding the new benefit package effective this year. An article in the April 1993 issue of this publication summarized DPW's new benefit package, implemented January 1, for most adult GA recipients of the Medical Assistance (MA) population. Though the article attempted to outline the most relevant physician changes associated with the package, DPW in recent discussions further clarified a number of outstanding Society concerns.

Please note that questions regarding reimbursement for services provided in the emergency room were jointly posed by the State Society and the Pennsylvania Chapter of the American College of Emergency Physicians.

If a patient has forgotten or exhausted their 18 clinic/office visit vouchers, what is the obligation of the physician to see the patient?

In this situation, the physician has a few options:

1) The physician can treat the patient with the understanding that he or she must return with a voucher for documentation purposes. However, the physician must inform the patient that if the voucher is not received, the service is not compensable and the patient can be held liable for payment of the service. While notice of potential liability doesn't have to be in writing, it may be in a physician's best interest to do so.

2) As long as the service is not deemed an emergency, the physician can refuse to treat the patient. But only *the physician* can decide if the service being requested is an emergency.

If the patient has exhausted his or her vouchers, the physician should first decide whether the person qualifies for an exception. If the patient does not qualify for an exception, the physician has the right to treat the GA recipient as a private-pay patient and can either require payment at time of service or bill the patient.

Before the service is rendered, the patient must be informed, though not necessarily in writing, that the service is not compensable and that he or she is liable for payment.

What happens when the physician collects a voucher from the patient but the claim is rejected as the nineteenth visit?

The physician can call DPW's toll-free number—(800) 537-8862—and explain the situation. A department representative will explain the steps to take to have the service paid. A copy of the claim *and* the voucher will then need to be submitted on a post-payment basis.

How can a physician refer a patient to the Disability Advocacy Program (DAP)? What steps can a GA recipient take to determine if he or she is eligible for Social Security Income (SSI)?

The physician can suggest a patient apply for SSI through the County Assistance Office. DPW also has internal mechanisms that attempt to refer patients into the SSI program. The Exception Unit can make a DAP referral based on the information provided during a request for an exception to service limits.

Also, when a nineteenth visit is submitted and rejected, DPW is notified and they investigate to determine if there is any possibility of fraud or abuse, or if the patient should be referred to the DAP unit. Once the County Assistance Office determines that a person applied for SSI, he or she becomes eligible for federal matching funds and is no longer subject to the GA limitations.

Society note: Recipients who qualify for DAP and therefore SSI are automatically exempt from the GA program limitations.

How can a pharmacist identify a prescription that has been approved through the exception process and is not subject to the limit of three prescriptions per month?

In most cases, the exception is immediately granted over the telephone to the physician caller. The physician should follow the instructions on page 4 of the December 23, 1992, *MA Bulletin*. The physician will be required to call the Exception Unit to request the additional prescription(s). If the exception is granted over the telephone, the physician will be given an exception authorization number to write on the prescription, which the recipient then takes to be filled.

In order for the pharmacy claim to be paid, the pharmacist must contact the Exception Unit and provide the authorization number and the National Drug Code (NDC) of the drug being dispensed.

If the exception is denied, the prescriber and the recipient will be notified. At this point the prescription is non-compensable and the patient is responsible for payment.

If the Exception Unit is unavailable (i.e., weekend or holiday), and the physician has reviewed the exception criteria and is relatively certain that the patient qualifies, the physician should indicate on the prescription that the exception will be authorized on the next working day.

Society note: The physician should be familiar with the exception criteria before initiating this message on the prescription.

The physician should also instruct the pharmacist to contact his or her office on the next working day to obtain the authorization number. The December 23 *MA Bulletin* instructs the pharmacist to fill the prescription if the Exception Unit cannot be contacted.

Physicians have informed us that some pharmacists are requiring a diagnosis on the prescription so that

they can be certain that the drug will be reimbursed, particularly under the exception criteria. Is a diagnosis necessary on the prescription?
The pharmacist should only require a diagnosis on prescriptions for specific drugs which are only reimbursable under limited conditions. A good example is cough and cold medicine. The new guidelines state that cough and cold medicine for adults age 21 and over will not be reimbursed for the symptomatic relief of a cough or cold. However, if the cough medicine is being prescribed for some other indication, such as to treat an allergy, the physician should indicate an allergy diagnosis on the prescription so that the cough medicine will be covered.

Once an exception is granted, is it valid for a certain time period, or permanently, or is the physician required to call every time the patient returns for treatment of the same condition?
It depends on the information provided to the Exception Unit with the request. If the physician knows that the patient will need to be followed over the course of the next few weeks, the physician can ask the Exception Unit to authorize the additional visits necessary to follow the patient. The key to appropriate follow up is for the physician to make the Exception Unit aware of this need when making the initial call.

An example is a patient who is on four maintenance drugs a month. In this case, all prescription vouchers are used at the same time. The physician should call the Exception Unit and explain the situation so that the exception on the prescription vouchers can be authorized over a longer period of time.

Can a voucher be used in the emergency room if the patient is determined to have a non-emergency condition?
No. The patient should be informed that the service is considered a non-emergency and is therefore non-compensable. The patient should be advised that he or she can either seek treatment from an MA-enrolled provider or will be responsible for payment. Emergency room personnel should inform the patient that vouchers are not accepted in the emergency room.

Since triage evaluation is necessary to determine if the condition constitutes an emergency, is there any reimbursement for medical triage of patients? Who should be performing the triage: nurse, physician, or physician assistant?
Medical triage is not a reimbursable service under the MA program. Secondly, since medical triage is not reimbursed by MA, DPW does not have any guidelines, policies, or regulations pertaining to the second issue.

Direct any additional questions concerning the GA Benefit Package to the Society's Department of Medical Economics at (800) 228-7823.

BLUE CROSS PROGRAM RATE HIKE APPROVED

The state Insurance Department on March 26 approved a 31.3 percent rate increase for Blue Cross of Western Pennsylvania's 65-Plus I program, which augments the firm's Security 65 Medicare supplemental (Medigap) plans for some 100,000 persons. The increase was effective May 1.

The company had requested a 41 percent increase with an April 1 effective date.

The department said the increase was necessary because:

- subscribers of the 65-Plus I plan are using more benefits;
- the pool of people covered by 65-Plus I is shrinking; and
- prescription drug prices continue to increase.

Policyholders previously paid $31.15 per month; the new rate is $40.90 per month.

ACCEPTING REFERRALS FOR RESEARCH STUDY ON MANIC DEPRESSION

Friends Hospital's Department of Research in collaboration with **the National Institute of Mental Health** is conducting a research study which includes comprehensive outpatient evaluation and treatment with a *new investigational medication* for those who suffer from bipolar depression. This medication is not currently available elsewhere. Participants may continue in treatment with their current physicians or therapists. Referrals welcome from patients or clinicians. Participation for those who qualify is *free of charge.*

For more information, contact ***Nancy Skoczalek, 215·831·6988***

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Leaders Discuss Roles, Future of Medicine

Maria T. Montesano
Assistant Managing Editor

The Society's 1993 Leadership Conference, "Time to Lead: A Clarion Call," was held in Harrisburg, April 27-28—just prior to the expected release of President Clinton's health system reform plan. Fittingly to their mood of anticipation, the 298 attendees debated the future of medicine—what roles they could and should play in America's changing health care environment.

While the clarion call of the speakers and organizers included words like "managed care" and "managed competition" and "participation," the clarion call from the audience was, "What can we expect?"

Medicine 1996

Jack C. Chow, MD, assistant director for international relations at the National Institutes of Health's Fogarty International Center and former deputy secretary for public health in the Bush Administration, warned in the keynote address that the changes due from Washington are "just a start," and the health care debate "will continue to boil to the end of this decade and beyond." He called the debate "healthy, but unnerving for those who have become accustomed to certain ways."

Anticipating "Medicine 1996," Dr. Chow further warned that the assumptions of autonomy and freedom to practice according to the traditions of medicine will be under direct challenge: "The practice of medicine in the past few years has been turned over quickly to more of the regulators, attorneys, economists, and politicians. Now, more than ever, is the time when we must talk about the ways to restore the essence—the very soul of medical practice—back into the modern profession so that the grand traditions of healing continue to thrive."

How can physicians restore that essence? Dr. Chow said they must understand how the power game is played in Washington and be able to distinguish the "signals" from the "background noise." He explained that the government "floats trial balloons"—its ideas—through the media and uses public response to alter its final plan.

His advice to physicians was that they be effective advocates for their patients. "The most effective advocates," he said, "are those who know what's going on in their hometowns and how [changes would] affect their practices." The least effective, he said, are those "with a chip on their shoulder" or those who "expound" on how things *should* be.

In speaking with legislators and other government leaders, physicians need to communicate messages and policies without releasing the "bottom-line message" too soon, according to Dr. Chow. He also said physicians "must recognize the forces at work, [but that] doesn't mean giving up your principles."

> ***"...if you really want the system to work well, physicians should run it"***
>
> *—Thomas M. Reardon, Esq.*

As for the Clinton health system reform plan, Dr. Chow said he was "not speculating" about it. He advised attendees to judge for themselves what the plan, when released, means and how it will affect the physician-patient relationship. He also warned that "Washington will take advantage of [any] diversity in physician groups on reform."

In conclusion, Dr. Chow told physicians: "Only when you participate will we have a just and fair system that will strengthen our communities, commonwealth, and our country."

Thomas M. Reardon, Esq., of Boston, received rave reviews from 1993 Leadership Conference attendees for his captivating account of his thoughts on the anticipated Clinton plan and the future of medical practice.

Anticipating the Clinton plan

Thomas M. Reardon, Esq., of Boston, specialist in health law and chairman of the board of the Massachusetts Eye and Ear Infirmary, received rave reviews from Leadership Conference attendees for the captivating manner in which he relayed his thoughts on the anticipated Clinton plan and the future of medical practice.

Reardon told the story of his fictitious visit to revolutionary war hero Dr. John Warren, who practiced medicine in an era when "giants walked the earth." Dr. Warren was responsible for the formation of the Harvard Medical School; the Massachusetts General Hospital; the *New England Journal of Medicine*; the Massachusetts Medical Society—the first in the country; and with his colleagues, the AMA. Reardon sought Dr. Warren's advice on what to tell the conference audience; Dr. Warren's answer was: "Tell them the facts on the ground."

Those facts, according to Reardon, are that "while Washington fiddles," the rest of the country is moving ahead with reform. He cited rationing trials in Oregon, the single-payor system introduced in Vermont, the managed competition plan proposed for Florida, a plan for universal coverage in Washington state, and the

hundreds of up-and-running managed care networks at work in California—the "facts on the ground."

Reardon said he believes Clinton's Task Force on National Health Care Reform is in chaos, and he doesn't think the released plan will be more than broad outlines. He expects it to include insurance reform, but asks, "Will there be global budgets or tort reform? What form will it take?" He responded, "No one knows!"

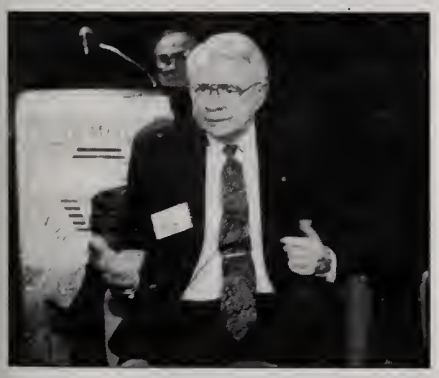
Using the facts on the ground, the "way to go," according to Reardon, is for "physicians and hospitals to join together to do a variety of things," including:

- If physicians want to remain solo, help them with practice management skills, medical management skills, etc.
- If physicians want to keep autonomy but join a group practice to do purchasing, help them do so.
- If physicians want to join a true, multi-specialty group practice, help them do so.
- If physicians want to create a foundation model, help them do so.
- If physicians want to join a totally integrated system, help them do so.
- If physicians want to join a managed care system, help them do so.

Reardon said capitation is the "future," but only when physicians retain control. He concluded that "if you really want the system to work well, physicians should run it," and if that can happen, then he can one day say that in *his* age, "giants walked the earth."

Questioning medicine's leaders

Facing a room of their peers and the looming issues of health system reform, a panel of leaders of organized medicine fielded policy issues, medical issues, and a variety of attendees' concerns during a "town meeting" session of the conference.



AMA President John L. Clowe, MD, overviewed AMA policy on health system reform in response to a number of questions posed during the "town meeting" at this year's Leadership Conference.

Panelists included: John L. Clowe, MD, president, AMA; Donald G. Ferguson, MD, president, Pennsylvania Medical Society; Donald E. Harrop, MD, president, Keystone Peer Review Organization; John W. Lawrence, MD, chairman, Board of Trustees, State Society; Roger F. Mecum, executive vice president, State Society; James G. Pitcavage, MD, chairman, Hospital Medical Staff Section (HMSS) Governing Council, State Society; and Jonathan E. Rhoads Jr., MD, speaker, House of Delegates, State Society. Bud Crouch, president of Innovations Plus, Inc., Langhorne, moderated the meeting.

"I think it is inconceivable for physicians to strike."

—John L. Clowe, MD

In a statement opening the session, Dr. Clowe spoke about the fears physicians face when practicing medicine in today's environment that complicate caring for patients. He said that factor must be eliminated and also stressed that communication and physician cooperation are "a must." Dr. Ferguson echoed Dr. Clowe's sentiment, saying organized medicine must "keep physicians free to practice medicine and take care of patients."

Health system reform was never far from the physicians' minds. When asked how the networked medical systems of the future will affect physicians, Dr. Clowe in return asked, "Have you all decided what your future will be if you're in solo practice?" Dr. Pitcavage agreed that careful thought was needed by each and every doctor about the future, and he also stressed participation in organized medicine, saying: "Physicians must get together to get leverage." Dr. Ferguson joined the discussion, urging physicians to "talk to your legislators!"

Dr. Clowe was also asked to comment on the concept of a physician strike. "I think it is inconceivable for physicians to strike," he said, adding that any reform program "must be friendly to physicians." He said if the administration puts out a plan that physicians don't like, it won't work.

Other questions addressed concerns about hospital understaffing and quality, specialty society political action committees, financing of health system reform plans, organized medicine's efforts to prepare medical students for practice in the changing future, Governor Casey's proposed managed competition system, primary care incentives, and membership issues.

Crouch, in a concluding statement, reacted to the exchange of health system reform thoughts, categorizing them into two schools of thought. First, he said, the audience seemed to be frustrated that reform will take time, and they will need to wait. Their frustrations seem to be driving many toward "running to the bunker." On the other hand he noted that panel members had stressed, "This is the worst time to run; physicians need to be involved *now*!"

Victor F. Greco, MD, chairman of the 1993 Leadership Conference Committee was "pleased" with the town meeting: "The questions were broad, but the success is in the underlying message—the lack of constructive and destructive criticism indicates that overall the members are pleased with the leaders' and organizations' directions. Our members are not shy; they would have told us if something was wrong."

Other highlights

Other highlights of the conference included a presentation and discussion on managed competition, an informative speech by a former legislator, and a motivational address by State Society President Donald G. Ferguson, MD.

Paul Ellwood, MD, founder of the InterStudy Group that developed the concept of "managed care," and co-founder of the Jackson Hole Group, defined managed competition as "a series of organizations that deliver health care competing with each other on price and quality." Thus, in a

successful model, he said, the most competitive organization would have the most consumers.

According to Dr. Ellwood, such a model is compatible with the health system reform goals President Clinton has already voiced, as well as with physician-patient needs. He sees managed competition as one answer to reform, as long as "health care [is] insured for, and risk [is] equally distributed." He outlined a sample managed competition model and the elements that should be considered in any such plan. He also outlined his hopes for the Clinton plan: that it is "liberal," includes primary care incentives, and spells out underwriting requirements and quality assurance measures.

Responding to Dr. Ellwood's presentation were Alan L. Hillman, MD, MBA, director of the Center for Health Policy at the Leonard Davis Institute of Health Economics, University of Pennsylvania, and Steve Nash, Esq., of Pittsburgh, specialist in health law and advisor to hospital medical staffs. A member of President Clinton's Task Force on National Health Care Reform, Dr.

State Society President Donald G. Ferguson, MD—in addition to serving on the "town meeting" panel at the annual Leadership Conference—opened Wednesday morning's session with a motivational address in which he discussed patient advocacy, Society activity, and the need for grassroots participation.

Hillman gave some insight about the anticipated plan, saying, "The devil is in the detail." The three panelists also discussed the concept of global budgeting.

Former State Representative Donald W. Dorr, Esq., in his presentation, "How the Legislature Really Works," outlined of the typical day of a legislator, and discussed what legislators talk about behind closed doors and what "moves" legislators. He stressed that each physician's legislators "need your input" and that "strong grassroots [are needed] behind the [Society for it] to be important and effective on Capitol Hill."

Audience participation was encouraged in breakout sessions with the speakers following the managed competition and legislative sessions.

Dr. Ferguson opened Wednesday morning's session with a motivational presidential address. He discussed patient advocacy, membership, and what the Society has been doing in Harrisburg, throughout the state, and in Washington for its members. He also presented his thoughts on why the group was gathered: "We are all leaders or in the process of learning leadership skills...Change is coming fast, and we must learn fast!"

Stressing the need for grassroots participation, he said, "We all have to do our part in bringing the needs of our patients to the minds and hearts of those who are making the basic decisions now. That is going to determine the future of our profession for several decades...that's leadership, that's the reason for this conference."

WORKSHOPS TARGET PHYSICIAN SKILLS

Following the presidential address on Wednesday, April 28, Leadership Conference participants attended workshops designed to update or improve their practice management and professional skills. Six concurrent sessions allowed participants to learn more about the hospital-physician relationship, domestic violence, marketing the physician image, public speaking and media relations, grassroots lobbying effectiveness, and stress management.

Hospital-physician relationship

Offering views of both sides of the hospital-physician relationship were Lee H. McCormick, MD, chairman of the AMA-Hospital Medical Staff Section and member of the Society's Board of Trustees, and George W. Belsey, MBA, executive vice president for professional affairs of the American Hospital Association.

Belsey listed five main challenges to the hospital-physician relationship: 1) containing costs; 2) maintaining quality; 3) surviving and thriving in a managed care environment; 4) building effective joint ventures; and 5) developing new organizational forms in the changing health care environment. He said the most important elements of good hospital-physician relationships are open and honest communication, fairness, and following through on promises, "assisted by stable top management and strong medical leadership."

Dr. McCormick, speaking for physicians, likened the hospital-physician relationship to that of a husband and wife: "You have your differences, but you work together... Doctors need hospitals, and hospitals need doctors, so it makes sense to work together." Good relations, he added, require physicians to address concerns hospitals have about them and vice versa.

Virginia M. Dietz offered first-hand information to Leadership Conference participants on diagnosing, assessing, and preventing domestic violence.

Eric N. Berkowitz, MD, in his presentation, "Marketing the Physician Image," discussed how the physician image has changed and urged physicians to be good doctors, "[since] the best leverage you have is the drawing power of your patients."

Domestic violence

Virginia M. Dietz, president of Intervention Insights, a firm specializing in intervention/prevention programs for health care professionals, conducted a workshop on one of organized medicine's major concerns—domestic violence. A former battered woman, Dietz offered first-hand information to participants on diagnosing, assessing, and preventing domestic violence.

Marketing the physician image

Eric N. Berkowitz, MD, chairman, Department of Marketing, School of

Management, University of Massachusetts, Amherst, received the highest evaluations of all the workshops for his presentation, "Marketing the Physician Image." He explained that the average physician is no longer viewed as "someone special" and is instead "becoming a commodities good."

The key to changing that perception is to "decide your value added," and then market through patients by being a good doctor—spend the time with patients that they need, be friendly, and answer all their questions honestly. He said, "The best leverage you have is the drawing power of your patients."

Public speaking and media relations

In another communications-related seminar, Ken Robinson, vice president of the Society's Division of Communications and Public Affairs, offered key elements for effective public speaking and media relations.

A good message, according to participants, is "interesting, short, trustworthy, empathetic, understandable, positive, and memorable." Robinson said the "bottom line" in getting such a message to the public is "to build relationships that build trust and motivate supportive behavior." To do that, physicians must affect the "opinion leaders" who will in return affect the public. He also offered tips for physicians being interviewed by the media.

Grassroots lobbying effectiveness

Robert L. Lamb, project associate for the Institute for Physician Leadership of the Society's Educational and Scientific Trust, presented a legislative workshop to help increase physicians' grassroots lobbying effectiveness by improving their communication skills.

This interactive workshop first outlined ideas and essential skills needed to communicate effectively with legislators. Physicians then participated in role-playing exercises to practice and evaluate their lobbying skills.

Stress management

Finally, back by popular demand from the 1992 Leadership Conference, Robert S. Eliot, MD, director of the Institute of Stress Medicine, Denver, Colorado, returned to offer fresh insights into the special stresses on physicians.

According to Dr. Eliot, the world's simplest stress question is, "Are you winning?" He explained: "Stress can be good or the kiss of death. Perception is everything. If you can change your perceptions so that the control is inside, you can win...you can change the way you see the world."

Above left, Robert L. Lamb presents a legislative workshop to help increase physicians' grassroots labbying effectiveness by improving their communication skills. Above right, physicians participate in rale-playing exercises to practice and evaluate their lobbying skills.

HMSS HOLDS EIGHTEENTH ANNUAL ASSEMBLY

A large contingent (76) of Leadership Conference participants were members of the Society's Hospital Medical Staff Section (HMSS). The HMSS's Eighteenth Assembly Meeting, held in conjunction with the conference, was attended by 103 physicians and guests.

Topics included medical staffs requiring board certification for medical staff privileges, medical staffs maintaining autonomy in multi-hospital groups, physician/hospital organizations, hold harmless clauses in contracts, and specialist reimbursement.

More than 100 physicians and guests attended the Society's Hospital Medical Staff Section Eighteenth Assembly Meeting in April to discuss medical staff issues and learn more about the PRO Fourth Scope of Work.

Of special interest was an overview of the PRO Fourth Scope of Work, provided by Herbert E. Segal, MD, MPH, principal clinical coordinator and corporate medical director of the Keystone Peer Review Organization, and George R. Green, MD, co-chairman of the Hospital Association of Pennsylvania-State Society Joint Task Force on the Fourth Scope of Work. An audio cassette of the presentation is available for $5 by calling the HMSS at (800) 228-7823.

SEMINAR FOCUSES ON CONTROVERSIAL EMF EFFECTS

The health effects of electromagnetic fields (EMF), particularly from electric power lines, are a source of heated controversy in many regions of Pennsylvania. Utility and government officials concerned about the northeastern states' aging power line network are confronting "not-in-my-back-yard" public sentiment and public confusion about possible ill health effects of electric and magnetic fields.

To provide informed perspective crucial to productive discussions of this issue, the State Society's Commission on Environmental and Occupational Health recently sponsored a seminar for physicians featuring key scientists and researchers.

Nearly one-half of the group of 60 attendees were physicians, many from areas directly impacted by recent power line construction proposals. The remainder of the group was comprised of electric

SOCIETY SPONSORS LEGISLATIVE MANAGED CARE SEMINAR: The State Society presented a special seminar on managed care to 24 legislative staff members on April 22 at the Capitol. Pictured (left to right): Virginia E. Hall, MD, Dauphin County, and James J. Houser, MD, Venango County, discussed practical applications of managed care components; Donald E. Harrop, MD, Chester County, president of the Keystone Peer Review Organization, presented utilization review considerations; and Betty L. Cottle, MD, Blair County, chairman of the board of the Pennsylvania Medical Society Liability Insurance Company, advocated tort reform. Society President Donald G. Ferguson was also present to introduce and moderate the session. The purpose of the meeting was to consider managed care in light of the patient-physician relationship and to solicit responses to the Society's managed care position paper. (For excerpts of the Society's paper on managed care, see pages 20-23).

utility representatives, government officials, and concerned citizens.

William Ferro, PhD, of Electric Research and Management, Inc., State College, opened the meeting with a discussion of where EMF fields are found and their physical properties. Charles Poole, ScD, adjunct assistant professor, Department of Epidemiology and Biostatistics at Boston University's School of Public Health, emphasized that "It's too soon to tell" in regard to definitive studies on health effects. He said that studies so far have shown inconsistent results and that a large gap will exist in research until an all-source exposure assessment can be performed. He noted other difficulties facing researchers in the $25 million per year worldwide research effort: rarity of diseases being studied, the difficulty of measuring EMF, and the expense of careful studies.

Larry Anderson, PhD, of Batelle Pacific Northwest Lab in Richland, Washington, overviewed laboratory research.

Media often point to studies verifying "reproductive problems" caused by EMF. According to Robert L. Brent, MD, PhD, of Jefferson Medical College, Philadelphia, cooperative studies between scientific fields—epidemiologists, neurologists, reproductive specialists—are necessary before any such "reproductive" or causal relations between EMF and birth defects can be known. He also emphasized the complexities and difficulties involved in studying these environmental phenomena, noting that many of the epidemiological studies done so far have measured EMF *below* the existing background levels in the human body.

A discussion of policy issues concluded the afternoon, with John T. Coughlin, public service commissioner for the state of Wisconsin, explaining recent policy decisions in his state. David R. Brill, MD, State Society commission chairman, moderated a panel discussion following the day's lectures.

John T. Coughlin, public service commissioner for the state of Wisconsin, discussed policy issues related to electromagnetic fields (EMF) at a Society-sponsored seminar held to inform physicians of current research on the health effects of EMF.

State Society members interested in learning more about EMF and the status of current research are encouraged to contact the State Society's Department of Public Health at (800) 228-7823 to obtain audio or videotapes of the meeting, or for transcripts of the speakers' remarks.

COUNTY NEWS

LCMS TO COORDINATE HEALTHNET PILOT

The Lackawanna County Medical Society (LCMS) will coordinate a $400,000 pilot project called HealthNet to enhance the quality of health care in rural Pennsylvania by providing a telecommunications link to urban medical centers.

At a press conference announcing the initiative in May, Governor Robert P. Casey explained the project: "Using automated technology and telecommunications, HealthNet will conduct remote exams, evaluations, and consultations; exchange patient information; access continuing medical education; and promote communication between rural practitioners and their urban counterparts." It is estimated that substituting telecommunications technology for more costly health care services could save rural hospitals as much as $2.9 billion by the year 2000.

The Lackawanna pilot—which will involve eastern, central, and western Pennsylvania—is part of a $6 million state effort to attract more family physicians and primary care health professionals to Pennsylvania's underserved rural and inner-city areas. The effort also includes incentive grants to medical schools that encourage primary care specialties, loan forgiveness programs for health care professionals who agree to practice in underserved areas, and challenge grants to local communities that establish primary care systems.

In other news, LCMS has donated $25,000 of its Health Care Fund to the Scranton Primary Health Care Center to enhance pediatric services. Of the total donation, $20,000 was contributed by Health Care Corporation—a consortium of Mercy Hospital, Moses Taylor Hospital, and Community Medical Center, all in Scranton—and $5,000 came directly from LCMS.

The Scranton Primary Health Care Center was originally developed to fulfill the unmet health care needs of the community. Although the center already had "excellent part-time pediatric services provided" according

to LCMS, area health care providers recognized an additional need. The donation was used to help fund the hiring of a full-time pediatrician.

MCMS PARTICIPATES IN SYSTEM REFORM FORUMS

Mercer County Medical Society (MCMS) member Joseph A. Giordano submitted the following account of MCMS involvement in recent health system reform hearings and regulatory events:

New Jersey internist Lois Copeland, MD, recently visited MCMS to describe the dynamics of her suit against the Health Care Financing Administration's Medicare prohibition against a patient-physician contract. The suit by Dr. Copeland and five of her patients in federal district court, *Stewart v. Sullivan,* was dismissed in October 1992, but gained attention in the health care community because the court based the dismissal on the admission that the federal agency has no stated policy against private contracts with patients.

On April 15, Mercer County was also the setting for the Pennsylvania House Health and Welfare Committee's hearing on health care reform led by Representatives David P. Richardson Jr. (D-Philadelphia), the committee's chairman, and David O. King, DDS (R-Mercer). Joseph A. Giordano, MD, of the State Society's Council on Governmental Relations, and Joseph Morelli, DO, of the Pennsylvania Osteopathic Medical Association's Council on Governmental Relations, represented physicians.

Drs. Giordano and Morelli told the committee that recent state and federal acts are creating greater health care access problems in Pennsylvania. These include the Pennsylvania Medicare Fee Control Act, Automobile Insurance Medical Cost Containment Act, the AIDS Confidentiality of HIV-Related Information Act, the federal Clinical Laboratory Improvement Act of 1988, and the Occupational Safety and Health Administration's regulations on chemical and infectious "hazards."

Regional differences in Pennsylvania's health care delivery were also discussed during the testimony. In the last two years, both of these state representatives have expressed and shown a willingness to work locally with physicians.

JUDICIAL COUNCIL NOMINATIONS APPROVED

Nominations for two seats on the Society's Judicial Council have been approved by the board.

Approved for the first seat were: Robert M. Kerr, MD, Luzerne County; David L. Miller, MD, Clarion County; Jonathan E. Rhoads Sr., MD, Philadelphia County (incumbent); and alternate Charles A. Laubach Jr., MD, Montour County. Approved for the second seat were: William R. Dewar II, MD, Wayne-Pike Counties; Henry H. Fetterman, MD, Lehigh County (incumbent); John P. Whiteley, MD, York County; and alternate James J. Houser, MD, Venango County.

Elections will be held at the Society's annual business meeting in October in Hershey. In the meantime, the Committee on Bylaws has been directed by the board to study the entire council selection process.

TRUST OFFICERS AND STAFF REELECTED FOR 1993-94

Abram M. Hostetter, MD, a psychiatrist from Hershey, was reelected chairman of the Board of Trustees of The Educational and Scientific Trust, the tax-exempt, charitable arm of the Pennsylvania Medical Society. Key activities include the provision of low-cost educational loans to medical and allied health students, leadership training, and assistance to impaired physicians through the Physicians' Health Programs.

At the same board meeting, Doris G. Bartuska, MD, a member of the faculty of the Medical College of Pennsylvania, Philadelphia, was reelected vice chairman; David L. Miller, MD, medical director of the Brookville Hospital, was reelected treasurer.

LeRoy C. Erickson was reappointed secretary and executive director; Shelley J. Urich was reappointed assistant secretary; J. Michael Barlup was reappointed assistant treasurer; and William E. Miller Jr., Esq., was reappointed legal counsel of the Trust.

Other members of the Trust board are: R. William Alexander, MD, Reading; David W. Clare, MD, Pittsburgh; J. Preston Hoyle, MD, Lewisburg; and Robert L. Lasher, MD, Erie.

Appointments to the Trust's Board of Trustees are made each year by the Pennsylvania Medical Society's Board of Trustees.

AMA NEWS

GROUP PRACTICE GROWTH DEPICTED IN AMA SURVEY

The growth of group practices is illustrated in the AMA's newly published "Medical Groups in the U.S.—A Survey of Practice Characteristics." The 1993 edition of the ongoing survey describes the current population of medical group practices and highlights trends.

According to the survey, the number of physician groups has increased by 286 percent since 1965, and the number of physicians involved in groups has grown by 550 percent. This growth trend has major implications. AMA Executive Vice President James S. Todd, MD, says

DELEGATES TO INTRODUCE 14 RESOLUTIONS TO AMA HOUSE

The Pennsylvania Medical Society's delegation to the American Medical Association will introduce 14 resolutions to the AMA's House of Delegates at its annual meeting, June 13-17, 1993, in Chicago. The resolutions address health system reform and public health issues, as well as other medical and AMA policy issues.

Also at the meeting, three Pennsylvania physicians will serve on reference committees:

- Donald H. Smith, MD, Easton, will serve as a member of Reference Committee A—Board of Trustees.
- Roberta L. Schneider, MD, Wyncote, will serve as a member of Reference Committee B—Board of Trustees.
- Robert D. Reinecke, MD, Philadelphia, will serve as a member of Reference Committee G—Board of Trustees.

the move toward group practice "will continue to change the American system of health care delivery and make practice groups important players in any health system reform agenda."

Besides statistical data, the book contains information on governance structure, reimbursement methods, and computerization. Copies are $50 for AMA members, $70 for non-members. To request a copy, call (800) 621-8335 and ask for publication OP390393CH.

SPECIALTY NEWS

ONCOLOGISTS TO DISCUSS ADVANCES IN SEPTEMBER

The Pennsylvania Oncologic Society will hold its Annual Scientific Meeting, "Frontiers in Oncology, 1993: Advances in Oncology for Women," at the BelAire Hotel, Erie, September 10-11, 1993.

The conference is designed for oncologic surgeons, general surgeons, medical oncologists, radiation oncologists, family practitioners, obstetrician/gynecologists, nurses, and all other cancer care professionals.

For additional information or to receive a brochure, call (717) 558-7850, ext. 474.

INSURANCE DEPARTMENT APPROVES RATE CHANGE

The Pennsylvania Insurance Department has approved an overall premium increase of nine percent for physicians' and surgeons' professional liability insurance through the Medical Protective Company. The increase was effective May 1, 1993.

Also, PHICO Insurance Company has requested approval from the department to increase contract/employed physician base rates by 30 percent. The increase would affect physicians holding professional liability coverage under PHICO's Health Care Providers Comprehensive Liability Policy.

According to the January 16, 1993, *Federal Register*, the PHICO increase is expected to produce more than $1.8 million in additional annual premium for the company, which currently has 3,059 contract/employed physicians in Pennsylvania. Insurance Department approval is pending.

STUDY SHOWS HEALTH RISKS FOR PENNSYLVANIA ADULTS

More than 80 percent of Pennsylvania adults consider themselves in excellent or good health, but a recent Department of Health survey suggests that may not be the case. Despite optimistic attitudes, the survey, "Health Risks of Pennsylvania Adults 1991," shows many adults risk serious illness or injury because of unhealthy lifestyles.

Questions centered on health risks believed to contribute to the leading causes of death, but which are largely avoidable through the practice of basic healthy lifestyles. Risks addressed include: cigarette smoking, alcohol use, overweight, sedentary lifestyle, cholesterol, high blood pressure, HIV-AIDS knowledge, seat belt use, mammography, pap tests, routine physician visits, health insurance coverage, and health status.

As the only ongoing source of statewide data for many of the key modifiable health risks, this survey identifies target groups for health promotion and disease prevention programs, and can be used to monitor Pennsylvania's national health objectives. It is based on a random telephone study of 2,454 adults and was conducted in cooperation with the Centers for Disease Control and Prevention, Atlanta.

Physicians may request a report of survey results by calling the Pennsylvania Department of Health, Division of Health Promotion at (717) 787-5900.

PENN RESEARCHERS WARN OF AIDS DRUG

A team of researchers from the University of Pennsylvania Medical Center has issued a warning that a drug commonly administered to AIDS patients for the treatment of pneumonia can cause high levels of potassium in the blood, which can lead to potentially fatal cardiac arrhythmias. They stress, however, that the drug is still very effective in combating pneumonia, so if physicians simply monitor and manage patients' blood potassium levels, the arrhythmias can be prevented.

In a study published in the March 10 *New England Journal of Medicine*, researchers determined that high doses of the drug trimethoprim may cause hyperkalemia—abnormally high levels of potassium in the blood.

PENN STATE OPENS NEW RESEARCH BUILDING

Penn State's College of Medicine, Hershey, has opened a new Biomedical Research Building to house several college departments, and offer students added classroom space and a new curriculum program.

One hundred principal investigators, about 50 percent of whom will be new faculty, will eventually occupy the $48 million building, which contains 254,000 square feet on seven levels and one underground floor.

The new problem-based learning curriculum option offers an alternative to the more traditional lecture-based curriculum. Twenty-six second-year students are currently enrolled.

The building was dedicated in April with a scientific symposium featuring six of the nation's leading scientists in the fields of neuroscience, transplantation, immunology, diabetes, and molecular and genetic medicine.

OBITUARIES

Robert Armen, MD, *Monroeville*
American University of Beirut, 1934; age 82, died February 26, 1993. Dr. Armen was an internist.•

Frank Biro Jr., MD, *Bethlehem*
Johns Hopkins Medical School, 1937; age 80, died March 13, 1993. Dr. Biro was an obstetrician/gynecologist.•

Mitchell Burdick, MD, *Erie*
Syracuse University, 1929; age 86, died March 31, 1993. Dr. Biro was a radiologist.•

William B. Ford, MD, *Pittsburgh*
Indiana University Medical School, 1943; age 75, died March 29, 1993. Dr. Ford was a thoracic surgeon.•

Robert L. Harding, MD, *Harrisburg*
University of Michigan, 1946; age 83, died March 29, 1993. Dr. Harding was a plastic surgeon.•

Albert M. Hoffman, MD, *Bethlehem*
Jefferson Medical College, 1948; age 69, died March 8, 1993. Dr. Hoffman was an internist.•

Edward Estes Holloway, *Philadelphia*
Howard University, 1935; age 84, died April 8, 1993. Dr. Holloway was a cardiologist.

Harry C. Kirias, MD, *Scranton*
Johns Hopkins School of Medicine, 1950; age 69, died March 23, 1993. Dr. Kirias was an internist.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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PMS Liability Insurance Company **1**
Princeton Insurance Company **5**
U.S. Army Reserve **25**

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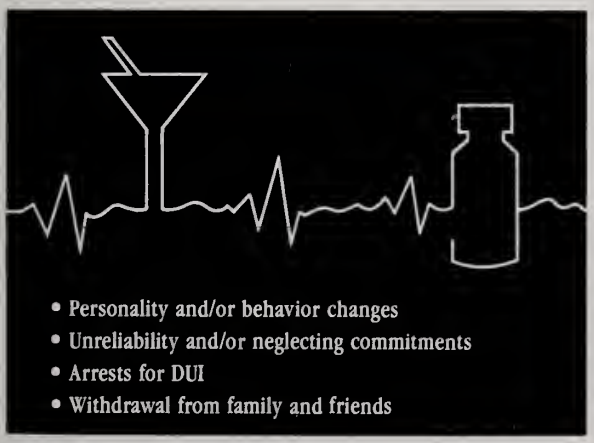

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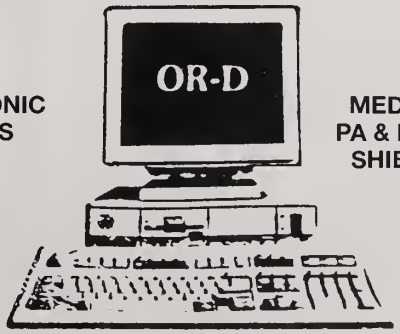

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NEWSMAKERS

Dr. Moyers

Robert N. Moyers, MD, immediate past president of the Pennsylvania Medical Society, moderated the opening session of the Second Annual Pennsylvania Rural Health Conference, "Pennsylvania Rural Health: Into the Next Millennum," held in State College in May. The session focused on health system reform proposals. Invited speakers included U.S. Senator Harris Wofford, state Senator John Peterson (R-Venango), state Representative John Wozniak (D-Cambria), and John T. Tigue III of the governor's office.

The Pennsylvania Senate on March 31 confirmed **Charles Bannon, MD,** Lackawanna County general surgeon, and **Joseph Trautlein, MD,** Dauphin County internist, to serve on the State Medical Board.

Dr. Surkin

Marc I. Surkin, MD, otolaryngologist and medical staff member of the Bryn Mawr, Delaware County Memorial, Mercy-Haverford, and Riddle Memorial Hospitals, was installed in late March as president of the Delaware County Medical Society.

Jerome M. Cotler, MD, the Everett J. and Marian Gordon professor and vice chairman, Department of Orthopedic Surgery, Thomas Jefferson University, Philadelphia, has been elected president of the Alumni Association of Jefferson Medical College, Thomas Jefferson University.

William M. Cooper, MD, Pittsburgh oncologist/hematologist, received the Cancer Support Network's Paul C. Gaffney, MD, Humanitarian Award.

Harry E. Rubash, MD, associate professor and director of the joint replacement service, Department of Orthopedic Surgery, University of Pittsburgh School of Medicine, has been selected by the American Orthopedic Association to participate in the 1993 ABC Exchange Traveling Fellowship Program. Dr. Rubash will travel to England, Europe, and South Africa.

Michael A. Tomeo, MD, Meadowbrook dermatologist, appeared as a guest on the television show, "Rap-A-Round," filmed at Channel 3 in Philadelphia. The show featured discussion about teenage skin problems with an emphasis on acne.

Dr. Blecher

Mark H. Blecher, MD, assistant surgeon, Wills Eye Hospital Cataract and Primary Eye Care Service, Philadelphia, has been named president elect of the Pennsylvania Academy of Ophthalmology.

The Allegheny County Board of Health has reelected **Roy L. Titchworth, MD,** as chair of the board. Dr. Titchworth, a specialist in internal medicine and cardiopulmonary disease, is president of Southside Hospital and chief of medicine at Central Medical Center, both in Pittsburgh.

Dr. Zimmerman

Mark Zimmerman, MD, assistant professor of psychiatry, Medical College of Pennsylvania, Philadelphia, has received a $350,000 grant from the National Institute of Mental Health for the study of personality disorders.

David B. Soll, MD, FACS, a world-renowned ophthalmologist practicing in Philadelphia, served as visiting professor at the University of Puerto Rico for five days in March. Dr. Soll delivered a series of lectures on the most modern techniques used in eye plastic, cataract, and intraocular lens surgery.

Frank W. Bowen Jr., MD, chief, Section on Newborn Pediatrics, Pennsylvania Hospital, Philadelphia, has been elected president of the National Perinatal Association.

Joseph Schachter, MD, Pittsburgh psychiatrist and psychoanalyst, spoke on "therapeutic alliance" at the March meeting of the Pittsburgh Psychoanalytic Society.

Dr. Cuckler

John Cuckler, MD, associate professor of orthopedics, University of Pennsylvania School of Medicine, and director of Penn's Bone and Tissue Bank, has been inducted into the Hip Society of the American Academy of Orthopedic Surgery. Also at Penn, **Joseph Iannotti, MD, PhD,** chief of the Shoulder Service, Joint Reconstructive Center, received the American-British-Canadian Traveling Fellowship from the American Orthopedic Association.

Michael B. Chancellor, MD, assistant professor of urology, Jefferson Medical College, Philadelphia, received the grand prize in the Jacqueline Lapides Essay Contest for neuro-urology. Dr. Chancellor was the primary investigator of a research paper to study the feasibility of muscle-assisted urination in the spinal cord injured.

Three physician-researchers at Fox Chase Cancer Center, Philadelphia, have received grants totaling $671,000 to support their research: **Gary Kruh, MD, PhD,** molecular oncologist, will study anti-cancer drug resistance; **Jonathan Chernoff, MD, PhD,** will study proteins involved in turning normal cells into cancerous cells; and **James L. Sherley, MD, PhD,** will study the possibility of developing new anti-cancer drugs.

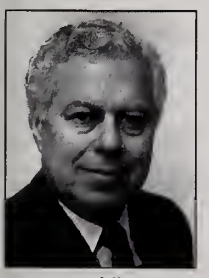
Miguel A.L. Nicolelis, MD, PhD, research assistant professor and associate fellow, Institute of Neuroscience, Hahnemann University, Philadelphia, co-authored a study about the brain at the center of human cognition that was discussed in the "Proceedings of the National Academy of Sciences" and in the British scientific journal, *Nature*.

Sucha O. Ashbell, MD, chairman, Department of Radiology Oncology, Albert Einstein Medical Center, Philadelphia, received the 1993 Commonwealth Board Award from the Medical College of Pennsylvania. The award honors an outstanding alumnus or alumna who lives or practices in the state.

Dr. Maskawitz

Roland Wallace Moskowitz, MD, Shaker Heights, Ohio, was selected outstanding medical alumnus of the year by the General Alumni Association, Temple University, Philadelphia, for his contributions to the field of rheumatology research. Also, **William H. Duncan, MD,** former vice president for medical affairs, St. Francis Hospital, Wilmington, Delaware, received the association's Alumni Distinguished Service Award for service to his profession, his community, and the country.

Mark J. Kotapka, MD, Narbeth, has been named assistant professor of neurosurgery, University of Pennsylvania Medical Center, Philadelphia.


Dr. Goldberg

Martin Goldberg, MD, professor of medicine and physiology, Temple University School of Medicine, and physician, Section of Nephrology, Temple University Hospital, Philadelphia, has been awarded a $30,000 grant by Sandoz Pharmaceuticals to study the effects of the drug Isradipine (trade name Dynacirc) on the progression of kidney disease.

Alberto C. Serrano, MD, medical director, Philadelphia Child Guidance Center, and vice chairman for child and adolescent psychiatry, University of Pennsylvania School of Medicine, in April began a three-year term as president of the International Association of Group Psychotherapy.

Lee H. Roth, MD, MPH, professor of psychiatry and chief of clinical services, Western Psychiatric Institute and Clinic, has been named vice president for managed care, University of Pittsburgh Medical Center.

Israel's Minister of Health Haim Raman met with physicians and staff from Albert Einstein Medical Center at a reception in his honor where he spoke about the nature of a national health care system. Raman shared the experiences and challenges he has faced as minister of health in a managed care environment. Pictured (left to right) are: Herbert Waxman, MD, chairman, Department of Medicine; Ierachmiel Daskal, MD, chairman, Department of Pathology and Laboratory Medicine; Marjorie Stanek, MD, director, Cardiac Exercise Lab; Minister of Health Ramon; Matin Cohen, MD, director, Albert Einstein Cancer Center; Alan Barislaw, DDS, chairman, Department of Dental Medicine; Arthur Chernoff, MD, Department of Medicine; and George Manstein, MD, Department of Surgery.

Kenneth Garver, MD, PhD (center), a nationally recognized leader in genetic counseling, and founder and former director of the University of Pittsburgh Genetic Counseling Program, talks with participants of the symposium, "Genetic Counseling: Past, Present, and Future," held in his honor at the University of Pittsburgh in March. Among the participants was Donald G. Ferguson, MD (left), Pennsylvania Medical Society president.

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AIDS: A Political-Social Disease

Victor F. Greco, MD

Never in the history of medicine can I recall when a communicable, transmissible disease was treated as a political-social disease rather than what it is: a grave public health problem. AIDS is becoming an epidemic not only in this country, but around the world. Yet the hands of public health officials and physicians are tied by the political, social, and legislative forces in this country.

In the past, a nearly always fatal disease of this magnitude was treated with the common sense and scientific approach that has been developed by public health departments and physicians. But AIDS is not being handled according to time-proven methods. The present methods of reporting the disease and tracking the partners of infected individuals are made extremely difficult.

"But AIDS is not being handled according to time-proven methods."

There is no question that individual civil rights must be protected, but we must also be aware of the rights of the majority of citizens. A common-sense balance of reporting and follow up, by tracking patients infected with this disease, must be done. Confidentiality is important, but all efforts must be made to find those people that are infected. In the early and transmissible stages, most patients do not even realize that they have the disease.

The public health issues aside, let us look at some of the financial burden being placed upon the taxpayers of this country. It is estimated that the lifetime cost of treating an individual with AIDS is roughly $102,000. It costs approximately $38,000 per year for treatment, which prolongs life but as yet cannot cure the disease. It is estimated that by 1995 the increasing incidence of treating the AIDS problem alone will cost the health care system—basically the taxpayers—$15.2 billion per year. It is also predicted that by the year 2000, there will be one million AIDS patients. Think of the financial implications of that.

In view of the fact that we have limited financial resources to deliver health care in the U.S., and that the federal government is now talking very strongly about going into managed competition and basically rationing health care, we are going to be faced with a possible revolution by the taxpayer and by people who need medical treatment for other illnesses.

When we must take resources away from treating people with cancer, heart problems, hypertension, diabetes, arthritis, acute infections, and emergencies so money can be poured into the treatment of AIDS, will the American public stand by and allow this to happen? True, everybody who is sick and ill deserves treatment. I am not talking about prioritizing illnesses so far as treatment is concerned, but rather I am pointing out the major political and economic factors facing physicians and politicians when they must make the hard choices about where the limited health care dollar will be spent.

Again I stress that we must stop treating AIDS as a political disease and begin treating it as the public health menace that it is. It is time to take off the silk gloves in approaching treatment and begin to use sound public health principals in trying to bring the scourge under control. Plus, not only are we faced with AIDS, but we have also begun to see a rise in drug-resistant-tuberulosis, also a killer with mind-boggling ramifications.

It is interesting that AIDS is not classified as a sexually transmitted disease, since we know intercourse is one major method of contracting the HIV virus. Is one of the reasons why AIDS is not considered a sexually transmitted disease because, if it was, then all patients would have to be treated free of charge under most states' current laws? This would cause ruination and bankruptcy. Another political consideration? Another economic tradeoff?

We all know that the best weapon we have in our present arsenal of treatment is education, and yet those attempting education in the appropriate school levels are constantly met with opposition. Well-meaning groups are causing tremendous problems. The prevention of HIV is simple: the practice of monogamous sex between couples who do not have AIDS. However, this is an unrealistic goal. We also talk about safer sex, with the use of condoms, and yet this is also met with opposition from many well-intentioned groups.

It is not popular to take a stand contrary to that of the media, legislators, politicians, and other well-meaning groups. Still, it is time for us to revisit the problem and get this dreaded disease out of the political-social-economic arena.

Dr. Greco, a thoracic surgeon in Luzerne County, is the Society's Twelfth District Trustee.

Reference: 1. Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991,14:146-151.

PRAVACHOL® (Prevastatin Sodium Tablets)

CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

Pregnancy and lactation. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhebdomyolysis with renal dysfunction secondary to myoglobinurie has been reported with prevestatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravestatin therapy should be discontinued if markedly elevated CPK levels occur or myopethy is diagnosed or suspected. Pravestatin therapy should also be temporerily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosponne. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SO 31,906). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SO 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: in a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SO 31,906 and SO 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SO 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* [1 hour prior to PRAVACHOL (pravastatin sodium)], *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*; a forward mutation assay in L5178Y TK +/− mouse lymphoma cells, a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL, it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General.**)

ADVERSE REACTIONS

Pravastatin is generally well tolerated, adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy, this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below, also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug.

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions. An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma, anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia.

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

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Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the adjacent page.

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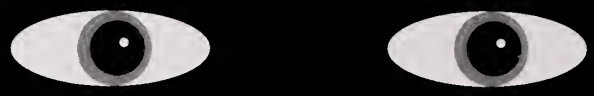

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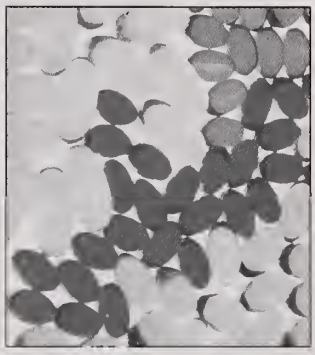

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MEDIGRAM

OPTOMETRIC BILL DEFEATED BY SENATE: Senate Bill 1061, which would have permitted optometrists to prescribe therapeutic drugs, was defeated in the Senate on June 23 by a 23-25 vote. The Society, which strongly opposed the legislation, worked closely with the Academy of Ophthalmologists for defeat of the bill. However, the bill remains on the Senate calendar and is expected to be re-opened during the fall session. The Society and Academy will continue to solidify their votes.

HOUSE, SENATE APPROVE CONFERENCE REPORT ON WORKERS' COMP: The House and Senate in mid-June approved a conference report on Senate Bill 1, the Workers' Compensation Reform Act. Key medical provisions include: an initial payment schedule set at 113 percent of the current Medicare allowances for all services and 80 percent of charges for "like services by like providers" where no Medicare allowance has been established; cumulative updates, beginning January 1, 1995, based on the percentage change in the annual statewide average weekly wage; authority for the insurance commissioner to adopt a new allowance for a particular provider group or service if the established rate is determined to be unreasonable; a ban on referral to facilities where the referring provider has a financial interest; and the option for providers to form coordinated care organizations, and for CCOs to negotiate with employers and insurers. The Society expressed disappointment with the bill's lack of attention to non-medical costs factors, including the 24 percent rate increase for insurers granted late last year. The Society met with Acting Governor Mark Singel on June 28 to discuss the bill; he was expected to sign it into law on July 2. Also, the Society's Workers' Compensation Quick Response Committee approved a work plan for the Society to provide members with general information on the act, develop manuals on its specifics, offer compliance assistance, and clarify several medical provisions of the act.

PHC4 BILL SIGNED INTO LAW: Senate Bill 1052, re-establishing the Pennsylvania Health Care Cost Containment Council (PHC4), was signed into law by Acting Governor Mark Singel on June 28. Prior to legislative passage of the bill, the Society and others, including PHC4, worked to reach agreement on several important amendments. The most significant for the Society is a mandate for a Technical Advisory Group—a committee to allow physician/provider input into the council's activities. At press time, the acting governor was also expected to sign House Bill 213, providing a rehabilitation option for drug offenses by licensed health caregivers.

AMA, OTHER GROUPS CHALLENGE DEA'S NEW REGISTRATION FEES: In a lawsuit filed in June, the AMA and other health care groups are challenging the new registration fees imposed by the Drug Enforcement Administration (DEA). The final rule issued in March nearly quadrupled registration fees to fund DEA's Diversion Control Program. Though the AMA supports the mission of the program, it alleges the final rule does not justify the DEA's allocation of these fees among the various categories of registrants. The action may result in a partial fee refund for physicians. In a related action, DEA has agreed to reissue some 30,000 controlled substances registration certificates for registrants whose certificates incorrectly reflect that a $60 fee was paid when, in fact, the newly increased $210 fee was paid. These revised certificates would serve as proof of payment of the higher fee if AMA efforts are successful.

BOARD TO DETERMINE MANAGED CARE STRATEGY: In an evening session before its regular meeting July 13, Society trustees will meet to determine the Society's future managed care strategy. Presentations to the board will address strategy options, legal and budgetary considerations, market characteristics, and possible areas of study. The board will also consider a marketing proposal. Follow-up will appear in this publication in September.

ADMINISTRATION BACKS AWAY FROM ENTERPRISE LIABILITY: The Clinton administration, in response to an AMA-led campaign opposing enterprise liability as an "acceptable alternative to real tort reform," has reportedly backed away from proposing such reform. For background, see page 24.

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Pondering Dangerous Waters

John W. Mills, MD
Medical Editor

An air of frustration was evident in the room as Society President Donald Ferguson, MD, fielded questions during a recent combined Jefferson-Clarion County Medical Society meeting. He and Frani Battista, the Society's assistant director of regulatory affairs, gave their best synopsis of Governor Casey's health care plan for Pennsylvania and offered general comments about President Clinton's still-secret plan. The long, hot summer of waiting had begun.

Yet, as I left the meeting, I realized my concerns go deeper than the regulatory nightmare we will face. While simplification of the system has been a Clinton theme—which we have supported—we know from experience that anything promulgated by government, or insurance companies, or purchasing co-ops, or national or state health boards, will have rules and regulations filling hundreds of pages of the *Federal Register* or *Pennsylvania Bulletin*.

That's why my primary concern is for our patients—the American public. They will be the unknowing victims of a system gone awry. My secondary concern—the much bally-hooed malpractice reform—will be highlighted here in September.

Reading a recent issue of *USA Today* only heightened my concerns. A poll noted that more than 40 percent of the public is still confused by the 911 emergency system. Has anyone ever polled the confusion over Medicare billing? It has to be nearly 100 percent! This confusion will only grow as the states go one direction and the federal government goes another. President Clinton has emphasized that states will have great flexibility in establishing their own health care plans and would be encouraged to do so.

How can this be beneficial to patients? How can employees move from state to state and transfer their benefits when each state has a different system? The basic health care package will be the only constant, but the cost will vary from locale to locale within a state and certainly between regions of the country.

Headlines about the task force's secrecy and the release of "trial balloons" by Ira Magaziner and Hillary Rodham Clinton have also added to the confusion and uncertainty. The town meetings held by the task force were orchestrated and a sham. People dissatisfied with their health care coverage will always be ready to testify—those satisfied generally keep quiet.

Quotes from Mrs. Clinton in *USA Today*, week of May 24, 1993, range from the near sublime to the ridiculous:

"The primary responsibility of our health care system is to care for patients..." (Big news—especially to we physicians.) "...it's not to enhance the profits of those providing the care." (The average physician couldn't agree more.)

"We need a budget for the health care system just like everything else, and the plan would set annual limits on public and private health care spending." (That's global budgeting if I ever heard it. Government-set limits on private health care spending? Is that constitutional?)

"The comprehensive health care package is not negotiable." (Congress won't buy that. The American people shouldn't buy it either. Once Congress passes its version, there will be room for interpretation and challenge. The legal profession should make out well!)

The days of a "simpler" system are gone; the "blitz" by Clinton's "yes" people, buoyed by a lot of political rhetoric, has already begun. Americans—our patients and our profession—will have to dissect through the verbiage and try to find the real meaning of Clinton's package.

But what's even more critical for us is to establish a running dialogue with our legislators as the debates heat up over Casey's and Clinton's plans. Political loyalty enabled passage of Clinton's budget and tax package in the House, and cut $50 billion in Medicare from hospitals, physicians, and others in health care. Let's hope the Senate has more common sense.

The cost dilemma, political intrigue, debate with no ready answers, clamoring special interest groups, little consensus, the realities of trying to overhaul a huge health care system in one fell swoop—they all will eventually add up to either a political victory or chaos.

Senator Jay Rockefeller's thoughts to us at the AMA's Washington summit in March still haunt me: If no new health care system is adopted, chaos will result, and without question, a single-payer system will emerge.

"The days of a 'simpler' system are gone; the 'blitz' by Clinton's 'yes' people, buoyed by a lot of political rhetoric, has already begun."

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Of Teachers and Teaching

Donald G. Ferguson, MD

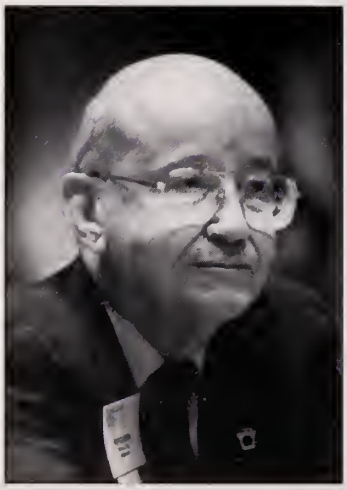
This is the season for graduations, baccalaureate services, dances—and new beginnings. Elsewhere in this issue, you will find articles related to graduations from medical schools and reminiscences of "the days when..." I have similar reminiscences—as we all have—and I've been thinking about my *special* teachers.

How many really good, memorable teachers have *you* had? And, of the teachers who were memorable, why was it so?

It certainly wasn't because they delivered the prescribed classroom material in an orthodox way, or that they got any prizes for pounding knowledge forcibly into an unwilling pupil, at least in my case. I think it was because those special teachers got us *involved* in their teaching. They started *us* thinking, sometimes by presenting usual information in unusual ways.

One college instructor took almost an entire semester of English literature to discuss one Shakespearean play, acting it out, line by line, and pulling us—even some of the more literate student athletes—into the sixteenth century.

Another brought the Italian opera to life by dramatizing the troubles of an eighteenth-century song peddler named Joe Green. (All right, Giuseppe Verdi. Not the Steeler defensive tackle who was considerably better known in his own home town, at least to teenagers.)



These teachers were memorable partly *because* they didn't teach like the others. The *memorable* teachers—those whom the students recognized as special—had the ability to take *us* out of the ordinary classroom, to capture *us* by our imagination and make us more than we were or knew we could be.

None of this is meant to belittle the efforts of many thousands of dedicated teachers who have kept knowledge alive and growing throughout our history. Knowledge must be codified and taught systematically so each new generation, by learning from the past, can avoid at least some of the previous mistakes.

What has this to do with those of us whose association with formal academia may have ended long ago? *A lot!* We, who are called doctors, are still teachers. Teachers to our staffs, teachers to our associates, teachers to our community, and, above all, *teachers to our patients.*

Our primary responsibility is, and must always be, to our patients. To do no harm, to cure when cure is possible, and to provide help and counseling when it is not.

This is a plea to *become* teachers. To take that extra minute or two to *ask* your patients what they really want from you. Most patients respect your time and integrity, but they are there because they have a problem. They want help, and they want advice.

How many times have we heard "Why doesn't my doctor *listen to me*?" Or, "My doctor is too busy. I can't talk to him or her." Yes, we're all too busy, and governmental regulations are making us busier all the time. But is that an excuse to forget why we're here, why we *became* doctors?

I have for many years volunteered to speak to lay audiences on medical subjects. It is a rewarding experience I highly recommend. My favorite audience is the young—those who want to know more about our profession. I may have destroyed a number of future medical vocations by showing our life as I have seen it to be.

When they see, on a visit to a hospital or a busy doctor's office, what our life really is—how hard we work, and what is expected of us as physicians—the reaction of some is, "Isn't there an easier way to make a living?"

Of course there is. There are many ways in which the same effort, the same time of preparation, and probably less scholarship, will very likely yield a better financial reward—and *much* better hours.

To those people I say, "If you want an easier way to make a living, or a quicker way to a good living, don't even *think* of medicine as a career." To those whose first motivation is money—how much, how fast—I say, *"We don't want you!* Go into some other line of work."

I'd like to think that those scholars who *do* choose medicine as a career, after such an initial shock, will become doctors we can be proud of.

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NOT ALL DOCTORS FIT THE CHARGES

In the news media there are charges and indictments about doctors and medicine. To paraphrase the president's [Clinton's] wife, "All doctors are bad." There may be a few doctors for whom these charges are appropriate, but surely there are a large number of doctors like myself.

Where I am now: At this time, I am the superintendent of a state psychiatric hospital. I am a board certified psychiatrist and a fellow in the American Psychiatric Association. My annual salary is less than $100,000 a year.

I was a rural GP: Following my year of internship and one year of general practice residency, I was a rural solo GP between 1955 and 1963. I created a 10-bed hospital, was the only doctor in that county, and was 50 miles from the next physician.

My charge for a routine office visit was $2. Prenatal, postnatal hospital delivery and hospital stay totaled $75. An injection of DPT was $3, urinalysis was $2, and CBC was $5. My professional liability insurance cost me $40 per year, and I never had a claim. When I left general practice to go into a psychiatric residency at the Menninger Foundation, I left over $100,000 in uncollected fees.

There are probably thousands of doctors in this country who can tell approximately the same story.

What bothers me now: Now that I have said all of this, I am somewhat less upset about people criticizing medicine and doctors—however, only slightly so.

My father was a doctor, and he lived by two principles, which I have adopted for myself. The first was to care for the patient, to do the very best you could for them. The second was a somewhat old-fashioned idea: always be honest and truthful. Never falsify anything, and there is no degree of nearly or almost. The truth is just that—the truth.

I believe that the many stories about the reform of medicine and the criticism of doctors leaves me in conflict because of these two principles. First, I feel the political discussions do not really care one iota about patients. Secondly, I fear that these criticisms and new plans are not honest.

R.E. Bullard Jr., MD
Torrance

Editor's Note: Dr. Bullard's letter, from the heart, has been forwarded to Mrs. Hillary R. Clinton in its entirety.
John W. Mills, MD
Medical Editor

FIGHTING DEGRADATION OF MEDICAL PROFESSION

For quite a long time, the medical profession has been the brunt of an intentional and unintentional campaign to degrade its image in the eyes of the public. This has been done by the government and by insurance companies. Unfortunately, it appears to have been very successful.

Doctors are not looked on very well by the public. They seem to feel that a $100,000 salary per year is too much for a physician, but $4 million a year for a football player for six months worth of work is well within a reasonable range.

What concerns me the most is that medical groups have not taken the time out to wage the kind of a publicity campaign that is necessary. We need to let the public know how hard we work. Take the average salary of a doctor and break it down for overtime, double overtime, holidays, and night call so that they understand on a per-hour basis what we are getting paid relative to other people and other professionals.

"We need to let the public know how hard we work."

—Ronald B. Greene, MD

The public should understand how much time we put in per week, not only in direct and indirect patient care, but in reading journals and keeping up to date. They should understand how many medical meetings we must attend a year just to keep up to date on medicine.

The government is using its campaign to discredit us and to set up a situation of punitive fee schedules where physicians and health care providers are paid lower and lower reimbursement rates to provide more and more services. In addition, the government has cleverly designed a system where we are supposed to be the gatekeepers and the rationers of medical care. It is a great system because we become the bad people by denying care to other people. Things in the state are not a whole lot better.

It is about time we took the offensive. I think we are going to have to join together, and unfortunately, we may end up unionizing to be able to confront medical purchasers as a unit. This is going to be a very traumatic time because the government is opposed to unionization of providers. However, unless we want to become average-paid civil servants, we are going to have to take some type of a step to assure our own independence and integrity.

Our own state has managed to pass some ridiculous laws relative to auto insurance reimbursement, and now they are addressing the issues of workers' compensation. State officials don't really seem to care what the medical community thinks about these laws or about the effect on medical practice. Rather than confronting a governor and legislators who do not seem to care what our opinions are, we need to let the public know that these things are denying them access to care that is legitimately needed.

Doctors have been painted as the bad people in the current system. We are painted as concerned with money and not with our patients. I don't have one single patient who is familiar with all of the things that the Pennsylvania Medical Society or the AMA have done to promote health care in this country. This is not the fault of my office, but instead is the fault of the State Society and the AMA.

We need to inform the public that the reason they are getting better care is because we have devoted our lives to doing things to improve the care they get. They need to understand that we have been their advocates, not civil servants. Until we get this message through, and until we can group ourselves together to confront the threat to our profession, we are going to be eaten up piecemeal until there is no organized medical profession and we are merely salaried employees of the government.

Ronald B. Greene, MD, PC
Philadelphia

Response: Physicians have the mixed blessing of belonging to one of the most admired professions and yet

frequently being resented for their relatively high level of compensation. Surveys in recent years place physicians third out of 25 professions in terms of the public's respect, topped only by pharmacists and clergy. Yet, in these times of uncertainty in the job market and our nation's economy, successful professionals—such as physicians, lawyers, and corporate chief executives—are looked upon with some measure of envy, if not enmity.

The AMA's three-year-old advertising campaign in Time, Newsweek, *and* U.S. News and World Report—*still ongoing—is designed to convey the caring nature of the profession and to position medicine as an important player in health system reform. Almost daily, the AMA is quoted in news stories on the Clinton administration's plans for system reform.*

Meanwhile, the Pennsylvania Medical Society has worked hard to communicate the physician's viewpoint to the Casey Administration on several issues. For instance, in workers' comp we've made real progress in averting a permanent tie to the Medicare payment system. We're also playing a significant role in health system reform. Our position papers on reform and managed care have been discussed extensively with the state administration. At press time, we're preparing to submit a detailed proposal for expanding the availability of primary care.

Perhaps one of the most successful efforts to bring public attention to the physician's side of the income issue was a recent piece by columnist Mike Royko, for which the AMA deserves a great deal of credit. However, beliefs and stereotypes take a long time to change. Signs that people are noticing our efforts are increasing. Nevertheless, it is important that all physicians make an effort to influence public attitudes. How? By demonstrating the caring nature of the profession in ways that will be noticed. Actions do speak louder than words.

Roger M. Mecum
Executive Vice President
Pennsylvania Medical Society

Editor's Note: Mr. Mecum's last four sentences should be self-evident truths.
John W. Mills, MD
Medical Editor

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues.

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Pennsylvania Takes Lead in Drug Education Venture

Natalie A. Harley

Commitment to Physicians
The Society is committed to assisting Pennsylvania physicians in their efforts to improve the quality of patient care and lower health care costs. Related to the retrospective drug utilization review and education program, the Pennsylvania Medical Society makes these commitments to Pennsylvania physicians:

- To respect the medical judgment of individual physicians.
- To offer continuing education on prescribing standards and practices.
- To refrain from any activities that could be construed as punitive in its program.
- To provide Pennsylvania physicians with a credible, nonbiased source of information on prescription medications.

Ms. Harley is director of the Society's Department of Professional Drug Education and Information.

The Omnibus Budget Reconciliation Act (OBRA) of 1990 required all states to implement drug utilization review programs for outpatient medications covered by Medical Assistance. The State Society is taking a lead role in its response to the retrospective portion of the program. This article explains that role and overviews how OBRA requirements will affect Pennsylvania physicians.

Currently, Pennsylvania is the only state in the nation where the Medicaid agency is working with a state medical society to meet drug utilization review (DUR) requirements imposed by the Omnibus Budget Reconciliation Act (OBRA) of 1990. According to Sherry Knowlton, deputy secretary for the Department of Public Welfare's (DPW's) Office of Medical Assistance Programs, the Pennsylvania Medical Society was a logical choice to help implement OBRA requirements: "Who better to educate physicians than their professional organization? We are anxious to see how this innovative approach works and are pleased to be contracting with your State Society to implement it."

In 1990, OBRA required states to develop and implement prospective and retrospective DUR programs for outpatient medications covered by Medical Assistance (Medicaid). OBRA also required states to develop an educational program for prescribers. The law stated that the DUR program be designed to ensure that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes. Federal legislators believe such review is useful in improving the quality of patient care and containing government health care expenditures.

The State Society has taken the lead in response to this requirement. To ensure physician involvement and to safeguard patients, the Society sought and was granted a contract from DPW to assist in Medicaid's *retrospective* DUR program.

The American Medical Association is pleased with Pennsylvania's approach. Joseph Cranston, PhD, director of the AMA's Department of Drugs, says, "The AMA certainly has been encouraging physician involvement in this important quality assurance initiative and is delighted that the Pennsylvania Medical Society has obtained this contract. Your State Society's contract represents an exciting venture for organized medicine. We hope Pennsylvania physicians will react favorably to this positive, non-punitive approach and show government that physician involvement in programs like this really does work."

In January this year, the Society established the Center for Professional Drug Education and Information to fulfill the responsibilities of this contract. The Center has been charged with developing a program to provide physicians with the information they want and need about prescription medication. The Center will provide advice to DPW regarding screening criteria for retrospective drug reviews and suggestions about which drug classes to target for program activities. Additionally, it will conduct educational interventions with physicians identified as prescribing in a way which could be improved.

How the program works

Retrospective DUR focuses on identifying past prescribing problems and patterns to implement programs that will make positive changes in future medication use. A computer company hired by DPW will conduct this review by analyzing Medicaid prescriptions claims data. Medicaid processes approximately 1.5 million prescription claims per month.

Predetermined criteria and standards from the state's DUR Board and Medicaid program (see "Explanation of Terms and Program Elements," next page) will

be used to monitor therapeutic appropriateness, over-utilization and under-utilization, therapeutic duplication, drug-disease contraindications, drug-to-drug interactions, dosage and duration of drug therapy, and clinical misuse. The computer contractor will generate physician prescribing profiles not falling within the DUR criteria and standards.

These profiles will be forwarded to DPW for routine review, and selected profiles will be passed on to the Center for Professional Drug Education and Information. Staff will attempt to verify physician data to eliminate provider contacts due to incorrect data entry. The Center will then perform a final screen of these physicians and determine which conserve health care funds are taken. *In Pennsylvania, the State Society is involved in this component of OBRA-DUR.*

Explanation of Terms and Program Elements

Drug Utilization Review

The term drug utilization review (DUR) was coined about 20 years ago. The primary goal of DUR is to enhance and improve the quality of pharmaceutical care and patient outcomes by encouraging optimal drug use while managing the total cost of care. Effective DUR assures that the type and duration of drug therapy is appropriate for the condition being treated in individual patients. DUR uses criteria and standards to evaluate drug use.

Criteria

HCFA defines criteria as "predetermined elements of health care developed by health care professionals relying on professional expertise, prior experience, and professional literature with which aspects of the quality, medical necessity, and appropriateness of health care services can be compared."

Standards

Standards are defined by HCFA as "professionally developed expressions of the range of acceptable variation from a criterion."

Prospective DUR

Prospective DUR is conducted at the point of sale before a medication is dispensed. It provides for an immediate screen against predetermined criteria and standards. Pharmacists will be checking for drug-to-drug interactions, over- and under-utilization, appropriate dosage, therapeutic duplication, age precautions, and pregnancy precautions.

In Pennsylvania, as in many other states, pharmacists will be linked to Medical Assistance records by computer. They will access information about a patient and his or her prescriptions on a real-time basis. If a pharmacist is alerted to any of the drug therapy problems above, he or she can either override the computer screen or interact with the patient or physician. This may result in more phone calls to physicians by pharmacists checking patient medications. Many physicians appreciate these type of calls as they may not be aware of medications a patient is taking that were prescribed by another physician. *The Pennsylvania Medical Society is **not** involved in the running of this component of OBRA-DUR.*

Retrospective DUR

Retrospective DUR is conducted after medication has been dispensed. It focuses on identifying past prescribing problems and patterns in order to make changes in future medication prescribing. Based on the results of retrospective DUR, remedial strategies to improve the quality of care and

Educational Program

OBRA '90 also calls for an educational program related to prescribing. It states that the data obtained through DUR should be used to provide for active and ongoing educational outreach programs to improve prescribing and dispensing practices. This education is to be open to all Pennsylvania prescribers.

DUR Board

Under OBRA '90, the primary purpose of the DUR Board is to develop recommendations in specified areas of DUR for the state Medicaid agency, including the application of criteria and standards in prospective and retrospective DUR; the selection of drug classes for review; and the content, mix, and evaluation of the effectiveness of educational interventions. The board will also evaluate the program's effect on the quality and enhancement of care for Pennsylvania Medicaid recipients, and the program's ability to reduce overall health care costs.

OBRA outlines the composition of the board as at least one-third, but no more than 51 percent licensed and actively practicing physicians, and at least one-third licensed and actively practicing pharmacists. The physician and pharmacist board members must be actively practicing and licensed *by the state* on whose DUR Board they are serving.

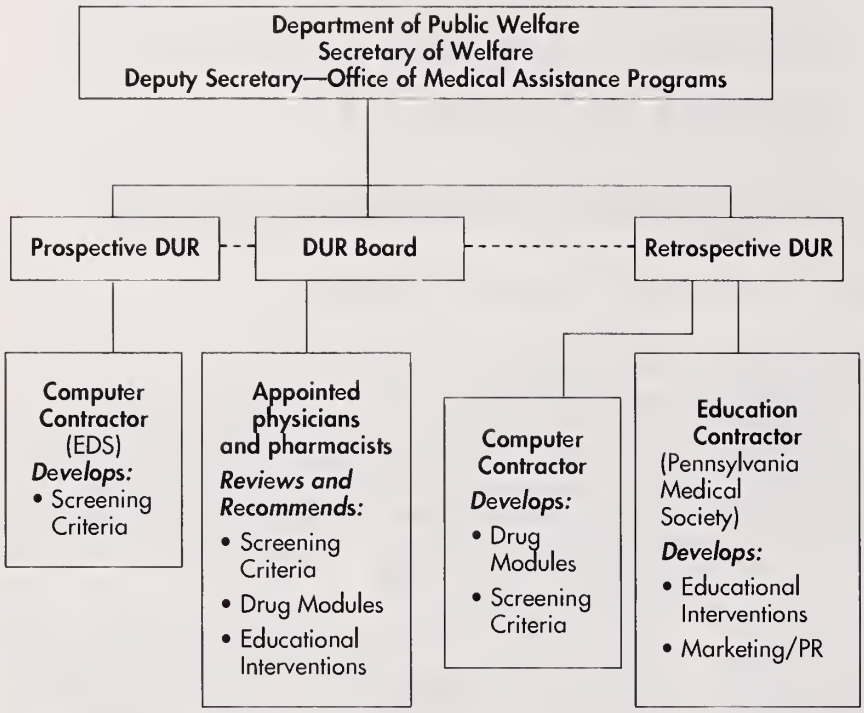
DUR Board members must have recognized knowledge and expertise in clinically appropriate prescribing of outpatient drugs; clinically appropriate dispensing and monitoring of outpatient drugs; drug use review, evaluation, and intervention; or medical quality assurance.

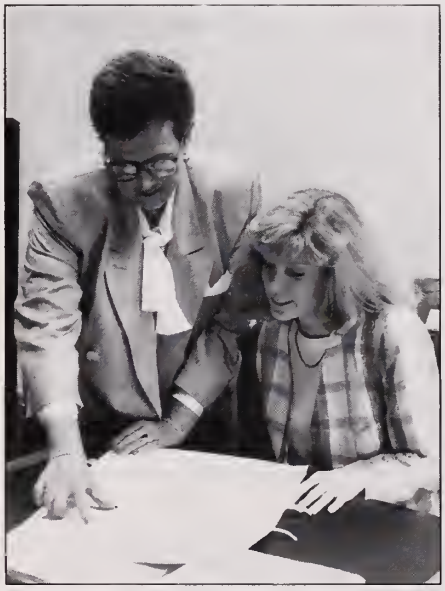
PACE

The Pennsylvania Department of Aging's Prescription Assistance Contract for the Elderly (PACE) has a completely separate DUR program administered solely by Aging. PACE uses both prospective and retrospective DUR, and may deny payment for prescriptions not meeting its criteria. The Society is closely monitoring this program and has protested lack of physician involvement in some decisions related to PACE. As a consequence of a series of discussions between the Society and the Department of Aging, the department has agreed to regular meetings and other mechanisms (e.g., solicitation of comments) to seek input from physicians.

(For "Implementation of OBRA '90 DUR Requirements," see next page.)

Implementation of OBRA '90 DUR Requirements





Meet the staff

Barbara Layne, RN (left), and Natalie Harley (right) serve as assistant director and director of the Society's Department of Professional Drug Education and Information. Using marketing research techniques, such as focus groups, written surveys, and prototype testing, they are seeking extensive physician input in the development of educational programs to improve drug prescribing in Pennsylvania.

Of the program, Harley says, "It is imperative that we have physician involvement in the development and implementation of this program. It is not only what makes our program unique, but also what will make it successful." She also recognizes the environment in which physicians practice today: "The last thing physicians need is someone else looking over their shoulder. But that is not our intent. We want to become a resource for information on prescription drugs."

"We recognize that sometimes unique patient histories will call for the use of a drug that falls outside of the program's screening criteria," she adds. "At no time will the Society dictate how physicians can prescribe the drugs—we will simply be providing advice and suggestions. This program will respect the medical judgment of physicians."

This fall a clinical pharmacist will be added to the staff. Also, physician advisors and pharmacist consultants will assist in review and education activities.

educational interventions to offer each. This multiple screening process is intended to minimize false positives and physician inconveniences.

If a physician is identified as prescribing in a way that could be improved, the Society will offer provider education aimed at improving prescribing patterns. This could take the form of a letter with supporting literature, a visit with a specially trained pharmacist, or small-group discussions led by a drug expert with physicians who have similar prescribing traits.

While the form of intervention has not been finalized, the intent of the Center is to provide education. The Society will take no punitive actions under this program. Martin Murcek, MD, chairman of the Society's Drug Utilization Review Committee, sees it this way: "We want to communicate the results of the drug use review process in a positive way that engenders supportive involvement in the process, rather than creating an adversarial environment. The intent of the program is to help physicians, not hassle them."

In addition to education directed at specific prescribers, the Society will offer continuing education and make information on prescription drugs available to all Pennsylvania physicians. The Center envisions establishing a drug information hotline for physicians only, offering CME activities, developing drug comparison fact sheets, and generating a series of educational pieces on various drugs and drug classes.

The computer company contracted by DPW will begin conducting reviews in late summer. The profiles will go through the screening process, and the Society will begin pilot testing of educational vehicles sometime this fall. At the same time, physicians can expect to see products of the Center.

All of this is not happening in a vacuum. The Center has devoted most of the year to conducting research with physicians to learn how to best develop this program to meet physician needs and expectations.

Roger Mecum, executive vice president of the Society, says: "Although DUR is being used by many as a cost-containment measure, we believe that responsive DUR efforts—while containing costs—concentrate on assuring appropriate medication therapy for better health care for patients. The Society is committed to implementing a program that will facilitate open communication in an educational atmosphere to improve the quality of health care and maximize the value of health care expenditures related to drug treatments."

THE MID-ATLANTIC HEART INSTITUTE OF LANCASTER GENERAL PRESENTS

A SYMPOSIUM ON PRACTICAL

CARDIOLOGY AND CARDIOTHORACIC SURGERY

The Mid-Atlantic Heart Institute brings together the country's foremost experts in cardiology and cardiothoracic surgery for a concentrated symposium, featuring eminent cardiologists and surgeons in the forefront of cardiovascular diseases. This event will take place on Friday, October 1, 1993, at the Lancaster Eden Resort Inn and Conference Center, Lancaster, PA. Cost is $75/physican, $50/nurse and $35/resident. For registration information, please call The Mid-Atlantic Heart Institute at 1-800-221-0613. Registration deadline is September 15, 1993. Attendance will be limited to 250. CME Credits.*

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Direct-to-the-Consumer Advertising of Drug Products

Leo Uzych, JD, MPH

Direct-to-the consumer advertising of prescription drug products is increasingly scrutinized by the federal Food and Drug Administration, spurred in part by growing concern about the potential for abuse posed by such advertising in the absence of effective regulation. Drug industry officials claim they are providing the public with valuable information, but many physicians and health care professionals are distressed by the new trend.

As the debate about the value and propriety of various forms of prescription advertising to the public heats up, the potential risks and benefits of such advertising have sparked contentious views. Proponents argue the advertising is responsive to demands that more information be provided to the consumer which, in turn, may result in a better-informed public concerning drug products. Many physicians, however, are concerned that the escalation of prescription drug advertising in the daily press and on television may result in consumer confusion and misinformation.

Depending on how the information is presented and then perceived, confused consumers may request drug products they do not need, resulting in misuse or overuse of particular drugs.

Regulation of ads

The Food and Drug Administration (FDA) is responsible for the regulation of prescription drug advertising. The basic rule affecting such advertising is that it must adhere to pertinent regulations regarding "fair balance" and include brief summary information. At this writing, the FDA's Division of Drug Marketing, Advertising, and Communications is regulating direct-to-consumer advertising in accordance with extant rules on a case-by-case basis.

With respect to fair balance, the agency reviews the entire advertisement to ascertain whether the information presented represents a balanced account of clinically relevant information. The brief summary should, in normal circumstances, include indications for use, contraindications, precautions, warnings, and an adverse experience profile.

Note that at a practical level, the FDA assumes that doctors and health professionals are expert listeners, but medical consumers typically are novice listeners. Thus, for fair balance to be achieved in the case of novices or consumers, relatively more contextual information about the pertinent drug product is indicated to achieve proper comprehension.

The contextual information needed to pass regulatory muster will vary by product, but ordinarily will encompass risk information already familiar to physicians. Sufficient information should be included so that the medical consumer will be able to engage in an informed conversation with his or her physician about the risks and benefits of the pertinent product.

Areas of concern

Effectual regulation of so-called "video news releases" is one specific area of concern. The core problem with video news releases is that the viewing public may perceive them to be unbiased "news" when, in fact, they present advertising. Proponents of video news releases maintain, however, that video news releases are not intended to fool the viewing public and that they instead represent a legitimate and valuable source of information about drug products.

The use of celebrity figures to promote various prescription drugs to lay audi-

Mr. Uzych is an attorney specializing in health law based in Wallingford.

ences is another area of concern. At a practical level, celebrity endorsements of drug products may often be misleading because the public may believe they are objective endorsements when, in truth, the celebrity is being paid handsomely to present a promotional, unbalanced account of a drug product.

Guidelines to consider

Direct-to-the-consumer advertising can potentially help alert people to important information about drug products and treatments, but some broad practical guidelines on format and content should be considered.

Advertising claims should be supported by valid data drawn from well-controlled clinical studies on humans, rather than data from animal and laboratory studies. Video news releases intended to convey promotional material should not be subtly disguised or misrepresented as news or strictly educational material, nor should celebrity figures be misused in misguided efforts to disguise promotional and advertising initiatives as objective news or impartial presentations.

Drug makers—working in close cooperation with doctors, other health care professionals, lawmakers, and interested consumer groups—need to enhance their efforts to responsibly inform the public about drug products. Marketing initiatives should be crafted with sound ethical principles and be properly mindful of long-term effects on patient care.

Editor's Note:

The Pennsylvania Medical Society has recently become involved in retrospective drug utilization review activities that will take place under OBRA '90, which requires all states to implement such programs for outpatient medications covered by Medical Assistance. For more information about the Society's role and how OBRA requirements will affect Pennsylvania physicians, see "Pennsylvania Takes Lead in Drug Education Venture," pages 12-14.

Vital Signs?

If you are concerned about a colleague, call the Physicians' Health Program's 24 Hour Message Line: (717) 558-7817.

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YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

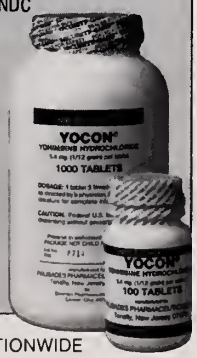
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



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3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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A Case for Tort Reform

Kenneth B. Jones, Esq.

The current national debate on health care focuses on two issues: access and cost. While Pennsylvania Medical Society positions on health system reform and managed care—overviewed in this publication in January and June 1993 respectively—have dealt with both issues, this article analyzes one specific aspect of the cost issue: the need for tort reform.

"This country must face the fundamental question: Does it wish to continue to spend 20-billion-plus health care dollars a year on the tort system when the alternative is to spend that money on necessary health care?"

The present tort system imposes substantial direct costs in the form of insurance premiums, and more substantial indirect costs through defensive medicine and other protective responses. Cost control depends on the control of the increasing volume of medical services delivered, but control of volume will be especially difficult if combined in a system reform plan with increased access by now-uninsured or underinsured populations and with an aging population requiring more services.

Various volume control measures have been proposed nationwide: utilization review to restrict "unnecessary" procedures or too-lengthy hospital stays, managed care organizations to provide financial incentives to physicians to provide less care, total budget amounts for health care, consumer choice models to make patients far more concerned about cost, and even the Oregon proposal to explicitly prioritize health care services.

By contrast, the tort system focuses on whether everything that possibly could be done to help the patient has been done. It looks not at overall goals, but at a particular patient who has had a bad outcome. It has been unconcerned, even hostile, about cost issues. It is also notoriously slow to change or to recognize changes in health care delivery, and as a practical matter it tends to hold practitioners to the standard at time of trial, which may be higher than at time of patient care.

The need for reform of the present tort system depends not only on its cost under the present system. More importantly, tort reform is necessary to accommodate the changes in the health system intended to control cost, which may be expected to require compromise in the complete care of every patient.

Costs of the present tort system

The direct costs of the present tort system can be measured by professional liability premiums. In Pennsylvania, the cost of malpractice premiums and surcharge fall in the $350-400 million range. Nationwide, malpractice premiums for physicians have increased at an annual rate of 15.1 percent during recent years, reaching $5.6 billion in 1989. Defensive medicine, including the ordering of diagnostic tests to confirm what the physician's clinical judgment has already established, totaled an estimated $15.1 billion in 1989. Together, these two factors totaled $20.7 billion, or about 18 percent of all expenditures on physician services.

However, the costs of the system are actually even higher. Liability issues create an adversarial relationship between physician and patient, negatively affect access when premium increases focus on certain specialties like obstetrics, and begin to drive physician and hospital actions that previously were driven by patient and community interests. Such costs are inevitably passed along to the consumer as a necessary part of the costs of providing health care.

With increasing emphasis on cost control by all payers, the opportunity to shift costs is largely gone. Even the Medicare system recognizes malpractice expenses as an important and distinct part of the costs of providing medical care: Medicare payments increase to compensate in those localities where malpractice premiums are high.

This country must face the fundamental question: Does it wish to continue to spend 20-billion-plus health care dollars a year on the tort system when the alternative is to spend that money on necessary health care? The decision might be to retain the present tort system—if that system had something to recommend it. It doesn't.

Mr. Jones is general counsel for the Pennsylvania Medical Society.

A Rand Corporation study reports that injured patients get only 43 cents of every dollar spent in medical malpractice litigation. The rest goes to pay the courts, the insurance company, the expert witnesses, and the attorney. In fact, plaintiffs' attorneys take 33 to 40 percent of each verdict or settlement in their client's favor.

A life insurance company that spent 57 percent of its premiums in administrative costs would not be in business long. A charity that returned only 43 percent of its charitable donations to the needy and paid its administrators 40 percent of all donations would be under federal and state investigation. However, such inefficiency is the standard for the tort system.

Perhaps such inordinate administrative costs could be justified if the system were speedy and efficient. It is neither. The truth is that a few people get a lot and most get nothing. A Harvard team's study of New York hospital patients concludes that less than two percent of those with negligent injuries sued, but of all patients who did sue, in some 80 percent of the cases no evidence of negligence was found.

The amount of the award itself is based on a concept called "pain and suffering." That concept is undefined in any meaningful way; radically different amounts are often awarded for the same injuries. Similarly, the concept of negligence is exceedingly broad. In practice, expert number one may testify "negligence," while expert number two testifies "no negligence," and the non-expert jury—which has no way of calling this medical judgment—must make the decision.

Again, outcomes may vary: one patient may receive a substantial award, while another patient in an identical situation may receive nothing.

Finally, the system is not speedy. It takes an average of six years from date of complaint filing to the time the patient receives an award.

State Society proposal

The Trial Lawyers Association, representing the plaintiffs' lawyers—arguably the only group that benefits from the present system—has an extremely effective and well-financed lobby. They have stopped all attempts to enact meaningful tort reform in Pennsylvania over the last decade. The present State Society proposal for tort reforms is, by necessity, a moderate proposal.

The Society proposes:

- capping awards for pain and suffering at $250,000,
- limiting attorneys' contingency fees,
- eliminating duplicate payments for the same injury,
- clarifying informed consent requirements,
- limiting punitive damages except in cases of malice or spite,
- providing for installment payments for future damage awards exceeding $200,000,
- allowing for pre-treatment agreements between patients and providers,
- eliminating liability for non-economic damages for the deep-pocket defendant where his or her responsibility for the injury is 10 percent or less,
- requiring plaintiffs to bring their case within four years of the injury,
- requiring certification that an expert has reviewed the case and is prepared to testify on the plaintiff's behalf in order to eliminate frivolous suits early, and
- requiring pre-trial preparations to be completed expeditiously and pre-trial conferences to be used to promote settlement.

In California such reforms became effective in 1985. At that time, the average premium paid by a California physician was 29 percent higher than the average premium in the remaining states. In 1990, the average premium was 30 percent *lower* than the average premium in other states. It is estimated that caps on awards alone result in a 22 percent reduction in premiums.

PIAA-Society proposal

Beginning in 1985, representatives of the Physicians Insurers Association of America (PIAA) set out to identify what changes to the tort system would reduce the rate of increase in costs while preserving patients' rights to fair and prompt compensation. They were not constrained by the necessity of obtaining short-term legislative approval. Among the proposals reviewed with favor was a 1982 Pennsylvania Medical Society proposal that—though it stood little chance of enactment in either 1982 or 1985—nonetheless promised to generate savings while providing prompt, fair compensation.

Basically, the proposal would remove lawyers from the system and eliminate the corollary adversarial trappings of the court system: a patient would present the claim, and quasi-governmental panels would investigate it using knowledgeable employed investigators. After the facts were established, appropriate medical experts and others on the panel would review the record to determine if there was negligence and what the damages were.

"Basically, the proposal would remove lawyers from the system and eliminate the corollary adversarial trappings of the court system..."

The panel would not award pain and suffering damages, and there would be no attorneys' fees. No appeal to the courts would be allowed except on the grounds that the panel's decision was arbitrary and capricious or contrary to the law establishing panel procedures. The substantial savings from the system come not by reducing the take-home awards to patients, but by eliminating attorneys' fees, costs, and delays.

Keep in mind, also, that if medical care costs are to be controlled, the volume of services must be controlled. More specifically, the volume of services delivered must be below the level that physicians—following now-acceptable standards of medical care—would otherwise deliver. Physicians who deliver care below acceptable standards of care are, by definition, negligent and liable in damages. That means that cost savings from volume controls will be counter-balanced by cost increases for professional liability costs.

"Keep in mind, also, that if medical care costs are to be controlled, the volume of services must be controlled."

Anticipated volume controls

At a minimum, there will be national legislative policy directing the physician to save costs, which runs directly contrary to judicial policy imposing damages for the same actions. Therefore, controls over the volume of medical services must be accompanied by protections for physicians who comply with those controls. Those protections include utilization review, practice parameters, and budget constraints.

Utilization review: Utilization review is a process that reviews whether medical services are medically necessary and are delivered in the most cost-effective setting. It could be considered a second-guessing by utilization review companies or the insurer of the patient's physician in the interest of saving money.

For example: A patient has a serious medical condition requiring hospitalization. The patient's physician requests approval from the insurer's utilization review organization for six days of hospitalization, but the utilization review organization negligently approves only three days. The patient goes home after three days and suffers a relapse the next day. Serious injury results that would have been avoided if the patient were in the hospital at the time of the relapse.

Clearly it is the utilization review organization that is responsible. Present law, however, is uncertain on that point because traditionally the physician has been responsible for discharging the patient. The courts have not fully recognized the new role of the insurer and its surrogates in the practice of medicine.

The physician is in an untenable position: if the physician complies with the utilization review mandate, the patient may sue; it the physician does not comply and keeps the patient in the hospital, he or she increases health care costs that have to be paid by someone, somehow. The opportunity to shift cost is gone or fast going.

The responsibility should be placed squarely where it belongs—with the utilization review organization. The physician who complies with a utilization review directive must be free from liability for doing so. This must apply not only to prospective and concurrent review, but also to retrospective review. It should be an absolute defense if the physician can show he or she reasonably believed that retrospective utilization review would deny payment for the service.

Practice parameters: Some limited studies have shown practice variations among regions in the U.S. These studies are far from conclusive, and strong, reasoned objection has been raised to the widespread use of practice parameters derived from such studies. Some proponents, however, believe that reductions in the volume of services may be possible without reducing quality by the use of parameters. Work on practice parameters—the necessary medical service for a diagnosis—is continuing.

If even limited practice parameters are ultimately adopted, the liability impact on the health care system must be considered. In any given region, developed practice parameters will not coincide with the region's acceptable standard of care. Physicians who comply with practice parameters must have absolute immunity from professional liability for actions taken in accordance with such parameters.

Budget restraints: Some reform models propose to control volume by simply setting a budget amount for health care in a particular state or region, leaving it up to a state or regional body to determine how to divide the monies. As with practice parameters, the physician acting in accordance with these cost decisions should not at the same time be subject to liability for doing so.

In conclusion, the Society believes that whatever the volume control, the principle should be the same: cost controls over volume require corresponding modifications in tort law to avoid conflict that could frustrate or negate such controls. The assertion by a physician that omission of tests or treatments from the care of a patient to save money should constitute a valid defense against allegations of substandard care.

For information on medical liability legislation and Society efforts, see page 24.

Breast of chicken

3-oz. cooked serving of chicken breast

Best of pork

3-oz. cooked serving of pork tenderloin

Today's Pork: Compare it to chicken for a healthy surprise

You may not have considered pork to be a healthy choice for your patients on fat-modified diets. But today's fresh pork compares surprisingly well to chicken in total fat, saturated fat, cholesterol, and calories.[1,2*]

Compare pork with chicken[1,2*]

	Calories	Total Fat	Saturated Fatty Acids	Cholesterol
Chicken Breast, skinless	140	3.0 g	0.9 g	72 mg
Pork Tenderloin, trimmed	139	4.1 g	1.4 g	67 mg
Pork Top Loin Roast (boneless), trimmed	165	6.1 g	2.2 g	66 mg
Center Loin Chop, trimmed	172	6.9 g	2.5 g	70 mg
Chicken Thigh, skinless	178	9.2 g	2.6 g	81 mg

*Table refers to 3-oz, cooked servings.

New study: Pork is now 31% leaner

Pork is leaner today because of significant changes made in breeding and feeding techniques.[1] According to new 1992 official USDA data, fresh pork sold today contains an average of 31% less fat after cooking and trimming than the same pork cuts reported in 1983.[1]

Today's pork fits well within the dietary guidelines recommended by both the American Heart Association and the National Cholesterol Education Program. Here's some advice to help patients on low-fat diets enjoy the variety, extra taste, and versatility of pork:

- Choose the leanest cuts. Shop for cuts with "loin" in the name.
- Trim away any visible fat.
- Keep portions moderate (about 3 oz, cooked).
- Prepare by broiling or roasting, and avoid additional fat in preparation.

1. US Dept of Agriculture. *Composition of Foods: Pork Products*, 1992. Agricultural handbook 8-10.
2. US Dept of Agriculture. *Composition of Foods: Poultry Products*, 1979. Agricultural handbook 8-5.

Recommend

TODAY'S PORK

The Other White Meat®

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ACTIONS OF THE BOARD OF TRUSTEES, MAY 12, 1993

BOARD REVIEWS FIRST STEP TO DUES RESTRUCTURING

At its May 12 meeting, the Society's Board of Trustees reviewed the initial approach to a complete dues restructuring under study by the Council on Membership. The council stresses that dues restructuring, initiated last year, is only one step toward improving the Society's membership recruitment efforts. In order to advise the board, the council is assessing how the Society could better manage resources and serve its members.

The board approved several new recruitment items for recommendation to the House of Delegates at its annual meeting in October, including electronic fund transfer payment options, a five-year graduated dues rate for physicians in their first five years of practice, and a one-time discount for new members. A number of other items were referred back to the council for further investigation.

For House consideration

In response to a 1992 House action calling for further study of installment payment of dues, the Council on Membership considered several payment options and recommended electronic fund transfer to the board.

Such a transfer—recommended for its cost efficiency—does not involve a credit card, but instead is completed directly through a bank. If approved, the service would be offered to members for full or quarterly dues payments and could replace the quarterly billing option now available through the Society's Educational and Scientific Trust.

Another recommendation the House will consider would offer a five-year graduated dues rate for physicians in their first five years of practice. Currently, young physicians pay half of the full dues their first year of practice and three-quarters the second year. Believing full payment of dues remains a hardship for many young physicians through their first *five* years of practice, the council and board agreed to extend the discount.

Under the proposed graduated dues structure, physicians would pay 20 percent of the full dues the first year, 40 percent the second year, 60 percent the third year, 80 percent the fourth year, and full dues the fifth year. According to the council, this proposal would encourage more young physicians to join and remain with the Society.

Another option for the House to consider is offering a one-time 10 percent discount to new members who pay within 30 days of being billed. Viewed as a benefit by members of other organizations offering it, the discount is used as a marketing tool "to get new members to follow through and pay their dues," according to the council. The discount would be offered to active members.

For further consideration

The Council on Membership will revisit several items rejected or referred by the board. A recommendation to shorten the collection of dues to 90 days instead of the current five-month dues-collection cycle was rejected. The trustees opposed shortening the cycle at the beginning of the year when members' finances can be especially tight due to the approaching tax season and recent holiday season. The council will consider other alternatives.

Early payment discount and late-payment penalty options will also be further investigated for future report to the board.

Also referred back to the council was a recommendation that the requirement of Society membership in order to receive PMSLIC insurance be modified so that practice groups of 10 or more with 80 percent membership do not have to require the remainder of their physicians to be Society members.

The council is currently conducting studies through the Society's Educational and Scientific Trust on possible dues restructuring tailored to group practices. A report will be offered at this month's board meeting.

In other action, the board approved the use of a "superbill" as a payment option and added benefit for group practices. The "superbill"—a master statement of dues for all physicians at a group practice being used successfully by the Oregon Medical Association—is available by request.

POSITION ADOPTED ON REQUIRED BENEFIT PACKAGE

As recommended by the Society's Task Force on Health Care Reform and Access, the board adopted the AMA's health system reform required benefit package as the official position of the Society.

Although the Society has maintained that the role of physicians in the development of a health care required benefit package should be that of medical or clinical advisor, not creator, there has been increasing pressure for physicians to provide technical assistance in selecting basic services. A task force subcommittee reviewed several proposals and recommended the AMA's, which offers "rational comprehensive coverage at a realistic and affordable price."

The plan covers preventive services; inpatient, outpatient, and emergency hospital care; prescription drugs; and other miscellaneous services, and is estimated to cost an average of $2,700 per policy. Cost sharing would include a $350 individual deductible, a $750 family deductible, and a 20 percent copayment to an out-of-pocket maximum of $1,500 per individual and $3,000 per family. There would be no copayment or deductibles for preventive services and no overall lifetime limit imposed for covered services.

Although the AMA's plan also includes references to funding mechanisms that should be employed to support the overall reform plan, these were not recommended by the task force or adopted by the board. However, the board did agree to adopt any modifications that may have been made at last month's AMA House of Delegates meeting.

BOARD ENDORSES AMA SELF-REFERRAL OPINION

Following the lead of the Society's Judicial Council, the board endorsed the AMA Council on Ethical and

Judicial Affairs' opinion on self-referral. The opinion was endorsed by the Society's Judicial Council in March.

The opinion concludes that physicians should not refer patients to off-site facilities in which the physicians have an investment interest unless they do not directly provide care or services in the facility; or unless there is a demonstrated need in the community for the facility, and alternative financing is not available.

The position, which is directed at off-site passive investment, will now move to the Society's House of Delegates for consideration at its October meeting. Current House policy permits medically necessary self-referrals to off-site facilities in which a physician holds a financial interest, provided the physician discloses his or her ownership interest and provides the patient with alternative facilities available in the community.

In related action, the board approved Society involvement in an outside study of the practice of physician self-referral in Pennsylvania which would measure compliance with the state statute. A physician representative will be appointed to interact with the study committee.

BOARD UPDATED ON ECONOMICS ACTIVITIES

The Society's Council on Medical Economics offered the following information, excerpted from its board report, to the trustees at their May meeting:

• *UMWA payment for x-rays:* The Society has been investigating the legality of an announcement that, effective January 1, 1993, United Mineworkers of America (UMWA) no longer reimburses non-board-certified radiologists for the professional interpretation of diagnostic imaging services. The Society has contacted HCFA asking why this policy change was permitted since, as a Medicare carrier, UMWA should be required to follow Medicare reimbursement policy which does not discriminate by physician specialty. While several other organizations are also investigating the issue at both state and national levels, the Society has sent a letter to HCFA about this issue, as well as the general issues of quality concerns, patient access, and Medicare contractors not following HCFA rules.

• *CLIA billing/reimbursement:* One billing/reimbursement issue of concern related to the implementation of the Clinical Laboratory Improvement Act of 1988 (CLIA) involves the issuance of certificates of waiver and of registration using providers' tax identification numbers. Blue Shield has been attempting to match the tax-ID number and the CLIA registration numbers to the Medicare provider number. The problem stems from physicians who maintain more than one office location and who bill for various levels of test complexity at these sites. Since this is a national issue, a letter from State Society President Donald G. Ferguson, MD, has been drafted to the AMA alerting them of the Society's concerns.

• *Electronic claims billing policy:* The council was alerted to a Blue Shield policy prohibiting physicians from embarking on electronic billing if there is an outstanding utilization case. Physicians generally are given 30 days from the date of a demand letter to work out a payback schedule. Until the open utilization case is closed, Blue Shield will not permit a provider to begin submitting claims electronically. The council, believing such denial is punitive, is examining the policy in question and has suggested that a letter be sent to Blue Shield requesting a policy change.

OTHER ACTIONS OF THE BOARD

Acting on several other recommendations presented at its May meeting, the board:

• approved the 1993 budget for the Task Force to Enhance Physician Involvement, which was developed to identify the make-up, views, expectations, and needs of the Society's changing physician constituency, as well as meaningful and cost-effective ways to meet those needs;

• approved support of nurse practitioner prescription regulations containing physician controls similar to those allowing physician assistants to prescribe;

• adopted a draft report that addresses the issue of third-party payers making determinations on whether a plan of care is experimental for purposes of insurance coverage; and

• adopted a draft report on the efforts the Society has taken regarding tobacco use and smoking cessation.

Quarterly Report of House Available

In accordance with Resolution 92-27 of the House of Delegates, the quarterly report on actions of the House is now available from the State Society. The report is provided to members to enable them to respond to and participate in upcoming House activities. To request a copy, call (800) 228-7823, extension 403. Also, the Official Call the House of Delegates will be published in the August issue of PENNSYLVANIA MEDICINE.

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MEDICAL LIABILITY REFORM LEGISLATION INTRODUCED

In late May, Senate Bill 1173 addressing medical liability reform was introduced on Capitol Hill with significant input from the State Society. At press time, it had been referred to the Senate Judiciary Committee for consideration.

Senate Bill 1173 includes several Society-supported elements, such as deductions for known collateral sources, a revised statute of limitations, periodic payment of damages, revisions to the informed consent principle, expert witness qualifications, and sanctions against frivolous lawsuits.

ORGANIZATIONS OPPOSE "ENTERPRISE LIABILITY"

The American Medical Association on June 5 delivered to Ira Magaziner, manager of President Clinton's health system reform task force, a letter opposing use of "enterprise liability" as a vehicle for tort reform in Clinton's upcoming system reform proposal. The letter was signed by officials of 116 national and state organizations, including the Pennsylvania Medical Society.

Addressed to Hillary Rodham Clinton, the letter emphasizes the need for "significant medical liability reform designed to reduce liability costs and improve patient safety," and says, "The concept known as 'enterprise liability' is unproven and will not correct fundamental deficiencies in the tort system." The organizations advocate the Medical Injury Compensation Recovery Act, enacted in California in 1975 (see "State Society proposal," page 19).

Also supported are "efforts to strengthen state licensing boards, and encourage patient safety research and risk management education in all health care delivery settings." The AMA, now seeking additional signatories to the letter, is contacting other groups and organizations concerned about tort reform.

SOCIETY FOLLOWING NEW LEGISLATION

The list below details new legislation of special interest to organized medicine (SB=Senate Bill, HB=House Bill). The State Society will follow each throughout the summer. Updated information appears monthly in *Executive Report*, and a summer wrap-up/fall preview is planned for the September issue of PENNSYLVANIA MEDICINE. For additional information on a specific bill, members should call the Society's Department of Governmental Affairs at (800) 228-7823.

Bill Number	Prime Sponsor	Description	Status/Committee (at press time)	Society Position
SB 908	O'Pake	Utilization review	Senate Health & Welfare	Support/seek amendment
SB 920	Greenleaf	Health Care Decision Act	Senate Health & Welfare	Oppose
SB 1026	Stewart	Limitations on damages	Senate Judiciary	Support
SB 1031	Dawida	Clinical social workers' insurance reimbursement	On Senate calendar	Strongly oppose
SB 1034	Dawida	Punitive damage awards	Senate Judiciary	Support
SB 1052	Williams	Reenact PHC4	Passed Senate; House Health & Welfare	Support as amended
SB 1060	Afflerbach	Volunteer provider civil immunity	Senate Health & Welfare	Support
SB 1061	Afflerbach	Optometry use of therapeutic drugs	Senate Appropriations	Strongly oppose
SB 1103	Schwartz	Women's Preventative Health Services Act	On Senate calendar	Under study
SB 1173	Fisher	Medical liability reform	Senate Judiciary	Support
HB 1402	Josephs	Cesarean delivery practice parameters	House Health & Welfare	Strongly oppose/ seek amendment
HB 1495	Trich	Periodic payments/ medical liability	House Judiciary	Support
HB 1496	Trich	Non-economic losses	House Judiciary	Support
HB 1497	Kukovich	Equal access/physician referral networks	House Health & Welfare	Strongly oppose/ seek amendment
HB 1506	Pistella	Volunteer provider civil immunity	House Judiciary	Support
HB 1518	Uliana	Medical Assistance managed care	House Health & Welfare	Under study
HB 1529	Masland	Limit contingent fees	House Judiciary	Support
HB 1531	Evans	Physical therapists independent practice	House Professional Licensure	Strongly oppose/ seek amendment
HB 1544	Jarolin	Create Radiologic Technology Licensure Board	House Professional Licensure	Strongly oppose
HB 1561	Colaizzo	Prohibit deductible for child immunizations	House Insurance	Support
HB 1562	Colaizzo	Mammographic exams	House Insurance	Support

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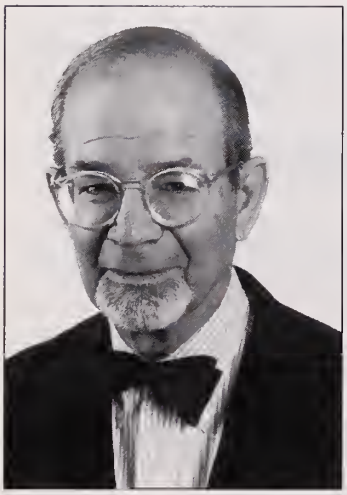
Considering AIDS in the Elderly

Albert J. Finestone, MD

While physicians have been inundated with information about AIDS, they may overlook the possibility of the disease in the elderly, where occurrence is not common. But, as the author points out in the following case study, elderly patients can have the same risk factors for AIDS as younger patients.

An elderly patient once told me, "The younger generation thinks they invented sex." The following clinical vignette is presented to remind the physician who is seeing geriatric patients to consider the possibility of AIDS when presented with patients who may not obviously have the usual risk factors.



Dr. Finestone is director of the Institute on Aging and professor of medicine at the Temple University School of Medicine. He also serves as co-director of the Geriatric Education Center of Pennsylvania, a consortium between the University of Pittsburgh, Penn State, and Temple University, funded in part by the U.S. Public Health Service.

A clinical vignette

A 69-year-old widowed grandmother consulted me for a second opinion after having been told that she probably had pancreatic cancer. She came to my office with her daughter and gave a history of anorexia for the last several months associated with a 30-pound weight loss. She also complained of vague abdominal and back pain.

Physical examination revealed a thin patient who appeared somewhat younger than her stated age. She was not jaundiced. Bilateral moist rales and evident weight loss were the only positive physical findings. She lived with her daughter and grandchildren; did not smoke, drink, or use drugs; and denied sexual activity for the last 10 years. I told her I would review the C-T scan she brought from another hospital, and I prescribed Demerol syrup on the presumption that pancreatic cancer was the correct diagnosis.

The outside films were reviewed and showed dilated pancreatic and biliary ducts, but no definite mass. The patient was admitted to Temple University Hospital for an ERCP and a needle biopsy of the pancreas under computed tomography. Screening laboratory studies were not remarkable. Her white count was 5,900. Post ERCP the patient spiked a fever, and a new left lower infiltrate was noted. The patient did not respond to clindacycin and became hypoxic.

Bronchoscopy was done with the silver stain brushings positive for pneumocystis carinii pneumonia. Following this, the patient tested positive for HIV by ELISA and western blot. A CD-4 count was 35. The patient again denied all risk factors for AIDS. She promptly responded to Zidvudine (AZT) and Trimethoprim-sulfamethoxazole.

Following discharge, the patient was exposed to varicella by one of her grandchildren and readmitted for a course of acyclovir. During this second admission a female house officer obtained a history of sexual exposure with multiple partners several years ago. One year after the initial diagnosis, she is asymptomatic on prophylactic therapy.

As an aside, soon after the diagnosis was made I received a letter from a lawyer looking for a risk factor which could be the basis of a law suit. Fortunately, the above additional history was obtained.

Consider AIDS in the elderly

Nearly one-half (47 percent) of primary care physicians surveyed in Philadelphia have at least one patient who has tested positive for HIV, according to the Philadelphia Health Management Corporation (PHMC) 1992 Primary Care Physician's Survey. PHMC's results are similar to those of several recent state and national surveys of primary care physicians. For example, a survey of 2,177 members of the Pennsylvania Academy of Family Physicians conducted by the Pennsylvania Department of Public Health in 1989 found that 30 percent of family practitioners statewide had a patient with a confirmed HIV-positive blood test.

National-level data collected in 1988 by the American Medical Association from a randomly selected sample of 3,506 in-

ternists, family physicians, pediatricians, obstetrician/gynecologists, and general practitioners found that over 40 percent of non-federal primary care physicians had treated at least one HIV patient, with an average of 6.7 patients treated per physician.

Current data suggest that without treatment the average period from initial HIV infection to the development of AIDS is eight to 12 years. Therefore, even patients in the old-old (over 80) age group could have been exposed to the AIDS virus via sexual contact. A recent literature search on the subject of AIDS in the elderly revealed only nine references in all geriatric literature.

The purpose of the clinical vignette is to alert the primary care physician who may not be familiar with the geriatric literature to consider the possibility of AIDS in the elderly. Physicians should remember that pneumonia, dementia, and malnutrition—not uncommon in the elderly—can also be characteristic of AIDS. Age should not be a barrier to considering AIDS as a diagnosis.

PHMC's 1992 survey also asked about the need for HIV/AIDS continuing education, since the advent of the AIDS epidemic in this county occurred after the overwhelming majority (80.1 percent) of Philadelphia's primary care physicians graduated from medical school. Nearly one-half (48.6 percent) of physicians with at least one HIV positive patient, and a similar percentage (46.2 percent) of physicians overall, felt that information and education about HIV/AIDS would be beneficial. It is my intention that this case report will help fulfill that need.

"Current data suggest that without treatment the average period from initial HIV infection to the development of AIDS is eight to 12 years. Therefore, even patients in the old-old (over 80) age group could have been exposed to the AIDS virus via sexual contact."

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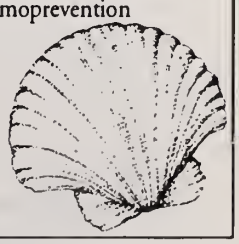


Caring for the Dying Patient

Juli C. McGreevy

A. Thomas Andrews, MD, FACP, a private practitioner specializing in hematology/oncology in Camp Hill, helped found Hospice of Central Pennsylvania. He currently serves as medical director and is a member of its board of directors.

Question: *What is effective terminal care?*

Dr. Andrews: The patient and family are looked after as aggressively as if the patient was still receiving treatment to cure or control disease. The care is medically directed: we ease the patient's pain and help with the various symptoms, attempting to make dying as comfortable as possible.

Question: *What challenges have you faced as a physician treating terminally ill patients?*

Dr. Andrews: I have made mistakes: not reading a person's wishes correctly and recommending hospice care when the patient is not ready to stop active treatment. Often, I see too much decision making placed in the hands of the patient and family. There are many difficult questions when treating terminally ill patients—some of the most difficult questions that physicians wrestle with. We don't know what the right answer is, and then we say to the patient, "What do you want?" Physicians must seek the patient's input and then present a plan for the patient to accept, reject, or qualify.

I have the most trouble dealing with people who I know have a few months to live, are not in a hospice program, and are still taking aggressive treatments which have adverse side effects.

Question: *How do hospice programs assist physicians?*

Dr. Andrews: An individual physician can't provide the extent of service and time commitment that is needed—time to talk openly about death and dying, and deal with everyday practical problems facing patients and families.

In a hospice setting, the physician is a member of an interdisciplinary team of professionals who facilitate the dying process. The hospice nurse evaluates patients in their homes and makes certain symptoms are controlled. The hospice program anticipates problems and is available 24 hours a day. Social workers and experts on grieving tend to the needs of the family. Trained volunteers help fill the gaps and become the right-hand patient care worker with duties in the home.

Question: *How has the concept of hospice developed?*

Dr. Andrews: A hospice was a place of rest for travelers on the crusades in the early Middle Ages. The idea of hospice, as a program designed to provide a caring environment for the terminally ill, began in England in the 1950s with Dame Cecily Saunders, who was a social worker who became a physician. The concept reached the United States only 20 years ago.

Question: *What are the advantages for some patients of a hospice program over other care?*

Dr. Andrews: Hospice care puts energy and resources into tackling symptoms and keeping care home-centered. The traditional approach would be more institutional care and more use of interventions of one kind or another. Sometimes traditional care in a hospital is necessary for services that can't be provided at home.

Question: *What do hospices contribute to public health?*

Dr. Andrews: Death is going to happen to everyone of us, and how we die needs to be addressed real-

"Often, I see too much decision making placed in the hands of the family."

—A. Thomas Andrews, MD

Basics of Hospice Care

- 24-hour staffing
- medical and nursing care
- home health services
- access to inpatient care
- social work services
- counseling, including bereavement counseling
- medications, medical supplies, and durable medical equipment
- physical, occupational, and speech therapy

Adapted from the "Harvard Health Letter," April 1993

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's endeavor to address public health needs, Keystones of Public Health.

istically. We can't always control what will happen, but we can try to make it better. People should die in comfort without anxieties about unresolved situations.

Question: *How do you feel about Dr. Kevorkian and his patients?*

Dr. Andrews: Over the years I have had mixed feelings. I believe in choice. On the other hand, dealing so frequently with terminally ill people, I don't see a need for a suicide choice. If you really pay attention to patients' needs, they won't want to take their lives. Some people are anxious to get it over with because they feel there is nothing left, but these are so very few.

Question: *What advice can you give to a physician who sees an unmet need for a hospice program in his or her community?*

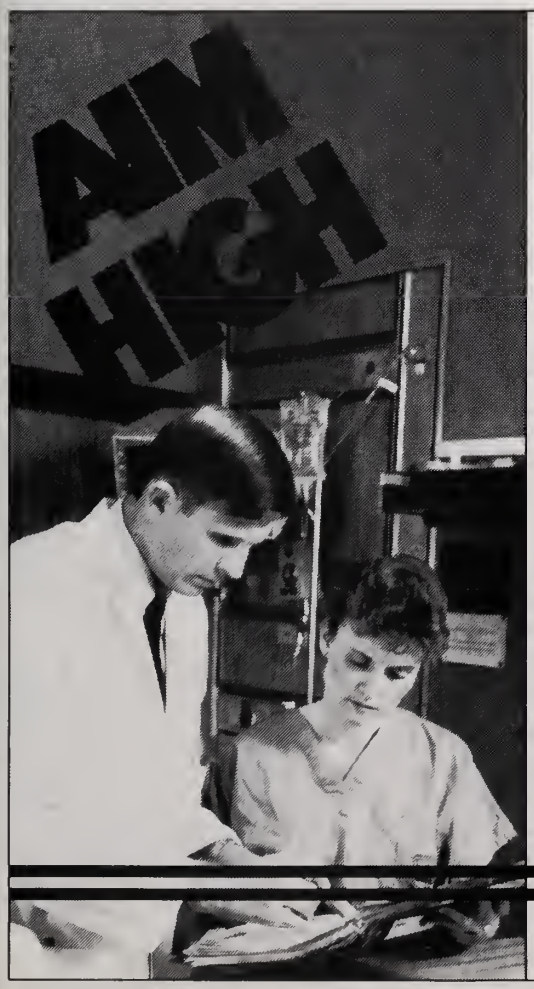
Dr. Andrews: First, be very interested in the idea. Second, enlist the aid of a major health care provider, which may be a hospital or a home nursing agency. Third, pull the community together to see if it can be done. In the 1970s, a group of nonphysicians in Harrisburg pulled together and called themselves Individuals Concerned with Care for the Dying. From there, Hospice of Central Pennsylvania was born in 1978.

Dr. Thomas Andrews (right) talks with his patient, Charles Harkins Sr., during rounds at the Hospice Center of Central Pennsylvania.

For More Information

The National Hospice Organization has a directory of hospices and a hotline for information. Write to:

1901 North Moore Street
Suite 901
Arlington, VA 22209
or call: (800) 658-8898



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How Are We Doing?

Pennsylvania Medical Society Publication Committee

Following a recent review of the efficiency and direction of this publication, the Society's board directed that a summary of an evaluation completed by the Publication Committee be made available to the entire membership. For new members, this is an explanation of this publication's purpose and form; for all members, this is an open accounting and request for comments.

The evolution of PENNSYLVANIA MEDICINE, though frustrating and controversial at times, has led to a news-oriented publication with new-age design—an overall product of which the Society's 19,000-plus members can be proud.

Purpose and form

PENNSYLVANIA MEDICINE and its companion monthly newsletter, *Executive Report*, are the Pennsylvania Medical Society's primary vehicles of communication with members. As we at the Society are well aware, physician workloads can be overwhelming, leaving little time to keep current on all the issues and changes occurring in the medical profession, including new laws and regulations which affect practice.

PENNSYLVANIA MEDICINE is charged with sifting through the continuous bombardment of information; compiling the news most important to Pennsylvania physicians and to Society members; and disseminating it in a logical, timely, and concise manner.

In simpler times—the '70s and early '80s, when the issues facing physicians were complex, but perhaps not quite so overwhelming or fast-moving—the magazine focused primarily on clinical features. During the '80s, sections devoted to State Society, regulatory, legislative, and membership news were developed and expanded.

However, the Society realized in the late '80s that the needs of the membership were rapidly changing and evolving. In 1991, a comprehensive revision of the graphic design and editorial content was begun. The goal was to better meet members' needs for quick-reading, concise text, while maintaining some familiar qualities from past years. But cost-efficiency and timeliness of communications were also factors in the decision to consolidate many of the Society's single-topic newsletters and other publications into the content of PENNSYLVANIA MEDICINE.

As part of the Society's "Plan for Revitalizing Communications," the PENNSYLVANIA MEDICINE redesign sought to strengthen its focus as a "news and issues" publication; develop a plan for "special issues" to include the membership directory, reports on activities of the board and the House of Delegates, and other single-focus issues; and create in-house design capabilities.

The objectives in the Society's revitalization plan came from a communications audit and from several meetings with Society leadership. Extensive research showed that member support of the redesign goals was already there. When the design proposal was presented to the Society's Committee on Long Range Strategy and Communications, the Publication Committee, the Finance Committee, the Board of Trustees and ultimately the House of Delegates, it was readily accepted.

Communications solutions

Topics covered monthly since the original redesign include medical economics, government, public health, practice management, and member and State Society news and issues. Scientific articles, a major part of the magazine in the past, are now published in abstract form.

Member-contributed opinion pieces in each issue include editorials by the medical editor and the president, letters to the editor, and the "Discharge Summary." Several other areas of interest—law and medicine, regulations, environmental medicine, medical student submissions and reports—are covered at intervals throughout the year.

Expansion into new topics is a continuing goal of the editors as they receive suggestions from the Society's councils, committees, and other entities, as well as individual members. Currently under consideration for 1994 are risk management, financial advice, biomedical ethics, drug education, and other issues.

Financial stability

The magazine is continually challenged in terms of budget, time, and other resources. The recession of 1992 took its toll on advertising income, which had been declining for several years due to economic conditions and loss of pharmaceutical advertising support.

Use of a magazine format serves one primary purpose: advertising support. In 1988, at the peak of advertising income, PENNSYLVANIA MEDICINE production costs were entirely offset by advertising income ($368,000). Even though income has declined since then, the magazine continues to be the most cost-efficient vehicle for dissemination of Society communications because of this revenue source. The average annual income of the publication during the past five years has been approximately $300,000.

While advertising promotion is a continuing priority, the publication has also sought cost efficiency through technological sophistication. Simultaneously with the introduction of the redesign in 1991, a "desktop" computerized publishing system replaced former reliance on graphic design vendors. In addition to realizing thousands of dollars in production savings for the magazine, this system has also produced cost savings and speedier response for numerous other Society projects and documents.

The Publication Committee's report concluded, after analyzing several alternatives, that PENNSYLVANIA MEDICINE, as a non-profit, educational magazine, is not only the most cost-effective, but also the most flexible means of dissemination of information to the Society membership. Everything from short news bites to in-depth analyses to editorials and essays can be incorporated into its pages, supplemental materials can be inserted or packaged with it, and advertising can be promoted to support production costs.

The committee concluded that the cost-effectiveness of any non-profit publication lies in its replacement value through other communications means, and its ultimate impact on Society image and member satisfaction.

We Value Your Opinion

We need your comments and suggestions. This publication is designed to meet your—our members'—needs. Please take the time to complete this informal survey and return it to: Managing Editor, PENNSYLVANIA MEDICINE, 777 East Park Drive, Harrisburg, PA 17105. Fax No: (717) 558-7840.

1. On average, how much time do you spend reading an issue of PENNSYLVANIA MEDICINE?.
   - ☐ More than an hour—read cover to cover
   - ☐ 30 minutes—skim headlines/contents, read some articles
   - ☐ 15 minutes—skim headlines, skim articles
   - ☐ None or very little—skim cover and contents only

2. After reading or skimming, what do you do with your copy?
   - ☐ Pass it on to colleagues
   - ☐ Save it for a short time
   - ☐ Pass it on to staff
   - ☐ Discard it
   - ☐ Other_____

3. Which regular departments do you find most interesting or useful? (Please rank your first five choices):
   - __ Medigram
   - __ Editorial
   - __ President's Page
   - __ Letters to the Editor
   - __ Government/Regulations
   - __ Medical Economics
   - __ Policy Briefs
   - __ Medical Abstracts
   - __ Practice Management
   - __ Newsfronts
   - __ Newsmakers
   - __ Discharge Summary
   - __ Public Health
   - __ Other_____

4. What past feature topics have interested you?

   _____

5. What future feature topics would interest you?

   _____

6. How strongly do you agree with this statement: This publication is a valuable member benefit.
   ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

7. How can PENNSYLVANIA MEDICINE be improved to better serve your professional needs?

   _____

   _____

   _____

8. How often do you read Classified Advertising in PENNSYLVANIA MEDICINE?
   ☐ Frequently ☐ Occasionally ☐ Never

9. Have your ever responded to an advertisement in this publication?
   ☐ Yes ☐ No

10. How long have you been a Society member?
    - ☐ Less than 5 years
    - ☐ 11-20 years
    - ☐ 5-10 years
    - ☐ More than 20 years

11. How would you describe your practice?:
    - ☐ Solo
    - ☐ Group
    - ☐ Partnership
    - ☐ HMP/PPO employee
    - ☐ Hospital employee
    - ☐ Academic
    - ☐ Government or military
    - ☐ Full-time
    - ☐ Part-time

12. What is your primary specialty?_____

PHYSICIANS ALERTED TO NEW POLIO OUTBREAK

The Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health (DOH) are notifying physicians nationwide of a new development in the polio outbreak that began in the Netherlands in fall 1992.

An isolation of wild poliovirus type 3 recently found in Canada in an unimmunized religious group was genetically the same as that found in the cases of polio in the Netherlands in the late '70s. Though no related cases have yet been reported in the U.S., Ann M. Shemo, DO, MPH, director, DOH Division of Communicable Disease Control and Surveillance, says, " The medical community needs to again be placed on alert."

"We are requesting that [physicians] consider polio in your differential diagnosis," she adds, "especially in a clinically compatible case that may have had contact with Canadians in and around Alberta or any member of an unimmunized community."

DOH suggests that physicians attempt to immunize their unimmunized patients, and notify the department immediately of cases or if they encounter any immunization barriers. For immunization schedules or additional information, physicians should call the local health department or DOH at (717) 787-5681.

HIV AND AIDS IN RURAL PENNSYLVANIA

Editor's note: The following is excerpted with permission from the newsletter of the Center for Rural Pennsylvania, March-April 1993.

The HIV/AIDS epidemic is becoming a significant health care issue for rural and urban areas of Pennsylvania. According to Pennsylvania Department of Health statistics, the reported number of AIDS cases in the commonwealth as of March 2, 1993, was 7,515 with 50 percent being diagnosed outside of the Philadelphia epicenter.

The demographic characteristics of AIDS victims vary. People with AIDS east of Harrisburg are more likely to be racial and ethnic minority members, women, and IV drug users. Those in western Pennsylvania are predominately white homosexual men. The numbers of pediatric, heterosexual, and injection drug users are significantly increasing.

Since HIV infection is not reportable in the state, it is difficult to estimate the number of persons with HIV infection alone. Using Centers for Disease Control and Prevention (CDC) estimates, there are approximately 70,000 individuals with HIV infection in Pennsylvania. Women are the fastest growing group of persons acquiring HIV infection.

Local access to primary health care physicians is critical for all residents, particularly those infected with HIV.

Rural AIDS patients may generate concerns for health care providers: the providers may have limited experience in caring and organizing needed support services for HIV-infected persons.

In rural areas, physicians usually provide primary care and refer patients to specialized care and tertiary care centers. However, a 1988 Center for Rural Pennsylvania study showed that there were only two-thirds as many primary care doctors per 1,000 population in rural counties as in the state as a whole.

Linda Frank, PhD, MSN,
Assistant Professor
University of Pittsburgh

HIV/AIDS Resources

The *Pennsylvania AIDS Education and Training Center (PA AIDS ETC)* has been serving as an educational resource for health care professionals across the state. The program—partially supported by the State Society—offers symposia, cluster training, clinical mini-residencies, and on-site consultation. For information, call (412) 624-1895.

The *Pennsylvania HIV Mental Health Project* also makes available for rural health professionals training that addresses the clinical management of HIV disease. For information, call (412) 624-9378.

Also, for members' information, the Society is currently developing, in conjunction with the Pennsylvania Department of Health, a series of AIDS education workshops for school administrators, teachers, and school nurses.

INSTITUTE LAUNCHES TB TREATMENT STUDY

The National Institute of Allergy and Infectious Diseases has launched the first large U.S. study to assess tuberculosis (TB) treatment strategies for persons infected with both TB and HIV.

Investigators anticipate enrolling as many as 650 HIV-infected persons with active TB in the study, which will evaluate the benefits of adding a new drug for TB, levofloxacin, to the usual four-drug therapy used in areas where TB organisms are commonly resistant to one or more anti-TB drugs. People who live where drug-resistant TB is not common may also enroll in the trial and will receive the standard four-drug regimen only, including isoniazid, rifampin, ethambutol, and pyrazinamide.

For additional information about enrollment, site location, and eligibility requirements for this and other AIDS clinical trials, call (800) TRIALS-A, Monday through Friday, 9:00 a.m. to 7:00 p.m. EST.

DOH OFFERS LOAN REPAYMENT PROGRAM

The Pennsylvania Department of Health (DOH) is operating a newly authorized Primary Health Care Practitioners Loan Repayment Program to improve the recruitment and retention of health care providers in underserved areas of Pennsylvania.

The program—open to physicians board eligible/board certified in the specialties of family practice, general internal medicine, general pediatrics, obstetrics/gynecology, or osteopathic general practice—is offering a limited number of loan repayments in return for service at non-profit, community-based, or hospital-based primary care centers located in designated Health Professional Shortage Areas.

Loan repayments will be based on total medical school indebtedness as follows: first year of service—15 percent up to $9,600; second year of service—20 percent up to $12,800; third year of service—30 percent up to $19,200; and fourth year of service—35 percent up to $22,400. Each physician would be required to serve at least three years.

For additional information about the program and application packets, call DOH at (717) 787-4366.

OBITUARIES

David J. Cohen, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1937; age 81, died May 18, 1993. Dr. Cohen was a general practitioner.•

Lawrence W. Dibert, MD, *Williamsburg*
University of Pittsburgh, 1945; age 81, died May 11, 1993. Dr. Dibert specialized in occupational medicine.•

William L. Dyson, MD, *Pine Valley, NJ*
University of Pennsylvania School of Medicine, 1941; age 77, died May 12, 1993. Dr. Dyson was a psychiatrist.•

Harold H. Evans, MD, *Mifflinburg*
Hahnemann University School of Medicine, 1940; age 79, died May 15, 1993. Dr. Evans was a general practitioner.•

Joseph L. Farace, MD, *Bangor*
Thomas Jefferson Medical College, 1931; age 87, died April 16, 1993. Dr. Farace was a general practitioner.•

Louis G. Feo, MD, *Pacific Grove, CA*
University of Pennsylvania School of Medicine, 1935; age 83, died May 18, 1993. Dr. Feo was a urologist.•

H. Franklin Flanagan, MD, *Philadelphia*
Hahnemann University School of Medicine, 1925; age 92, died May 10, 1993. Dr. Flanagan was an ophthalmologist.•

Terry Langer, MD, *Philadelphia*
Harvard Medical School, 1965; age 52, died May 4, 1993. Dr. Langer was a cardiologist.•

Joseph F. Morrison Sr., MD, *Mountaintop*
Temple University School of Medicine, 1938; age 82, died May 8, 1993. Dr. Morrison was an ophthalmologist.•

Ralph W. Morrison Jr., MD, *Johnstown*
University of Pittsburgh School of Medicine, 1952; age 68, died May 17, 1993. Dr. Morrison was a family practitioner.•

Paul M. Nase, MD, *Telford*
Hahnemann University School of Medicine, 1931; age 89, died April 17, 1993. Dr. Nase was a general practitioner.•

Augustin R. Peale III, MD, *Norristown*
Temple University School of Medicine, 1933; age 84, died April 18, 1993. Dr. Peale was a pathologist.•

Anthony F. Riofski, MD, *Wilkes-Barre*
Indiana University, 1930; age 86, died March 31, 1993. Dr. Riofski was an allergist.•

Marvin Bookbinder, DO, *Slippery Rock*
Philadelphia College of Osteopathic Medicine, 1950; age 70, died April 22, 1993. Dr. Bookbinder was a general practitioner.

Girgis G. Bishara, MD, *Broomall*
University of Cairo, Egypt, 1951; age 71, died April 24, 1993. Dr. Bishara was a general practitioner.

Edwin S. Carlin, MD, *Solebury*
Age 74, died April 5, 1993. Dr. Carlin was an industrial physician.

Salim Genc, MD, *McVeytown*
University of Istanbul, Turkey, 1954; age 68, died April 28, 1993. Dr. Genc was an orthopedic surgeon.

William K. Gorham III, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1953; age 66, died April 30, 1993. Dr. Gorham was a general surgeon.

Gerald T. Humma, MD, *Greencastle*
Temple University School of Medicine, 1956; age 62, died May 2, 1993. Dr. Humma was a general practitioner.

Joseph H. Stewart Jr., DO, *Waynesboro*
Philadelphia College of Osteopathic Medicine, 1943; age 80, died April 27, 1993. Dr. Stewart was a general practitioner

• Denotes membership in the Pennsylvania Medical Society at the time of death.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased. Send your tax-deductible memorial gift to The Educational and Scientific Trust of the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

No Will? Meet Your Executor: The Judge!

More than half of the adults in this country have no will! If you should die without a will or other court recognized document, the state's intestacy laws would apply and the (one-size-fits-all) will contained in that law would dispose of your assets.

The court will divide your estate among your nearest relations who may or may not receive what you wish for them ... or what is best for them (minor children).

Meanwhile, the special people you wanted to help may be denied and the charitable institutions you intended to support will be shut out. To illustrate the importance of a will, we offer you the free pamphlet, **How to Make a Will That Works.**

To receive your copy of the free pamphlet, **How to Make a Will That Works,** clip and send this coupon to Bob Lamb, Planned Giving Officer, The Educational and Scientific Trust, 777 East Park Drive, Harrisburg, PA 17105 or call 1-800-228-7823.

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Understanding the Impaired Medical Student

Judith S. Samkoff, MD, ScM

Medical students encounter some of the stressors of their chosen profession even before receiving their medical degree, and unfortunately they sometimes turn to alcohol and drugs as an escape. This article outlines the stressors of medical school and their impact on students, and offers resources to avoid becoming a victim of impairment.

With entry into medical school, the medical student begins the process of identifying with the medical profession, assuming the privileges of physicianhood, and acquiring the tools of the trade—those that are learned as well as those that are bought at the bookstore. Along with the privileges and skills, the medical student takes on several responsibilities of the profession, such as putting the patient's well-being above other considerations, practicing skillfully, and modeling a healthy lifestyle. It is these responsibilities the impaired medical student is unable to fulfill.

Because we are socialized as doctors to be outwardly unemotional, negative feelings remain denied and repressed, making them inaccessible to constructive reflection. But that does not mean these feelings don't affect us and those around us. Indeed, they surface as low self-esteem, poor interpersonal relationships, and inappropriate chemical use. We are encouraged to be independent and discouraged from seeking help for ourselves.

Physician impairment can be defined as a situation in which personal problems such as chemical dependency, emotional disorders, or physical disability interfere with a physician's ability to function in his or her personal and professional life.[1] Although chemical dependency and emotional illness are frequently not recognized until the physician is established in his or her career, the seeds of this bitter fruit are often visible to the knowledgeable observer at the earliest stage of medical training.

Which of us cannot recall a classmate in medical school who routinely drank alcohol to the point of stupor, or one with an eating disorder? Medical school curricula may or may not teach students about emotional and chemical dependency disorders, but it is safe to say that medical education is not, by itself, a cure for these diseases.

Dealing with early career stressors

Why do we see physician impairment as early as the medical school years? Medical school, in case you've forgotten, is highly stressful. Students gain entrance by being exceptional, but they are generally unprepared to find themselves suddenly ordinary students, struggling to keep up with the never-ending onslaught of new information. They usually have not had the need to develop mechanisms to cope with failure, uncertainty, and other hazards of medical education.

> *"We are encouraged to be independent and discouraged from seeking help for ourselves."*

In addition, alcohol and other drug use has become a social norm for many young people. Many students enter medical school using alcohol and other drugs recreationally, so it is not surprising that some extend their chemical use into a means for coping with stress. Donovan and colleagues indicate that drinking behavior is moderately stabilized by the college years and that half of men defined as prob-

Dr. Samkoff is staff epidemiologist and assistant clinical coordinator of the Keystone Peer Review Organization, and epidemiologic consultant to the Physicians' Health Programs of the Society's Educational and Scientific Trust.

lem drinkers at that time are also problem drinkers six years later.[2]

Besides looking for a high grade point average, admissions committees tend to select students who are dedicated, persevering, perfectionistic, and apparently psychologically stable. They also value participation in extra-curricular activities. Most medical school admissions committee members are physicians themselves, so they like to hear from applicants that pursuing a career in medicine is the most important and desirable thing in the world. In moderation, these are traits and attitudes that characterize a successful physician. But in excess, they can lead to functional impairment of the medical student and later of the physician.

Dedication can turn into a one-track obsession with the medical career. Perseverance can become rigid preservation. Perfectionism can lead to unreasonable expectations of one's performance, culminating in the "MDeity syndrome." The importance of maintaining the image of psychological stability discourages medical students from seeking psychological help until and unless a crisis occurs.

Psychological outlets are lost

The extracurricular interests that made the applicant so attractive—the musical virtuosity, the athletic prowess, the community involvement—frequently cannot be maintained under the time and emotional pressures of medical education. These are valuable outlets for stress and for expression of individuality; their loss leaves the student more psychologically vulnerable. Even if extracurricular activities are maintained, it is often at the expense of interpersonal relationships. Just keeping up with curricular requirements can cause the student to isolate himself or herself, impairing his or her ability to acquire a social support system and straining existing relationships.

When the medical career is overly idealized by the first-year student, the letdown can be jarring when he or she learns how much memorization, scutwork, and workplace politics are involved. During the clinical years, the student is introduced to the harsh realities of medical training in the person of the overworked, sleep-deprived, frequently angry and cynical intern. This raises doubts about the choice of a career at a point when students believe it's "too late" to modify their career plans, that their future course in medicine is all but inevitable. This double bind is a source of anxiety, anger, and sadness for which many medical students do not have adequate coping skills.

Abuse by the system begins

Research has shown that medical students perceive mistreatment by faculty and house staff to be pervasive.[3] In one study conducted at a major medical school, 81 percent of seniors reported being abused sometime during their medical education, and most felt the abusive incident(s) constituted a major trauma to them. More than one-third of third-year medical students surveyed by Sheehan and colleagues had considered dropping out of medical school because of the abuse, and one-fourth reported that they would have chosen a different profession had they known in advance about the extent of mistreatment they would experience.[4]

The hazing of medical students is a source of stress that is as unnecessary as it is unconscionable. We expect that when legal limitations on the work hours and duties of house staff become the norm, residents, at least, will feel less need to vent their frustrations and anger on medical students.

Financing their medical education is a source of stress for most medical students. Eighty-one percent of 1989 graduates of American medical colleges were indebted at an average of $42,374.[5] This burden of debt is leading medical students away from primary care and into more lucrative specialties. Even in those fields, ongoing reforms in payment of physicians make repayment of student loans problematic, giving rise to a pessimistic view of the future on the part of medical students.

While female medical students are barely in the minority at most medical schools these days, they still suffer from a shortage of social support and role models as they struggle to adapt to the physician identity. Racial and sexual minority students may find themselves socially isolated and lacking role models, and the financial hardships of medical education are felt particularly keenly by students from economically disadvantaged backgrounds. When minority students run into trouble academically or personally, they may find themselves being "groomed for failure" by faculty and administrators who have negative expectations of them.

Over 60 percent of marriages involving medical students in the first three years of school end in divorce.[6] The number of non-marriage relationships that fail to

"It is estimated that 13 to 50 percent of medical students have psychological problems and may need psychotherapy."

survive the stress of medical school is unknown, but these couples may have an even harder time than married couples because they are less likely to have well-developed support systems.

Heavy toll on medical students

It is estimated that 13 to 50 percent of medical students have psychological problems and may need psychotherapy.[7] Reviews show that 15 percent of students seek psychiatric help, and 75 percent report they would seek help if they could be assured that it would not have a negative impact on their careers. Suicide is the second leading cause of death among medical students after motor vehicle accidents (some of which may be disguised suicides).[8] In a study by Clark and colleagues at one medical school, there was a highly significant increase in depression in the class as a whole over the four years.[9]

A number of studies have concluded that the rate of alcoholism in U.S. physicians is about the same as the rate of alcoholism in the socioeconomically comparable adult population (around 10 percent), but reliable data are hard to come by.[10] Most students entering medical school share in the all-too-prevalent "skid row" stereotype of the alcoholic, hardly a situation conducive to diagnosing one's own dysfunctional drinking as alcoholism.[11]

"Very few students who used chemicals believed that their use was a problem or that they needed help."

Clark and colleagues studied patterns of alcohol use of one medical school class, making repeated assessments starting with the first day of medical school and continuing until several months after graduation.[12] The authors found that male students drank more than female students at almost all assessment times, although the men curbed their drinking during the clinical years, and the women decreased their alcohol intake in the fourth year.

The authors of the study tentatively attribute this phenomenon to anticipatory role socialization, an adaptation to the demands of the clinical years and approaching physicianhood. Those students who fail to make this adjustment in their drinking patterns may constitute a group at particularly high risk of physician impairment later.

Eleven percent of students met investigator-defined criteria for excessive drinking for at least one six-month period. Eighteen percent were identified as alcohol abusers by Research Diagnostic Criteria during the preclinical years. Students who drank excessively were nearly twice as likely to report a parental history of alcoholism as the remainder of the class. Those who abused alcohol had better first-year grades and better overall scores on the National Board of Medical Examiners Part I test than their classmates. Drug abuse was positively associated with both excessive drinking and alcohol abuse, but the association with alcohol abuse did not reach statistical significance.

Baldwin and others surveyed students at 23 medical schools and found that 95 percent had used alcohol in the previous 12 months, 23 percent had used marijuana, 12 percent had used cocaine, and eight percent had used tranquilizers.[13] Use of marijuana and cocaine had declined in the year since a prior survey by the same authors. Fewer than two percent of students responding to the survey reported using amphetamines, barbiturates, LSD, or heroin.

When compared to high school students, college students, and young adults, medical students showed consistently lower use of chemical substances with the exception of alcohol and tranquilizers. Over 85 percent of medical students who used substances began using before they entered medical school. Only tranquilizer use was most likely to be initiated during medical school.

Ominously, 25 percent of survey respondents reported that they had driven "under the influence" in the past 12 months, and 45 percent indicated there was access to illegal drugs inside their medical institution. Very few students who used chemicals believed that their use was a problem or that they needed help.

Creating resources

While there is no magical cure or surefire prevention for medical student impairment, steps can be taken in medical academia to alleviate the problem. Small peer support groups with positive role models as group facilitators can dispel the sense of isolation typical of medical students in general and distressed students in particular.

Special interest groups for students would give those students a stronger base of support. Properly trained peer counselors matched by minority group status provide students with positive models of coping with the stresses of medical school, while support groups for partners of medical students provide a means to bolster the student's support system while allowing early identification of signs of impending impairment.

A Committee on the Well-Being of Students at each medical school could address topics that are sources of stress for

students, and would serve as the liaison between the medical school and the State Society's Physicians' Health Programs (PHP) through The Educational and Scientific Trust. If medical students are to learn to diagnose and treat physician impairment, they must learn about it just as they learn about heart disease and appendicitis.

Coombs and colleagues report on nine years experience with an intriguing seminar for premedical students at UCLA aimed at primary prevention of medical student and physician impairment.[14] The seminar is intended to foster realistic expectations and healthy emotional exploration.

The content of the seminar is approached in three ways. First, eleven classroom sessions cover the developmental stages of the medical career, including the topics of medical marriages and physician impairment. Second, each student is assigned a physician preceptor who exposes him or her to typical clinical situations, such as night call, surgery, and chronic illness. Third, students record and share their observations and feelings about one psychosocial aspect of being a physician.

Almost invariably, seminar participants experience a painful emotional letdown during the first few weeks of the course as cherished fantasies are exploded by sobering realities. But in both an anonymous course-end evaluation and a follow-up study, the seminar was given high grades by the students, who felt that their naive idealism had been replaced by informed, healthy enthusiasm. It will be interesting to follow these students through their medical careers, to see if the course has long-term benefit in preventing professional impairment.

Programs in medical academia for secondary prevention of medical student impairment are rare.

Finally, the full range of services of the PHP are available to medical students at any stage of medical training, including those who are taking time off from medical school because of impairment. The PHP has worked with over 30 medical students, most of whom were referred for chemical dependency. The program has also served medical students with emotional disorders and learning disabilities.

Today's impaired medical student, if unrecognized and untreated, has the potential to become tomorrow's statistic. If treated, he or she has the potential to become tomorrow's medical community leader. The PHP can provide the "glue" needed to keep the impaired medical student, the medical school, and the treatment team working together to achieve this goal.

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Recognizing, Avoiding Physician Burn-Out

The Health Care Group

Professional burn-out poses a potentially serious problem for many physicians. In addition to the intense demands made on physicians in their day-to-day practices, the nature of charting, peer review, and insurance oversight has become increasingly stressful, and the changes anticipated in coming years—while not specifically defined—are likely to make the practice of medicine even more complex.

As a result, many physicians are expressing a growing disaffection for their intense schedules—a surprising number of them want to slow down or even retire—while another growing segment may unknowingly be experiencing precursory symptoms of the "burn-down" syndrome, which can result in professional burn-out.

Doctors headed in that direction find themselves asking: "Do I really want (or need) to make this much money?" "Do I really have to see this many patients to practice successfully?"

"Will my spouse continue tolerating my work ethic?" "Will it soon be too late to help my kids grow up?" "Should I totally abandon my other personal goals I once considered important?"

These questions pose difficult issues that need to be resolved. For group practices, they put at risk the hopes for a stable, long-term future.

Issues to resolve

What can physicians do about the "burn-out" factor? First of all, recognize the phenomenon. If, on a recent vacation, a physician longed for a different life, and if that longing continues for a few weeks after returning to work, maybe it's time to seriously evaluate the issues.

It's important to distinguish whether this beginning stage, or "burning-down," is a result of *individual* or *environmental* factors. Some physicians may be predisposed due to personality, family history, and lifestyle. Through personal investigation, a physician can appraise his or her vulnerability to distress. A support group of similarly troubled physicians can help neutralize those dangers.

A second set of variables deals with *work-life factors*. Medical training reinforces perfectionism and individual achievement, thereby fostering compulsive and competitive behavior. The danger is that some young doctors try to control all aspects of their lives as a means of compensation.

Letting go of conflict is the best formula for success. Although this theory is refuted by many physicians, long hours, intense pressures, and a multitude of frustrations are realities. Therefore, creating awareness is necessary to prevent the loss of valuable colleagues.

Discovering that you are in the early stages of burn-down may help you decide on steps that would otherwise be unacceptable. Consider recruiting and hiring another physician sooner than planned. Despite a natural, often unfounded fear that a practice will not grow quickly enough to accommodate another member, maybe it's better to have some control in your personal life.

Solo practice considerations

Solo practitioners may consider altering their practice style. Look at staffing and use of personnel, especially paraprofessionals, that may help reduce office stress. Analyze coverage and call arrangements to relieve office-hour time and after-hour professional demands.

Changing professional scenery may also help. Institute new services, reduce the less attractive ones, and consider a move towards a different field.

Group practice considerations

For group practitioners, creating a healthy environment is an essential factor. Adopting "Principles of Practice" ("POP") is the way to accomplish that goal, according to John-Henry Pfifferling, MD, director of the Center for Professional Well-Being, Durham, North Carolina. This endeavor requires a commitment by the group to strive for a quality of life as an extended family, to see beyond the horizons of clinical success and monetary profit. By identifying and implementing "POP," these objectives serve as an organization vehicle for policy.

After developing "POP," evaluate the group's assets to see if they are compatible. A healthy critique of the practice should help create a consensus of the organization's values. Dr. Pfifferling suggests holding a retreat and perhaps inviting family therapists. Questions to help determine healthy practice features might address:

- *Group issues:* Is there a shared sense of responsibility? What are the organization's values that shape this responsibility? How do group members affirm and support one another?
- *Communication:* Is the atmosphere conducive to admitting mistakes? Does the practice foster clear and direct communication?
- *Territory:* Are members respectful of needs for privacy, comfort, and clear ownership and responsibility for areas such as technology?
- *Goal setting:* Does the group set realistic goals and, if so, are they achieved? How do members resolve conflicting goals?
- *Individualism:* Are partners and associates aware of each other's energizers and exhausters? Is support for and referral to a physician in accordance with his or her energizers (i.e., if a physician is interested or disinterested in adolescents, is this taken into account)?
- *Practice stressors:* How are the issues of overwork and work addiction addressed? Is successful confrontation of the issues shared among members?
- *Continuing education:* What criteria are used to allocate time and funds for continuing education? Is a member's career evolution taken into consideration when continuing education programs are supported?
- *Ancillary staff well-being:* Are the ancillary staff's needs met? Is everyone working together for an optimum practice? Is there an outlet for them to express their views?

One suggestion for a group practice is to create a sabbatical leave program.

Giving each member a special three- to six-month absence to delve into another activity may be just the way to "recharge one's batteries" for another few years. Group members are traditionally reluctant to adopt sabbatical programs when they already feel overwhelmed, but adding doctors may enable them to take the step. The anti-burn-down advantage—although difficult to quantify—may far outweigh the more visible disadvantages of having another partner. Or perhaps the group can rearrange daily work schedules so at least one partner can get home at a reasonable time a few days each week.

A stable, long-term future

Long-term health—whether of a solo physician, a group practice member, or a group itself—depends not only on having a balanced perspective, but on enforcing it.

Many doctors suffering from "burn-out" syndrome would prefer to stay in practice at a lesser pace, whether simply to step back from the hassles or to deflect some of their time elsewhere. Unfortunately, private practice does not easily afford these options.

The all-too-common solution for physicians is to quit cold turkey and embark upon an entirely new professional or business activity. Although the idea of career rotation has merit, early retirement is not the answer for many physicians.

The system should somehow accommodate a doctor who wants to practice effectively for 20 to 30 hours a week. Attaining that reduced work status means filling life with other activities, such as volunteer service; medical society service; or part-time careers in teaching, research, and administration. Also remember: family attention is important.

Burn-out and burn-down syndromes are a real concern for the medical community. This issue needs to be resolved, sooner rather than later, to maintain a continuing level of physician satisfaction.

The contributing authors, Leif C. Beck, LLB, CPBC, and Paul W. Smith, CPBC, are consultants with The Health Care Group, a medical practice management consulting firm based in Plymouth Meeting.

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NEWSMAKERS

Barbara Prendergast

Barbara Prendergast, 1987-88 president of the Pennsylvania Medical Society Auxiliary, has been nominated field director of the AMA Alliance for 1993-94.

John A. Burkholder, MD, chairman of the board, Allegheny County Medical Society, was interviewed in April by the Japan Broadcasting Corporation about Pennsylvania's coronary artery bypass graft surgery reports.

Pat Bruno, MD, Sunbury, represented the State Society at the first meeting of the Pennsylvania Medical Advisory Committee, a coalition of organizations headed by the Pennsylvania Coalition Against Domestic Violence.

Edward A. Lottick, MD, Kingston family physician and a delegate to the State Society's House of Delegates, received the 1993 John G. Clark Award for Distinguished Scholarship in Cultic Studies from the American Family Foundation.

William B. Harlan, executive vice president of the Medical Society of Milwaukee County, Wisconsin, former director of public relations of the Pennsylvania Medical Society, and former executive secretary of the Pennsylvania Society of Internal Medicine and the Dauphin County Medical Society, received the State Medical Society of Wisconsin's Directors Award for his years of service to the causes of organized medicine.

Robert S. Blockstein, MD, has been named president of the Pittsburgh Obstetrical and Gynecological Society.

Eugene A. Turchetti, MD, internal medicine specialist, has been elected president of Scranton's Community Medical Center medical staff.

F. William Sunderman, MD, PhD, director, Institute for Clinical Science, Pennsylvania Hospital, Philadelphia, received the Jacob Ehrenzeller Award from the Ex-Residents Association of the hospital for his outstanding contributions to the field of medicine.

Arnold Sokol, DO, chairman of general practice, Suburban General Hospital, Norristown, has been elected vice president of the Pennsylvania Osteopathic Medical Association (POMA). Also, **Jeffrey Brand, DO,** a general practitioner at the hospital, has been elected to POMA's executive committee.

William Hammer, MD, chairman of medicine, Chestnut Hill Hospital, Philadelphia, and **Raymond Rodriquez, MD,** cardiologist, have been elected to serve a three-year term on the new Chestnut Hill branch of the American Heart Association. Also at Chestnut Hill, **Lawrence A. Kerson, MD,** has been appointed chief of neurology, and **John Koltes, MD,** and **Michael Vergare, MD,** have been appointed co-chiefs of psychiatry.

Dr. Keenan

Mary Ann Keenan, MD, chairman of orthopedic surgery, Albert Einstein Medical Center, Philadelphia, has co-authored *Manual of Orthopedic Surgery for Spasticity*, a handbook detailing surgical procedures for limbs affected by spastic disease. Other authors include **Scott Kozin, MD,** clinical instructor of orthopedics, Temple University School of Medicine, Philadelphia, and **Anthony Berlet, MD,** Newark, New Jersey.

Barry Goldstein, MD, PhD, formerly assistant professor of medicine, Harvard Medical School, Cambridge, Massachusetts, has been named associate professor of medicine and director of endocrinology, metabolism, and diabetes, Department of Medicine, Thomas Jefferson University, Philadelphia.

Carey S. Goltzman, MD, Plymouth Meeting, has been named assistant professor of pediatrics and director, Division of Pediatric Critical Care Medical Services and Pediatric Intensive Care, Hahnemann University, Philadelphia.

A Nostalgia Trip: Has PRO Involvement Been "Worth It?"

Donald E. Harrop, MD

In his monthly column, the Keystone Peer Review Organization's president takes a look back at the past eight years of Pennsylvania's PRO contract and ponders "if it was all worth it" to Pennsylvania physicians.

I find it hard to believe that this month marks the anniversary of eight years of contracts between the Keystone Peer Review Organization (KePRO) and the Health Care Financing Administration (HCFA). I must confess that part of why this seems implausible is that it was less than a year before the organization was founded that I, as a member of the State Society's Board of Trustees, voted not to pursue a PRO contract.

I felt, as many of my colleagues on the board did at that time, that this would be a program designed only for the purpose of saving money at the expense of physicians and hospitals. It seemed more appropriate for the Society to take a position of advocacy and let some other entity do the dirty work.

"...yes, it was all worth the effort."

However, the more I considered this stance, the more I realized it would not be in the best interest of Society members, since it would leave us unaware of the philosophy or intentions of whatever unknown entity would eventually become the PRO in Pennsylvania. Ownership of the PRO by the Society would guarantee that there would be no hidden agendas and that, even though there was little opportunity for a PRO to institute much of its own methodology because of HCFA contractual obligations, the Society's leadership would at least have a strong voice in the ideology of the organization and would retain control over appointments to the Board of Directors.

Around the same time I was changing my mind about this, I suddenly found myself appointed president of this brand new Society subsidiary.

The original Board of Directors of KePRO, at incorporation and during preparation of the first proposal, was comprised of five members of the Society's board. We really didn't know much about dealing with a government agency such as HCFA as a contractor, but we did have some ideas about how a PRO could meet its contractual obligations and still be as painless as possible to those whose cases were to be reviewed.

From the very first meeting, we all seemed to agree on one fundamental principle that would remain the basis for KePRO's external relationships: to the greatest extent possible, there would be honest and open communications with all members of the health care community, but especially with those most directly affected by the PRO—the physicians and hospitals. We see this as the main reason why KePRO continues to have such an excellent relationship with the Hospital Association of Pennsylvania, even though in many states PROs and hospital associations are often adversaries.

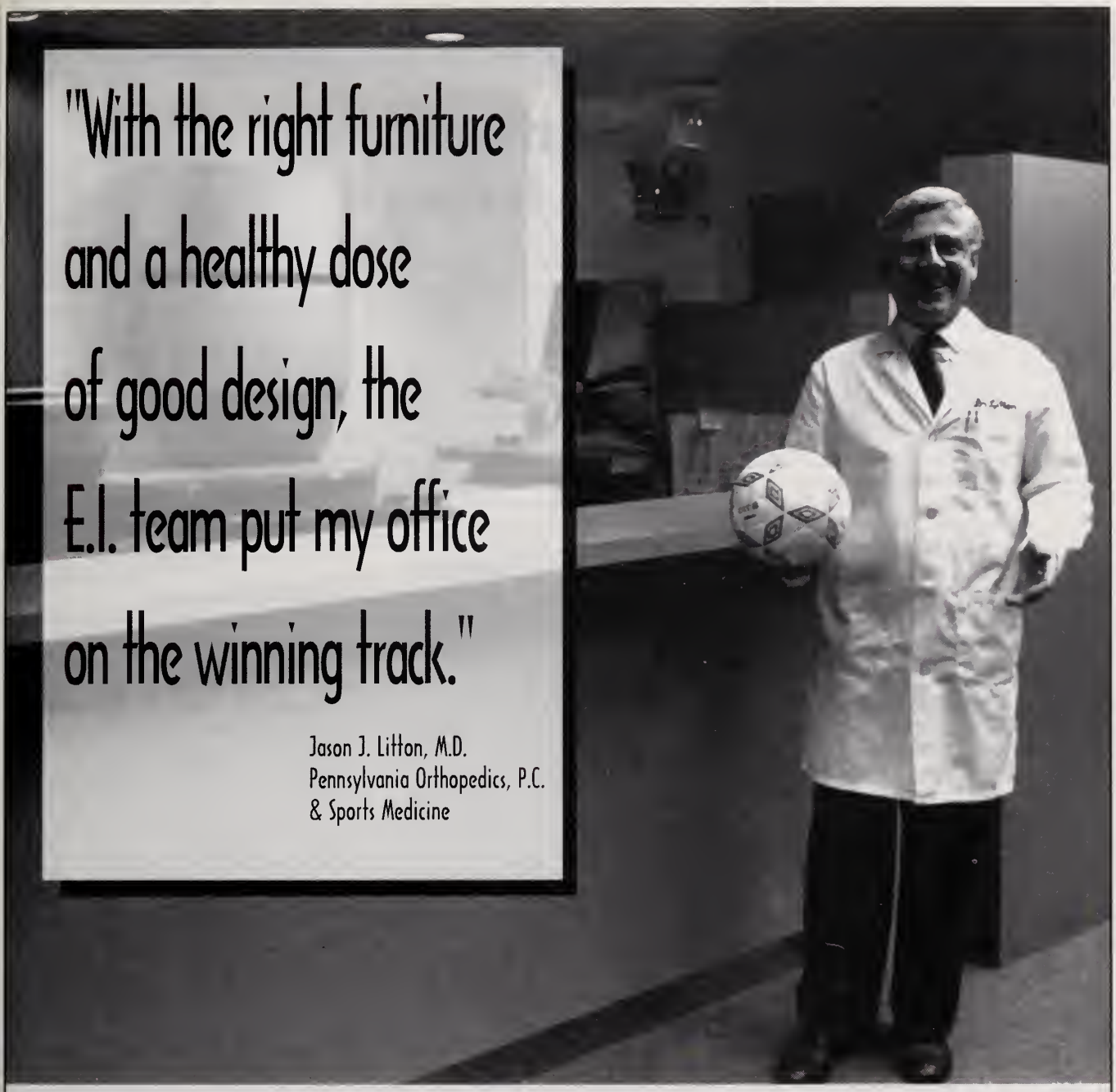
We have certainly seen many changes in the PRO program during the past eight years, some good and some questionable. For example, a very positive change was the gradual shift in emphasis from utilization controls to quality of care oversight.

On the other hand, there was the brief attempt by HCFA to mandate that PROs do preadmission/preprocedure review, which was scrapped in less than two years because it didn't accomplish much and resulted in a lot of heartburn. Other changes that occurred over the years also caused occasional grief, making me look back and ask myself if it was all worth the effort.

Now, just a few months into the Fourth PRO Scope of Work, we are encouraged by the most dramatic change to occur thus far—the change in direction of the program from punitive to educational. This makes me think that maybe KePRO had a part, no matter how small, in helping to bring about that change...and yes, it was all worth the effort.

Editor's note: For more information on the Fourth PRO Scope of Work, see the Peer Review features in the February, April, and May 1993 issues of this publication.

Dr. Harrop is president of the Keystone Peer Review Organization.



"They really listened and understood how to solve my storage and patient flow problems. E.I. kept the job on time and within budget. And *we* kept all of our appointments," says Dr. Litton.

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Vigilance Brings Victories on Economic Issues

Pennsylvania Medical Society efforts in dealing with regulators and third-party payers have paid off with "wins" for physicians in three specific and significant medical economic issues: Explanation of Medicare Benefit (EOMB) language, ERISA-exempt managed care plans, and psychiatric Medigap payments. These important victories for Pennsylvania physicians were possible only through the Society's continual vigilance and negotiations with these agencies.

EOMB language reinstated

Effective February 1, 1993, the Health Care Financing Administration (HCFA) mandated that Medicare remove existing language on the patient EOMB attempting to clarify how much the patient actually owed the physician. The EOMB—Medicare's notice to beneficiaries describing claim decisions—shows what physician services were covered, what charges were approved, and the amount owed by the patient.

The language was created in 1991 at the request of the Society and was necessary because of Pennsylvania's Health Care Practitioners Medicare Fee Control Act, which prohibits physicians in the state from balance billing Medicare patients. Without additional clarification, non-participating physicians who didn't accept assignment could be overpaid, thus violating the Pennsylvania balance billing law. The Society discussed with HCFA reconstitution of the original language, as well as modification of other statements to clarify how much the patient owes the physician.

In a letter to the Society dated March 26, 1993, HCFA agreed to require Medicare carriers in the six states with balance billing laws to put balance billing language back on the EOMB. Additionally, other EOMB messages have been modified to clarify the patient's payment obligations in balance billing states. Carriers were required to make these EOMB modifications by June 1, 1993.

DOH to oversee ERISA-exempt plans

In October 1992, the Society objected to a filing by Blue Cross of Western Pennsylvania (BCWP) and Pennsylvania Blue Shield for a designated gatekeeper preferred provider (PPO) organization product for ERISA-exempt/administrative services only (ASO) contracts in Pennsylvania. The state Department of Health (DOH) has not officially approved this type of delivery system for the state.

Three employers—Mellon Bank, PNC Bank Corporation, and Heinz Foods—contracted with BCWP and Blue Shield to begin this new program on January 1, 1993. This filing was placed on hold by DOH because it did not meet the quality assurance principles and grievance procedures of a joint policy statement developed by DOH and the Insurance Department to ensure certain standards would be met by HMOs, point-of-service products, and PPO products with primary care gatekeeper requirements.

The attorneys for BCWP and Blue Shield objected to DOH's refusal, stating they were exempt from review and the joint policy statement because of ERISA regulations. DOH's attorney interpreted the ERISA regulations as allowing them to have oversight of the *delivery* of services to subscribers in Pennsylvania, rather than which services would be delivered.

Arguments continued between the Blues and DOH until the department tentatively approved the start-up of these plans January 1, 1993, contingent upon the Blues establishing a quality assurance program and grievance procedure within 90 days consistent with the principles of the joint policy statement. In a letter to DOH, the Society's Council on Medical Economics supported DOH's quest to oversee the delivery of services to subscribers covered by ERISA-exempt plans.

The Blues gave in on this issue due to DOH pressure and Society support of the DOH position. On March 4, 1993, a new ASO contract between BCWP/Blue Shield and its clients was approved by DOH. This new contract clearly spells out that DOH has the right to oversee the delivery of services to subscribers under ERISA-exempt plans, incorporates the quality assurance provisions of the joint policy statement, and clearly identifies that an approved complaint/grievance resolution system be incorporated into each plan.

Because BCWP/Blue Shield is the largest insurer in the state, DOH is using this ASO contract as the blueprint for future ERISA/ASO contracts. The Society is preparing comments on two such filings currently outstanding.

Psychiatric Medigap corrected

Changes were implemented nationally and in Pennsylvania last August regarding policies covering Medigap insurance. The Society wrote numerous letters to the state Insurance Department to ensure that the department was aware of a federal mandate that, for outpatient psychiatric services, Medigap policies must cover the full 50 percent copayment amount, rather than the usual 20 percent.

The Society has learned that since August 1, 1992, Blue Shield's Medigap programs, "65 Special" and "Security 65," did not have the systems logic to calculate the 50 percent copayment amount. Together with the Psychiatric Physicians of Pennsylvania, the Society has corrected the situation. The systems logic to correctly calculate the 50 percent copay went into effect April 2 this year, and Blue Shield, at the Society's insistence, has agreed to identify all providers and patients who were paid incorrectly since August 1, 1992, and to pay monies due. Providers should not have to resubmit any claims.

BLUE SHIELD DEVELOPING NEW "TRADITIONAL" PLAN

Pennsylvania Blue Shield is developing a new traditional indemnity insurance plan known as Premier Blue. Implementation is planned for January 1, 1994; marketing is expected to begin this fall.

Joseph Ricci, MD, Blue Shield's senior vice president for professional services, outlined proposed aspects of the plan to Society leaders this

spring. Dr. Ricci said that if the Blues don't take immediate steps to comply with customer requests for selective contracting and fee schedule control, the company's traditional business programs will not exist in four years due to membership loss.

Blue Shield's current provider networks include traditional business, point-of-service plans, and HMOs. While these basic networks will continue, the Blues foresee some significant changes to the traditional business program. For example, while the traditional program involved all licensed MDs, the new program would involve selective contracting according to board certification or Category I CME credits, substance abuse problems, criminal felonies, utilization review data checks, and malpractice records. Dr. Ricci estimates this practice will eliminate approximately 10-15 percent of the existing Blue Shield provider network.

Second, while the old program relied on UCR payments, the new program will use UCR payments for evaluation and management (E/M) services, OB/GYN deliveries, and anesthesiology services, and RBRVS plus a percentage for all other services. E/M services, when performed by primary care specialties of family practice, general practice, pediatrics, or internal medicine, would receive an additional $2 per visit.

Third, the new program would pay for office visits and preventive services not covered under the old system. Like the old system, payment would go to the physician if he or she is participating and to the patient if not. Blue Shield has also said it will selectively contract with hospitals, chiropractors, podiatrists, and psychologists to be part of the network; closely scrutinize lab service reimbursement; and use a new medical review software known as ULTRA.

The Society is cooperating with Blue Shield's request for input into the development of Premier Blue.

MEDICARE TO DENY CLAIMS FROM NON-CLIA LABS

The Health Care Financing Administration (HCFA) has instructed Medicare carriers to deny claims from clinical labs that have failed to enroll in the Clinical Laboratory Improvement Act (CLIA) program. These denials are effective for claims processed on and after June 1, 1993, for services rendered on and after September 1, 1992.

Labs billing Pennsylvania Blue Shield for tests that are referred to other labs for analysis should be aware that if the reference lab does not have a Blue Shield provider number and/or a CLIA number, the claims for these services will also be denied. Further, labs may not bill the beneficiary for such denied services.

To obtain a CLIA certificate and number, or to resolve questions about CLIA certification, physicians should call (410) 290-5850. Labs that have received denials but that have obtained a CLIA number should mail a copy of their certificate to:

Pennsylvania Blue Shield
Medicare Staff Services
P.O. Box 890003
Camp Hill, PA 17089-0003

BLUE SHIELD CLAIM FORMS NO LONGER FREE

Pennsylvania Blue Shield as of July 1, 1993, is no longer supplying free continuous HCFA forms 1500A-C and 1500A-C1. Instead, the forms are available for a fee from the AMA at (800) 621-8335, Data Documents at (800) 999-1691, the Government Printing Office at (202) 783-3238, and Standard Register at (800) 544-0384, as well as other public and private suppliers. Physicians are advised to price compare before placing an order.

PPRC ANALYZES FIRST YEAR OF RBRVS

In its 1993 Annual Report to Congress, the Physician Payment Review Commission (PPRC) analyzed the first year of implementation of the Medicare resource based relative value scale (RBRVS) payment system. Examined are the Health Care Financing Administration's (HCFA's) baseline assumptions and financial impact on physicians, the 1992 refinement process, and the Medicare Volume Performance Standard.

PPRC findings show:

- HCFA's baseline assumptions caused the level of 1992 Medicare payments to fall by an average of three percent, not one percent as expected.
- HCFA's baseline adjustment for volume and intensity, which reduced 1992 payments by an average of three percent, was two percentage points too severe.
- Payment rates in 1993 were increased for evaluation/management (E/M) services by an average 3.4 percent; all other services experienced reductions, ranging from 0.8 percent for global surgical services to 4.4 percent for diagnostic procedures.
- Over two-thirds of physicians indicate an adequate understanding of the new E/M codes; only nine percent reported difficulty in choosing between two codes.

NATIONAL MEDICARE FRAUD ALERT ISSUED

The State Society received the following National Medicare Fraud Alert from Medicare's fraud and abuse information office:

A large, interstate, clinical laboratory recently entered into a settlement with the U.S. Attorney General to repay more than $100 million to the Medicare and Medicaid programs for submitting false claims. The scheme resulted in physicians ordering medically unnecessary services and involved Sequential Multi-Analysis Computer or SMAC (for 1987-1992, CPT codes 80002-80019 are applicable), HDL-cholesterol (lipid profile 80061, total cholesterol 82465), and Serum Ferritin tests (82728).

The scheme was as follows: When a physician ordered SMAC, the lab would also perform and bill the physician a nominal amount for the HDL-cholesterol test. If the physician objected, the additional charge would be dropped. New physician clients were told the test was free. The lab did not inform the physicians that it was billing insurers, such as Medicare, for the test ($18 for SMAC, $16 for HDL-cholesterol).

The lab then revised its pre-printed test ordering form, changing the item SMAC to Health Survey Profile, which consisted of both SMAC and the HDL-cholesterol test. Thus, whether the HDL-cholesterol test was medically necessary or not, the physician was induced to order it.

Subsequently, the lab added the Serum Ferritin test to its Health Survey Profile at an additional $16 charge to insurers. Again, a nominal charge to physician clients was waived if the physician objected.

In 1988 Medicare paid the lab about $500,000; by 1990 Medicare was paying the lab $31 million.

For further information, call Ludmilla Selkirk, National Fraud Alert, at (916) 896-7055.

Number of Women MDs, DOs Continues to Grow

While overall graduation statistics from the state's eight medical schools did not change from 1992, there is good news for women: the number of female graduates—which has remained constant since 1990 at about 35 percent—grew this year to 40 percent, or almost 500 of this year's 1,222 MD and DO recipients.

While the percentage of women graduates continues to vary by school, the numbers rose across the board. For example, last year a low of 24 percent was reported by the University of Pittsburgh. Though Pitt again reported the lowest percentage this year, that number has risen seven percentage points to 31 percent. Also, last year's high of 49 percent at the Medical College of Pennsylvania (MCP) was replaced this year by an impressive 53 percent at Temple University.

Graduation ceremonies were held between May 15 and June 6 at various locations in Philadelphia and Pittsburgh. The following is a wrap-up of each school's ceremonies, including the number of graduates, speakers, honorary degree recipients, and other statistics.

University of Pennsylvania

Hillary Rodham Clinton made headlines with her visit to the University of Pennsylvania's graduation ceremony, May 17, on campus in Philadelphia. She spoke of idealism and, in response to racial tensions that divided the campus, urged the graduates to "find a way to celebrate our diversity and debate our differences" throughout their lives.

In a separate diploma ceremony later that day, P. Roy Vagelos, chief executive officer, Merck & Co., spoke to the 160 MD recipients.

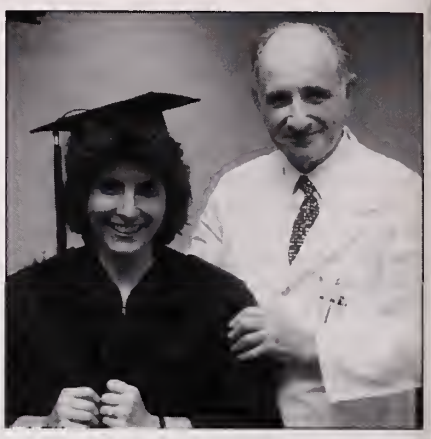
University of Pittsburgh

Selected by the 125 graduates, three University of Pittsburgh professors spoke at the School of Medicine's 1993 commencement, held May 24 at the Carnegie Music Hall, Oakland.

Henry Bahnson, MD, professor of surgery, presented the main address; Carl Fuhrman, MD, associate professor of radiology, offered closing remarks; and Kenneth Schuit, MD, associate professor of pediatrics, led the recitation of the "Geneva" version of the Hippocratic Oath. The class consisted of 86 men and 39 women.

Temple University

Temple University School of Medicine honored 167 graduates at its 89th Commencement on May 21 at the Academy of Music, Philadelphia. Leon S. Malmud, MD, senior vice president, Temple University Health Sciences Center, and chief executive officer, Temple University Hospital, presented the commencement address.



Hohnemann University graduate Roselle Dogostino Mesmer (left) is congratuloted by her mentor, Stanley K. Brockman, MD, professor ond choir of cordiothorocic surgery. After undergoing heart surgery ot Hahnemonn, performed by Dr. Brockmon, Mesmer switched careers ond groduoted from the medicol school with honors. She will return to Hohnemonn for o residency in internol medicine with plons of becoming o cordiologist.

University of Pittsburgh groduotes Gregory ond Geaffrey Bisignoni (left ond right) shore o joyful moment with Joan Horvey, the School of Medicine's ossociote dean for student offairs. While Greg will remoin ot Pitt's medicol center for o residency in orthopedic surgery, Geoff will head to Penn State's Milton S. Hershey Medicol Center for o preliminary residency in surgery ond urology.

Temple's Class of 1993 included 88 women and 79 men. The women constituted 53 percent of the class, the highest percentage among Pennsylvania's eight medical schools.

Philadelphia College of Osteopathic Medicine

Allan S. Noonan, MD, MPH, secretary of Pennsylvania's Department of Health, received an honorary degree and delivered the commencement address June 6 during the 102nd graduation of the Philadelphia College of Osteopathic Medicine (PCOM), the nation's largest osteopathic medical college.

In his address, Dr. Noonan discussed Pennsylvania's primary care physician shortage and stressed the need for primary care providers. He also outlined the state administration's efforts and the Department of Health's priorities to the year 2000.

Senator Vincent J. Fumo (D-Philadelphia) was also honored at the commencement, held at the Academy of Music. Receiving DOs were 114 men and 77 women.

Penn State's College of Medicine

Richard Seltzer, MD, surgeon, author, and eminent figure in medical humanities, delivered the

address at the 23rd commencement exercises of Penn State's College of Medicine at The Milton S. Hershey Medical Center. The ceremony was held May 16 at Founder's Hall on the campus of the Milton Hershey School. Dr. Seltzer's address was entitled, "Reflections on Doctoring."

Ninety-nine students received medical degrees at the ceremony. The number of graduates, which continues to rise each year, is up six percent from 1992 figures. Women comprised 37 percent of the class, and students ages 28 and over comprised 19 percent of the class.

Medical College of Pennsylvania

During its 141st commencement ceremony on May 15, the Medical College of Pennsylvania (MCP) graduated 104 physicians, including 54 men and 50 women. Ceremonies were held May 15 at the Academy of Music, Philadelphia.

In his keynote address, Jeremiah Barondess, MD, professor emeritus of clinical medicine at Cornell University Medical College and president of the New York Academy of Medicine, discussed how current changes in health care will affect the graduates' medical careers.

Four honorary degrees were awarded during the ceremony: Dr. Barondess received the doctor of medical science degree; Teresa Heinz, wife of late Senator John Heinz, received a doctor of humane letters; Harriet Dustan, MD, received a doctor of medical science; and Ruth Hayre, PhD, received a doctor of laws.

STATS

More than 77 percent of the nation's 2,589 family practice residencies will be filled this year, up from a low of 65 percent in 1991.

Source: National Resident Matching Program

Jefferson Medical College

Two hundred and eight students—142 men and 66 women—received medical degrees from Thomas Jefferson University on June 4 at the Academy of Music.

Honorary degrees were presented to George D. Lundberg, MD, editor-in-chief of scientific publications at the AMA and editor of *JAMA*; and Francesco Antonio Manzoli, MD, general director of the Istituto Superiori di Sanita, Italy's highest health organization.

Hahnemann University

Gail R. Wilensky, PhD, former White House advisor on health care and welfare, received an honorary degree and presented the keynote address at Hahnemann's graduation on May 28 at the Academy of Music.

Dr. Wilensky received the honorary doctor of humane letters degree in recognition of a professional career that spans 25 years of health care policy analysis, management, and university-level teaching. Also honored with a doctor of science degree was Theodore Woodward, MD, professor emeritus at the University of Maryland School of Medicine and one of the most distinguished figures in academic medicine in the U.S.

A total of 96 men and 72 women received medical degrees during the ceremony, a slight increase from last year's total of 163 graduates.

THE CHANGING TIDES OF MEDICINE

Editor's note: Harry Shubin, MD, a specialist in internal medicine in Philadelphia, offers the following—originally presented at his 55th reunion of the Temple University School of Medicine Class of 1937—for consideration by this year's medical graduates.

I would like to briefly reminisce about my generation's medical training. Without modern technology or drugs, our professors taught us how to use our natural senses—our eyes, nose, hands, and ears—as well as our brains. Further, a good relationship with our teachers helped us achieve a more personal interest in our patients.

As students, we were taught to take complete histories and thorough physical examinations using the instruments available at that time, which were not as sophisticated as those available today. However, I learned to examine the chest; to recognize breath sounds, rates, cardiac sounds, rhythm, and murmurs; to check various reflexes, from eyes to toes...all "hands on," which fostered a superior patient relationship. Using x-rays, EKGs, and lab studies—at a lower level of technology than available today—we established a list of possible diagnoses, met with staff, and finalized the diagnosis with indicated management, which included TLC (tender loving care).

Today, according to the College of Physician Observers, residents whisper among themselves in front of a patient, forget to use proper drapings, close the door when examining patients, or, unsure of how to tell a family about a patient's death, simply leave a message on the families' answering machine. I've heard today's residents are too busy to take complete histories or do complete examinations, and they use subspecialties with present-day technology to diagnose. I call it "robot medicine."

The "art" of medicine can and should co-exist with the "science" of medicine. Today's physicians have the advantage of wonderful, complicated technological advances—but ask yourself if your real interest in a patient is the *person* or the *disease*.

The "practice" of medicine had been a profession—now it is a business. Your generation can be the robots controlled by the government. Or, with your extensive training, you can be a human being to all your patients. In my time, we were happy, and we loved our practice. Do you?

With best wishes from a still-practicing old timer.

SOCIETY SPONSORS REGIONAL TOWN MEETINGS

The Pennsylvania Medical Society in May sponsored regional town meetings in Philadelphia and Harrisburg, giving members the opportunity to voice their concerns to organized medicine's leaders on important health care issues.

State Society leaders fielding questions at both meetings included: Donald G. Ferguson, MD, Society president; John W. Lawrence, MD, chairman of the board; Victor F. Greco, MD, vice chairman of the board; and Roger F. Mecum, executive vice president. Also, Daniel H. Johnson Jr., MD, speaker of the

Carl A. Frankel, MD, Dauphin County, questions Society leaders about young physician issues at a Society-sponsored regional town meeting held in Harrisburg in May.

AMA house, lent his national expertise at the Philadelphia meeting; Martin A. Murcek, MD, Society president elect, participated on the Harrisburg panel; and George R. Fisher III, MD, First District trustee, participated in Philadelphia.

Members' questions addressed their ongoing concerns about health system reform and the Society's efforts, as well as internal issues. A contingent of young physicians at the Harrisburg meeting spoke of the issues they face—what the Society's role is in the future of medicine, how to better educate young physicians about current issues, what activities would be more interesting to young physicians, and how they can get more involved in the Society.

A third town meeting is scheduled for September 23 at the Airport Hilton Inn, Pittsburgh. To register, call the Society's Department of Meeting Services at (800) 228-7823, extension 267.

CONFERENCE PROMOTES HEALTHY LIFESTYLES

There is mounting evidence that health promotion programs conducted by schools, hospitals, businesses, industries, and agencies may offer benefits not only for employees, but for families, schools, and communities as well. It is also recognized that well-planned programs have the potential to encourage adults, youth, and children to establish healthy lifestyle practices that reduce health risks.

With that in mind, the Keystone Health Promotion Conference was developed several years ago to provide participants with an opportunity to experience, examine, and evaluate the components of comprehensive health promotion programs. The seventh conference—sponsored in part by the State Society, along with other state and regional health-related organizations—was held June 21-25 at Susquehanna University, Selinsgrove.

Highlighting the conference each year are round-table discussions that allow participants to exchange ideas on a variety of topics. This year, 18 such discussions were offered on such topics as fundraising, projects that cost $0, planning a health fair, creating a wellness library, policies that initiate healthy behaviors, internal and external publicity, and community resources.

Also, a number of workshops and a keynote presentation were offered daily. Keynote speakers discussed total wellness; the healing/relieving power of laughter; the personal awareness and people skills; approaching wellness through optimism, respect, and trust; and the relationship between change and wellness.

COUNTY NEWS

ACMS EFFORTS ADDRESS REFORM, PUBLIC HEALTH

The Allegheny County Medical Society (ACMS) was busy this spring with several projects related to health system reform and public health.

Paul D. Fuchs, MD, a family practitioner and geriatrics specialist, was one of several Allegheny County Medical Society members who volunteered to answer questions during a one-and-a-half hour television program on elder abuse aired throughout Pennsylvania in May.

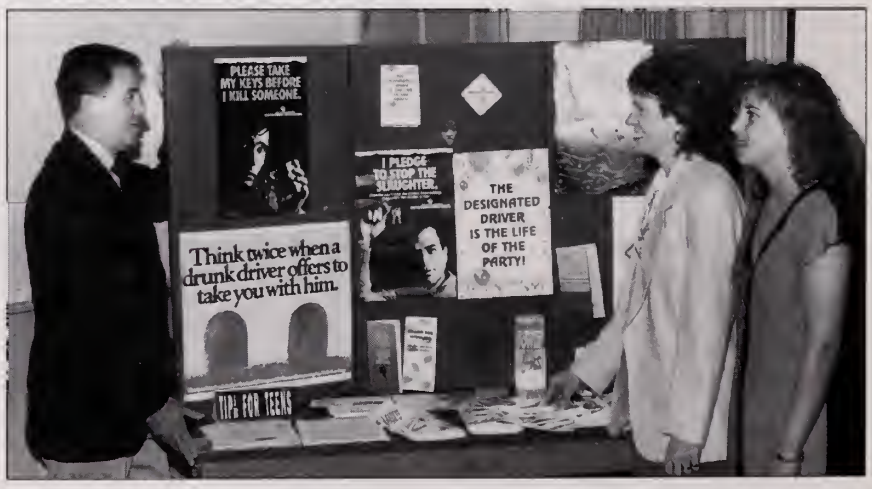
"America Close Up"

Television journalist Robert Bizel and the NBC Nightly News crew visited Pittsburgh in April to film a special on why physicians chose primary care or a specialty as their career. Interviewed for a segment on the program's "America Close Up" series on the health care revolution were ACMS members James W. Boyle, MD, an internist, and Stanley M. Marks, MD, an oncologist/hematologist.

Also interviewed were students from the University of Pittsburgh School of Medicine and the Pennsylvania College of Medicine.

At left: The Montgomery County Medical Society (MCMS) and the Montgomery Bar Association teamed up for an annual medical-legal seminar, "Hospital Staff Privileges and Credentialing," held in May at MCMS headquarters in Norristown. Speakers included (seated left to right): Wendy Maneval, Esq., and Thomas Dent, MD. Alan L. Darian, MD (standing), moderated the seminar.

Below: MCMS, at its May membership meeting, displayed information from the county's "Drinking and Driving" program, jointly supported by the county society, the county health department, and the district attorney's office. Pictured (left to right) are: Michael D. Marina, district attorney; Roberta L. Schneider, MD, MCMS president; and Gina Luellas, county health department representative.



The special aired on NBC Nightly News on May 3.

Elder abuse intervention

Why does elder abuse happen? What are the signs? And where can someone go to seek help? These questions and more were answered by ACMS physicians during a one-and-a-half hour television program on the subject originated in Pittsburgh at PBS station WQED-TV and aired throughout the state on May 21.

County society volunteers representing family practice, psychiatry, cardiology, internal medicine, and geriatrics, along with other health care professionals, fielded approximately 1,000 calls from Pennsylvania, New Jersey, Ohio, and West Virginia. Each caller was offered a free guide to understanding the problem and a statewide resource list for help.

Sober celebrations

ACMS and Mt. Lebanon High School teamed up to provide an educational program on the physical and legal effects of alcohol. The May 19 program, produced by the school's television production students, was developed to discourage students from drinking during prom night.

ACMS President Elect Lee H. McCormick, MD, a family practitioner and addictions medicine specialist, and Deputy District Attorney Joel Kaufmann fielded questions from the studio audience of senior students. Footage of questions from students in other television production classes was also shown.

The program was broadcast into the high school's two cafeterias and throughout the south suburbs of Pittsburgh via cable channel 19. It was rebroadcast the week of May 24 to coincide with the senior prom.

County societies or physicians interested in more information about these and other ACMS programs should call ACMS directly at (412) 321-5030.

LEADERSHIP CONFERENCE AUDIOTAPES OFFERED

Audiotapes of presentations from the Society's 1993 Leadership Conference, "Time to Lead: A Clarion Call," held in Harrisburg in April are available by individual session or as a complete 10-session set with storage album.

For additional information and an order form, refer to the June issue of *Executive Report* or call the Society's Division of Communications and Public Affairs at (800) 228-7823.

SPECIALTY SOCIETY NEWS

THORACIC SOCIETIES TO MEET IN PHILADELPHIA

The joint scientific session of the Pennsylvania and New Jersey Thoracic Societies and the annual membership meeting of the Pennsylvania Thoracic Society will be held September 10-11, 1993, at the Hotel Atop the Bellevue, Philadelphia.

Session topics will include ARDS, acute lung injury, ventilation, sleep apnea, thoracoscopy, and tuberculosis. Category I CME credits are available.

For more information, call Charles J. White, executive director, American Lung Association of Pennsylvania, at (717) 540-8506.

GASTROENTEROLOGY MEETING IN FALL

The Pennsylvania Society of Gastroenterology will hold its annual meeting in September at the Hyatt Regency Pittsburgh. The meeting will kick off September 9 with a brief membership meeting, and a welcome reception and dinner. Scientific sessions will be held from 8:00 a.m. to 12:00 noon, September 11 and 12.

In addition to a symposium on GI motility disorders, the meeting will feature an update on chronic hepatitis B and C, an overview of the latest developments in health system reform, and a panel discussion with representatives of the Pennsylvania Bar Association. Other attractions will include golf, a group tour of Pittsburgh, and dinner and jazz at the Duquesne Club on Saturday evening.

For additional information or to register, call Kathy York at (800) 228-7823 or (717) 558-7750.

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Pennsylvania—Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 99431, Pittsburgh, PA 15233-0431.

General internist—Immediate opening available for dynamic BC/BE physician to join well-established internal medicine practice in southwestern Pennsylvania. Salary negotiable with option for eventual partnership. Benefit package $10,000. Pension plans. In-house laboratory and x-ray facilities. Excellent opportunity. Reply Box 345, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Pocono Mts. area—Northeast Pennsylvania busy family practice looking for BE/BC family practitioner. No OB; active hospital practice; partnership possibilities. Skiing, boating, hiking within 5 miles. 90 minutes from Manhattan and Philadelphia. Please send CV to: Monroe Family Practice Assoc., 1803 W. Main, Stroudsburg, PA 18360; (717) 421-0170.

Immediate position—Part-time BC/BE internist. Southwestern Pennsylvania (suburb of Pittsburgh); ideal position for female physician desiring to raise a family and practice medicine. Modern new facility, x-ray, lab. Salary negotiable. Box 366, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Pittsburgh, Pennsylvania—Penn Group Medical Association (PGMA), a 100-physician multi-specialty group practice affiliated with the largest HMO in Pittsburgh, is seeking BE/BC physicians in: family practice, internal medicine, pediatrics, ob/gyn, and psychiatry. We are formally affiliated with major teaching hospitals and leading community hospitals in Pittsburgh. PGMA serves eight ambulatory care centers, all conveniently located near cultural, educational, recreational, and corporate activities. Excellent salary, fringe benefits, and incentives. For confidential consideration contact: Angela Lascola, HealthAmerica, 5 Gateway Center, Pittsburgh, PA 15222, or call collect (412) 553-7502.

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Physician Wanted—Part-time BC/BE internist to perform hospital rounds for 2 Philadelphia area internists. Flexible office hours with opportunity for growth. Send CV to Box 389, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Emergency Department Physician—BE/BC, EM, IM, Gen. Surg., FP. Pittsburgh area; salary $177,000. CV to Jules Ehrenberg, E.J. Michaels, 1865 Palmer Avenue, Larchmont, New York 10538, call me at (914) 833-1700, toll-free outside the New York metropolitan area at 1-800-333-2999; fax your CV to (914) 833-1711.

Physician wanted—Radiation oncologist board certified, full-time or part-time for free standing cancer center in suburban Pittsburgh. Please inquire Box 388, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

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Radiologist (Pittsburgh & Suburbs)—Board certified radiologist for large, diverse, and progressive radiology group. Multiple hospital and private office locations. All modalities. Attractive salary and benefits. Send CV to Joseph A. Marasco Jr., MD, Almar Radiologists, Inc., 777 Penn Center Blvd., Suite 330, Pittsburgh, PA 15235.

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General internist to join 3 physician group in Berks County. BC/BE. Affiliated with teaching hospital. Send CV to Box 385, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

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Practice Wanted—Experienced physician 16 years in practice wants to buy practice consisting mostly of accident and personal injury cases and some general/family practice in Philadelphia, Delaware, Montgomery, and Chester Counties. Please call (215) 236-3558 or (215) 236-5481.

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Internal Medicine	Central, PA	$ 700,000
Gynecology	New Jersey Coast	$ 500,000
Ophthalmology	Indiana	$ 650,000
Ophthalmology	Michigan	$ 700,000
Ophthalmology	Charlotte, NC	$ 600,000
Ophthalmology	Bucks County	$ 400,000

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Medical Assistants: The "Girl Friday" of the '90s

Charlene A. Kellerman, CMA

In today's health care climate—with advances in medical technology, changes in health care delivery systems, burdensome state and federal regulations, third-party payers, and medicolegal issues—physicians should be keenly aware of the need for trained, qualified, competent, and professional staff members.

Several years ago, a staff member who was up-to-date on the issues, and able to handle several or all at once, was known as a "Girl Friday." Today, these same individuals are known as medical assistants, defined as multi-skilled health care professionals.

Many medical assistants are now trained in schools accredited by the AMA's Committee on Allied Health Education and Accreditation (CAHEA). CAHEA accreditation insures top-level education in the field and signifies that the institution has met the required standards in many areas, including curriculum review.

Graduates of CAHEA-accredited schools, or those individuals who have worked in a medical assisting capacity full time for one year, are eligible to sit for the certification examination. Candidates successfully completing the exam earn the credential Certified Medical Assistant or CMA. With recertification required every five years, CMAs are known as health care's most versatile professionals.

In an effort to keep medical assistants, both certified and noncertified, up to date in the various areas of medicine and health care, several options are available through a tri-level professional organization.

On the national level, the American Association of Medical Assistants (AAMA) provides bi-monthly journals with continuing education articles and other information pertinent to the medical assisting field. AAMA also hosts an annual convention offering continuing education and the opportunity to network with colleagues from throughout the U.S.

On a state level, the Pennsylvania Society of Medical Assistants (PSMA) provides medical assistants with educational opportunities, as well as with an award-winning journal. PSMA's Continuing Education Board sponsors two to three educational seminars per year, and the annual state convention provides another means of education and networking for Pennsylvania's professional medical assistants. The journal, *Pennsylvania Medical Assistant,* published three times per year, updates members on state health care issues within the state.

On a local level, several counties in Pennsylvania have component county chapters within PSMA, often sponsoring monthly educational sessions and business meetings. It is the local chapters from which the state and national organizations evolve.

Medical assistants provide the link between physician and patient, whether it is through first office contact, in a clinical setting, through insurance and billing, or through the many other capacities in which they serve. The more educated and knowledgeable professional medical assistants are, the more likely they are to communicate effectively with both the patient and physician, and represent the office in a positive and professional light.

Membership in PSMA will help ensure that physicians' practices are staffed with individuals who are dedicated to their work, professional at all times, and skilled and knowledgeable about the medical field and the ever-changing world it encompasses.

For additional information about the Pennsylvania Society of Medical Assistants, contact the author at (814) 864-0170.

Ms. Kellerman is president of the Pennsylvania Society of Medical Assistants.

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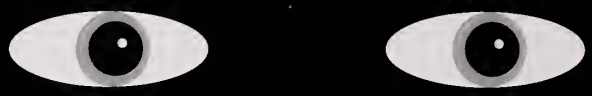

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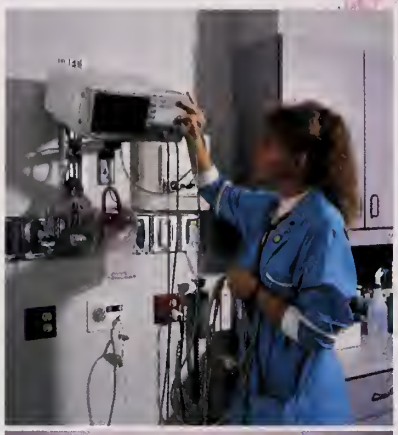

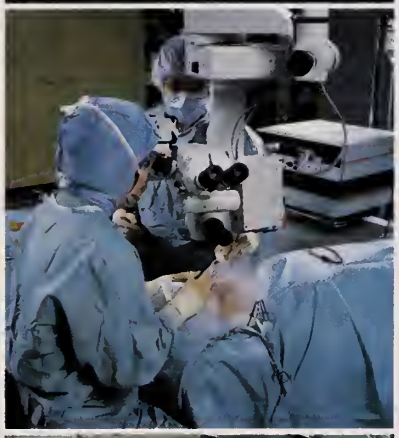

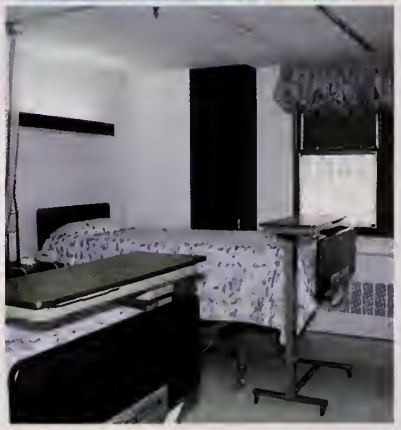

A quick glance at the photos on this page shows that we've added sophisticated equipment and state-of-the-art procedures; however, they can never replace the emotional support, understanding and compassion we show each and every one of our patients.

Technology fo saving life... Tenderness fo healing...

Two interwoven themes characterize St. Joseph Hospital' holistic approach to medical care. One is a commitment t state-of-the-art technology, advanced treatment and new medi cations, as well as an efficient physical plant.

The other theme is an emphasis on establishing an institu tional culture where empathy and tenderness are acknowledge as some of the most powerful and effective of all medicines The result is a superlative quality patient care environment, a St. Joseph Hospital continues its 119-year old tradition o crucial service to the Berks County community. The Pennsyl vania Healthcare Cost Containment Council has recognized u as one of the low-cost providers in the state.

More specifically, as part of the hospital's vision for th future, named Project XXI Century, we have installed leading edge equipment such as the Siemens Somatom Plus Whol Body Scanner, an M2-2 Linear Accelerator, a digita electroencephalogram, and new surgical procedures an equipment.

Corridors and patient rooms are being refurbished t reflect comforting, soft blue, gray, and mauve tones. Extensiv renovation has taken place in the Emergency Care Unit that ha ultimately resulted in a greatly expanded work area and a muc improved flow of patients through this unit. The animated brightly colored wrap-around mural of a tropical seascape i our Pediatric Unit will help ease the anxiety of youngsters.

St. Joseph Hospital is proud of being approved by the stat to expand our cardiac program to include open heart surgery. Consequently, we will remain at the forefront in the diagnosis and treatment of cardiac disease.

But in tandem with the impressive physical advances of ou hospital, we encourage all our personnel to expand and cultivate their own gifts of human caring, concern, and compassion. In turn, our institutional culture recognizes the professional commitment, goals, and dignity of every individual staff member of St. Joseph Hospital.

Ultimately, we believe that the high quality of patient care associated with St. Joseph Hospital stems from our recognizing the important and delicate balance between the tangible and intangible facets of patient-focused care.

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For more information, contact the Office of Continuing Education at 215-762-8263.

SEPTEMBER 1993

SEPTEMBER 8th
An Internist's View of Stroke
Edward Cooper, M.D.
Professor of Medicine
Hospital of the University of Pennsylvania, Philadelphia

SEPTEMBER 15th
Healthcare Policy: The Clintons and the AMA
Richard Corlin, M.D.
Vice Speaker, House of Delegates
American Medical Association
Santa Monica, CA

SEPTEMBER 22nd
Catecholamines in Critical Illness
Bart Chernow, M.D.
Professor of Medicine, Anesthesia, and Critical Care Medicine, Johns Hopkins School of Medicine, Physician-in-Chief Department of Medicine, Sinai Hospital, Baltimore, MD

SEPTEMBER 29th
Optimizing Antianginal Therapy
Elliot Rapaport, M.D.
Professor of Medicine, William Watt Kerr Professor of Clinical Medicine, University of California/San Francisco

OCTOBER 1993

OCTOBER 6th
Pulmonary Enzymatic Deficiencies (Cystic Fibrosis)
Edward L. Schulman, M.D.
Associate Professor of Medicine, Physiology, and Biophysics
Director, Division of Allergy, Critical Care, and Pulmonary Medicine, Hahnemann University

OCTOBER 13th
Hirsutism
Leslie I. Rose, M.D.
Professor of Medicine
Director, Division of Metabolism and Endocrinology, Hahnemann University

OCTOBER 20th
Myocardial Ischemia
William Frishman, M.D.
Professor and Associate Chairman, Weller Hospital of the Albert Einstein College of Medicine
Bronx, NY

OCTOBER 27th
Recent Therapeutic Developments in Magnesium Therapy of Diabetes, Hypertension, and Myocardial Infarction
Joseph DiPalma, M.D.
Emeritus Professor of Pharmacology
Hahnemann University

NOVEMBER 1993

NOVEMBER 3rd
Asthma/Sinusitis
David M. Lang, M.D.
Assistant Professor Medicine
Director, Allergy/Immunology
Co-Director, Allergy and Asthma Center, Division of Allergy, Critical Care, and Pulmonary Medicine, Hahnemann University

NOVEMBER 10th
Management of Thoracic Aortic Aneurysm
Leonard S. Dreifus, M.D.
Professor of Medicine
Director, Division of Cardiovascular Diseases
Hahnemann University

Stanley K. Brockman, M.D.
Professor and Chairman
Department of Cardiothoracic Surgery, Hahnemann University

Krishnaswamy Chandrasekaran, M.D.
Associate Professor of Medicine
Director, Cardiac Ultrasound, Division of Cardiovascular Diseases, Hahnemann University

NOVEMBER 17th
Dermatology
Speaker to be announced

NOVEMBER 24th
No Grand Rounds—Holiday

Wednesday Medical Seminar Series

8:30 a.m. to 3:30 p.m.

SEPTEMBER 22
Advance in Critical Care Pharmacotherapy
Course Director:
Harold L. Paz, M.D.

OCTOBER 6
Pulmonary Enzymatic Deficiencies (Cystic Fibrosis)
Course Director:
Edward L. Schulman, M.D.

OCTOBER 27
Magnesium: The Forgotten Electrolyte
Course Director:
Joseph R. DiPalma, M.D., Ph.D.

NOVEMBER 3
Asthma/Sinusitis
Course Director:
David M. Lang, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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Saturday & Sunday
August 28 & 29, 1993
Hershey, PA

Diagnosis & Management of Aortic & Arterial Aneurysms
Wednesday
September 8, 1993

Advanced Trauma Life Support Provider Courses (ATLS)
September 10 & 11
OR
November 12 & 13, 1993
January 14 & 15
OR
March 11 & 12, 1994

Advanced Cardiac Life Support Renewal Courses
Wednesday
September 15, 1993
OR
Saturday
October 30, 1993

Pediatric Advanced Life Support Courses (PALS)
September 23 & 24
OR
October 14 & 15, 1993
April 14 & 15
OR
April 28 & 29, 1994

Annual Cardiology Seminar
Wednesday
September 29, 1993

Pediatric Advanced Life Support Renewal Courses
Wednesday
September 6, 1993
OR
May 11, 1994

7th Annual Horizons in Cardiac Rehabilitation
Friday
October 8, 1993
Danville Days Inn

Update in OB/GYN
Friday
October 22, 1993
Danville Days Inn

Focus on Sports Medicine
Wednesday
October 27, 1993

Prevention of Renal Failure
Wednesday
November 3, 1993

Pediatric Update
Thursday
November 11, 1993

Annual Emergency Medicine Seminar
November 19-21, 1993
Outer Banks, NC

Advanced Cardiac Life Support Instructor Course
Friday & Saturday
November 19 & 20, 1993

19th Annual Concepts in Clinical Practice
February 11-13, 1994
Danville Days Inn

12th Annual Winter CME Festival
February 16-19, 1994
Stouffer Hotel, Valley Forge

Advanced Cardiac Life Support Renewal Course
Wednesday
February 16, 1994
OR
Wednesday
May 18, 1994

Contemporary Issues in Internal Medicine
Wednesday
March 2, 1994

Advanced Cardiac Life Support Provider Course
March 4-6, 1994

Cutaneous Surgery
Friday & Saturday
March 18 & 19, 1994

Advances in Dermatology
Wednesday
April 6, 1994

Annual Rheumatology Seminar
Wednesday
April 13, 1994

Annual Thoracic Medicine Seminar
Wednesday
April 20, 1994

Annual Mental Health Seminar
Friday, April 22, 1994

8th Annual Sight Loss Support Group Meeting
Wednesday
May 4, 1994
Danville Days Inn

Please check each specific flyer as it arrives for starting time, location, number of credit hours, and types of credit. Programs may be cancelled due to insufficient registration. If not pre-registered, please call to confirm the program.

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Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, the Geisinger Clinic designates these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, at 1-800-272-6692. There is a 24-hour answering service available. You may also write to her at North Academy Avenue, Danville, PA 17822-1350.

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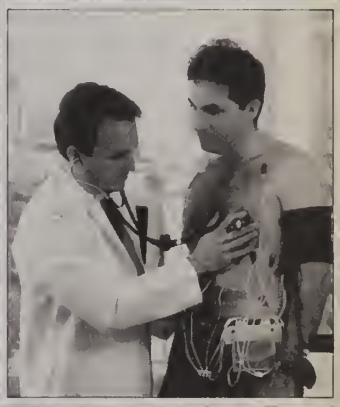

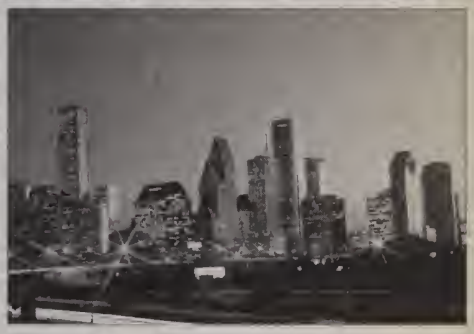

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"The Cardiac Surgery Experience at Lancaster General Hospital"

ROMAN W. DeSANCTIS, M.D.
Professor of Medicine, Harvard Medical School Director, Clinical Cardiology, Massachusetts General Hospital
"The Office Management of Ischemic Heart Disease"

W. PROCTOR HARVEY, M.D.
Professor of Medicine, Georgetown University
"Cardiac Pearls"

PETER O. KWITEROVICH, JR. M.D.
Professor of Pediatrics and Medicine, Johns Hopkins University Medical School Director, Johns Hopkins University Lipid Clinic
"Lipids: The Role of Lipoprotein Metabolism in the Pathogenesis of Coronary Artery Disease, Diagnostic and Therapeutic Considerations."

JAMES D. MALONEY, M.D.
Professor of Medicine, Baylor College of Medicine
"Arrhythmias in Office Practice (A Fib, SVT, non-sustained VT), Diagnostic and Therapeutic Considerations"

FRANZ H. MESSERLI, M.D.
Professor of Medicine, Tulane University School of Medicine Director, Clinical Hypertension Laboratory, Ochsner Clinic
"New Approaches to the Management of Hypertension"

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•1929	William T. Sharpless, MD	Chester County
•1930	Ross V. Patterson, MD	Philadelphia County
•1931	William H. Mayer, MD	Allegheny County
•1932	Charles Falkowsky Jr., MD	Lackawanna County
•1933	Donald Guthrie, MD	Bradford County
•1934	Moses Behrend, MD	Philadelphia County
•1935	Alexander H. Colwell, MD	Allegheny County
•1936	Maxwell Lick, MD	Erie County
•1937	Frederick J. Bishop MD	Lackawanna County
•1938	David W. Thomas, MD	Clinton County
•1939	Charles H. Henninger, MD	Allegheny County
•1940	Francis F. Borzell, MD	Philadelphia County
•1941	Lewis T. Buckman, MD	Luzerne County
•1942	Robert L. Anderson, MD	Allegheny County
•1943	Augustus S. Kech, MD	Blair County
•1944	William Bates, MD	Philadelphia County
•1945	William L. Estes Jr., MD	Northampton County
•1946	Howard K. Petry, MD	Dauphin County
•1947	Elmer Hess, MD	Erie County
•1948	Gilson Colby Engel, MD	Philadelphia County
•1949	E . Roger Samuel, MD	Northumberland County
•1950	Harold B. Gardner, MD	Allegheny County
•1951	Louis W. Jones, MD	Luzerne County
•1952	Theodore R. Fetter, MD	Philadelphia County
•1953	James L. Whitehill, MD	Beaver County
•1954	Dudley P. Walker, MD	Northampton County
•1955	Robert L. Schaeffer, MD	Lehigh County
•1956	Elmer G. Shelley, MD	Erie County
•1957	John W. Shirer, MD	Allegheny County
•1958	John T. Farrell Jr., MD	Philadelphia County
1959	Allen W. Cowley, MD	Dauphin County
•1960	Thomas W. McCreary, MD	Beaver County
•1961	Daniel H. Bee, MD	Indiana County
•1962	W. Benson Harer, MD	Delaware County
1963	Wilber E. Flannery, MD	Lawrence County
•1964	Richard A. Kern, MD	Philadelphia County
1965	William B. West, MD	Huntingdon County
•1966	J. Everett McClenahan, MD	Allegheny County
•1967	John H. Harris, MD	Dauphin County
1968	George E. Farrar Jr., MD	Philadelphia County
1969	William A. Barrett, MD	Allegheny County
1970	William A. Limberger, MD	Chester County
1971	George P. Rosemond, MD	Philadelphia County
•1972	Robert S. Sanford, MD	Tioga County
•1973	Ralph C. Wilde, MD	Allegheny County
•1974-75	A. Reynolds Crane, MD	Philadelphia County
1976	David S. Masland, MD	Cumberland County
1977	William J. Kelly, MD	Allegheny County
•1978	John V. Blady, MD	Philadelphia County
1979	John B. Lovette, MD	Cambria County
1980	Matthew Marshall Jr., MD	Allegheny County
1981	Leroy A. Gehris, MD	Berks County
1982	Raymond C. Grandon, MD	Dauphin County
1983	Michael P. Levis, MD	Allegheny County
1984	John Y. Templeton III, MD	Philadelphia County
•1985	D. Ernest Witt, MD	Columbia County
1986	R. William Alexander, MD	Berks County
1987	R. Robert Tyson, MD	Philadelphia County
1988	Donald E. Harrop, MD	Chester County
1989	Gerald L. Andriole, MD	Luzerne County
1990	J. Joseph Danyo, MD	York County
1991	Gordon K. MacLeod, MD	Allegheny County
1992	Robert N. Moyers, MD	Crawford County
1993	Donald G. Ferguson, MD	Allegheny County

• Deceased

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OFFICIAL CALL TO 1993 MEETING

The 1993 annual meeting of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Hershey Lodge and Convention Center, Hershey, Pennsylvania, on Friday, October 22, at 10:00 a.m. The second session of the House is scheduled for Saturday, October 23, at 1:00 p.m., and the concluding session is Sunday, October 24, at 9:30 a.m.

ELECTIONS

In accordance with Chapter XII, Section 1 of the Bylaws of the Pennsylvania Medical Society, the following nominations and/or elections will be in order. Nominations for AMA delegates will be in order at the first session on Friday morning, October 22, 1993, and elections will occur on Saturday morning, October 23, 1993. Nominations for all other offices will be in order at the second session, Saturday afternoon, October 23, 1993, and elections will occur on Sunday morning, October 24, 1993.

General officers to be elected are a vice president, a speaker of the House of Delegates, and a vice speaker of the House of Delegates.

In accordance with Chapter XIV, Section 5 of the Bylaws, elections will be in order for a trustee for the Second District to succeed John W. Lawrence, MD, Delaware County, who is eligible for reelection; a trustee for the Fourth District to succeed Frederick G. Brown, MD, Montour County, who is eligible for reelection; a trustee for the Fifth District to succeed Herbert C. Perlman, MD, Cumberland County, who is eligible for reelection; a trustee for the Eleventh District to succeed Ferdinand L. Soisson Jr., MD, Cambria County, who is eligible for reelection; a trustee for the Resident Physicians Section to succeed Daniel S. Henriksen, MD, who is eligible but is not seeking reelection; a trustee for the Young Physicians Section to fill the vacancy created by the resignation of Richard J. Greco, MD; and a trustee for the Medical Student Section to succeed Rebecca L. Kunkel, who is not eligible for reelection.

In accordance with Chapter X, Section 1 of the Bylaws, elections for delegates and alternate delegates to the American Medical Association are in order. In accordance with Standing Rule Number 10 (adopted October 22, 1982), elections for delegates will be held on Saturday morning, October 23, 1993, and elections for alternate delegates will be held on Sunday morning, October 24, 1993.

Delegates whose terms expire December 31, 1993, are:

1. Donald C. Brown, MD (Westmoreland County)
2. Ronald J. Clearfield, MD (Westmoreland County)
3. Donald G. Ferguson, MD (Allegheny County)
4. George R. Fisher III, MD (Philadelphia County)
5. Robert L. Lasher, MD (Erie County)
6. William H. Mahood, MD (Montgomery County)
7. Robert N. Moyers, MD (Crawford County)
8. Lewis T. Patterson, MD (Dauphin County)
9. Michael J. Prendergast, MD (York County)
10. Robert D. Reinecke, MD (Philadelphia County)
11. Jonathan E. Rhoads Jr., MD (York County)
12. Barbara A. Shelton, MD (Philadelphia County)

The Committee to Nominate Delegates and Alternates to the American Medical Association makes the following nominations for 12 delegates for two (2) years commencing January 1, 1994, and expiring December 31, 1995:

1. Donald C. Brown, MD (Westmoreland County)
2. Ronald J. Clearfield, MD (Westmoreland County)
3. James L. Cristol, MD (Philadelphia County)
4. Donald G. Ferguson, MD (Allegheny County)
5. George R. Fisher III, MD (Philadelphia County)
6. Robert L. Lasher, MD (Erie County)
7. John W. Lehman, MD (Beaver County)
8. William H. Mahood, MD (Montgomery County)
9. Robert N. Moyers, MD (Crawford County)
10. Lewis T. Patterson, MD (Dauphin County)
11. Michael J. Prendergast, MD (York County)
12. Robert D. Reinecke, MD (Philadelphia County)
13. Jonathan E. Rhoads Jr., MD (York County)

(Note: Dr. Shelton did not wish to be renominated for an AMA delegate position.)

Alternate delegates whose terms expire December 31, 1993, are:

1. Richard T. Bell, MD (Berks County)
2. James M. Brian (Philadelphia County—slotted medical student position)
3. Isadore Brodsky, MD (Philadelphia County)
4. David L. Cohen, MD (York County)
5. James L. Cristol, MD (Philadelphia County)
6. Joseph A.C. Girone, MD (Bucks County)
7. Julian Katz, MD (Philadelphia County)
8. William W. Lander, MD (Montgomery County)
9. John D. Lane, MD (Bucks County)
10. John W. Lehman, MD (Beaver County)
11. Michael P. Moulton, MD (Philadelphia County—slotted resident physician position)
12. Leland F. Patterson, MD (Dauphin County)
13. Carol E. Rose, MD (Allegheny County)

The Committee to Nominate Delegates and Alternates to the American Medical Association makes the following nominations for 11 alternate delegates for two (2) years commencing January 1, 1994, and expiring December 31, 1995.

1. James D. Balshi, MD (Northampton County)
2. Richard T. Bell, MD (Berks County)
3. David L. Cohen, MD (York County)
4. Norina M. D'Iorio, MD (Luzerne County)
5. Joyce C. Frye, DO (Philadelphia County)
6. Mary J. Hudak, MD (York County)
7. William W. Lander, MD (Montgomery County)
8. John D. Lane, MD (Bucks County)
9. Harry P. Palkovitz, MD (Allegheny County)
10. Leland F. Patterson, MD (Dauphin County)
11. Carol E. Rose, MD (Allegheny County)
12. Stephen L. Schwartz, MD (Philadelphia County)

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V. KRISHNASWAMI, M.D.
"Altered Clinical Presentation of Congestive Heart Failure in the Geriatric Population"
Chief, Division of Cardiology
Medical Co-Director, Mercy Heart Institute
The Mercy Hospital of Pittsburgh
Clinical Associate Professor of Medicine
University of Pittsburgh School of Medicine
Pittsburgh, Pennsylvania

ROBERT J. CODY, M.D.
"Treatment of Congestive Heart Failure in the Older Population - Impact of Recent Trends"
Research Director, Wilson Professor of Medicine
The Ohio State University
Cardiology Division
Columbus, Ohio

MARIELL JESSUP, M.D.
"Diagnosis and Management of Diastolic Dysfunction in the Treatment of Congestive Heart Failure in the Elderly"
Clinical Associate Professor of Medicine
University of Pennsylvania School of Medicine
Presbyterian Medical Center
Philadelphia, Pennsylvania

BLASE A. CARABELLO, M.D.
"Congestive Heart Failure Due to Valvular Disease in the Elderly - Therapeutic Options"
Professor of Medicine
Medical University of South Carolina
Charleston, South Carolina

ROSS F. DIMARCO, M.D.
"Valvular Surgery in the Octogenarian with Congestive Heart Failure - The Mercy Experience"
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Medical Co-Director, Mercy Heart Institute
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(*Note: Drs. Brodsky, Girone, and Katz did not wish to be renominated for an AMA alternate delegate position.*)

The Committee to Nominate Delegates and Alternates to the American Medical Association makes the following nomination for one slotted position for alternate delegate for a resident physician for a one-year term commencing January 1, 1994, and expiring December 31, 1994:
1. Jennifer E. Trottman, MD
(*Note: Dr. Moulton did not wish to be renominated for this slotted position.*)

The Committee to Nominate Delegates and Alternates to the American Medical Association has not yet received a nomination for the one slotted position for alternate delegate for a medical student for a one-year term commencing January 1, 1994, and expiring December 31, 1994. Mr. Brian did not wish to be renominated for this slotted position.

Also to be elected will be two members to serve on the Committee to Nominate Delegates and Alternates to the American Medical Association. The term of John E. Devenney, MD (Montgomery County), expires; he is eligible for reelection. The term of Wallace G. McCune, MD (Philadelphia County), expires; he is eligible for reelection.

In accordance with Chapter XVII, Section 2 of the Bylaws, the Board of Trustees nominates the following members for two vacancies on the Judicial Council.

For the office now held by Henry H. Fetterman, MD (Lehigh County), who is eligible for reelection, the Board nominates Henry H. Fetterman, MD (Lehigh County); James J. Houser, MD (Venango County); and John P. Whiteley, MD (York County).

For the office now held by Jonathan E. Rhoads Sr., MD (Philadelphia County), who is eligible for reelection, the Board nominates Robert M. Kerr, MD (Luzerne County); David L. Miller, MD (Clarion County); and Jonathan E. Rhoads Sr., MD (Philadelphia County).

Set forth below is the text of the proposed Bylaws revisions. Deletions from existing Bylaws are indicated by brackets; additions are italicized.

SUBJECT ONE

HOUSEKEEPING ITEMS

The Committee on Bylaws, pursuant to its charge that it "... shall constantly study the bylaws and recommend revisions and modifications necessitated by changing times, methods or conditions..." offers the various revisions listed below.

I. (A) Restated Articles of Incorporation

ARTICLE VII. Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society *and the AMA* shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the Bylaws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members, *medical students,* or special members from among persons who are not members in good standing of affiliated county medical societies.

I. (B) Chapter I - Membership, Section 3 - Membership Categories

a. Active Member:...3.)...[Once approved by the Board of Trustees of this Society, such] *Such* students shall pay such amount as is fixed each year by the House after receiving recommendation from the Board of Trustees and are entitled to all rights and privileges of membership.

b. Associate Member - An associate member shall be a physician who is 70 years of age or over (in the year of application) and has been an active member of this Society[,] or an active member of a constituent association of the American Medical Association for a total of 30 years...

c. Affiliate Member - Upon recommendation and certification [in due form] by the component society [to and election by the Board of Trustees], any member of a component society not engaged in active practice within the jurisdiction of the component society may be an affiliate member of this Society and remain as such providing the individual is one of the following:...

An affiliate member may not vote, hold office, or serve as a member of any council, commission, or committee.

I. (C) Chapter II - Component Societies, Section 3 - Termination of Affiliation of a Component Society - The affiliation of any component society may be terminated only by two-thirds vote of the House of Delegates. Reasonable evidence must be presented to the House of Delegates that (a) the bylaws of the component society are not in accord with the bylaws of this Society, or (b) that activities of the component society [militate against] *are contrary to* the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the component society has refused, after reasonable notice, to comply with any requirement of the bylaws of this Society...

Section 10 - Delegates to the Pennsylvania Medical Society - Each year, each component society shall elect [from] *one delegate and one alternate delegate for every 100 or fraction thereof of* its active or associate members [a number of delegates and alternates to which it is entitled in the House of Delegates of this Society] *whose assessments are paid or excused as of December 31 of the preceding year* to serve the calendar year. [The number of delegates and alternates is based on the number of the component society's active and associate members as of December 31 of the preceding year.] The component society's bylaws shall contain appropriate provisions for determining the manner in which the number of the elected delegates shall increase or decrease as the case may be.

I. (D) Chapter III - Assessments, Section 2 - Annual Assessment...

k. Associate members shall pay no annual assessment, except that if they elect to receive publications of the State Society, they shall pay (1) 10 percent of the full annual assessment each year, or (2) one full annual assessment in the year following the granting of associate status but no assessments thereafter. [Election and the revocation of election shall be made in such manner as determined from time to time by the secretary of the State Society provided: Associate members who become such prior to January 1, 1983, shall pay no annual assessment.]...

Breast of chicken

3-oz. cooked serving of chicken breast

Best of pork

3-oz. cooked serving of pork tenderloin

Today's Pork: Compare it to chicken for a healthy surprise

You may not have considered pork to be a healthy choice for your patients on fat-modified diets. But today's fresh pork compares surprisingly well to chicken in total fat, saturated fat, cholesterol, and calories.[1,2*]

Compare pork with chicken[1,2*]

	Calories	Total Fat	Saturated Fatty Acids	Cholesterol
Chicken Breast, skinless	140	3.0 g	0.9 g	72 mg
Pork Tenderloin, trimmed	139	4.1 g	1.4 g	67 mg
Pork Top Loin Roast (boneless), trimmed	165	6.1 g	2.2 g	66 mg
Center Loin Chop, trimmed	172	6.9 g	2.5 g	70 mg
Chicken Thigh, skinless	178	9.2 g	2.6 g	81 mg

*Table refers to 3-oz, cooked servings.

New study: Pork is now 31% leaner

Pork is leaner today because of significant changes made in breeding and feeding techniques.[1] According to new 1992 official USDA data, fresh pork sold today contains an average of 31% less fat after cooking and trimming than the same pork cuts reported in 1983.[1]

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- Choose the leanest cuts. Shop for cuts with "loin" in the name.
- Trim away any visible fat.
- Keep portions moderate (about 3 oz, cooked).
- Prepare by broiling or roasting, and avoid additional fat in preparation.

1. US Dept of Agriculture. *Composition of Foods: Pork Products*, 1992. Agricultural handbook 8-10.
2. US Dept of Agriculture. *Composition of Foods: Poultry Products*, 1979. Agricultural handbook 8-5.

Recommend

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I. (E) Chapter V - Separation of Powers, Section 4 - Maintaining Separation of Powers - ... a. [A member of this Society, if a] *A* voting member of the House of Delegates[,] may not at the same time serve on the Judicial Council, as a trustee of the Board of Trustees, or as president, immediate past president, president elect, vice president, treasurer, secretary, or speaker or vice speaker of the House of Delegates...

I. (F) Chapter VII - Special Meeting of the House of Delegates, Section 1 - Designation - There may be special meetings of the House of Delegates. A special meeting may be requested at any time by (a) the Board of Trustees; or (b) 50 voting members of the House of Delegates; or (c) a total of at least 200 active or associate members of four county medical societies from at least two of the [twelve] *thirteen* different districts, provided such special meeting has the approval of a component society or societies having an aggregate membership of at least 200 physicians...

I. (G) Chapter VIII - House of Delegates, Section 3 - Composition and Apportionment - The House of Delegates shall be composed of voting delegates and ex officio persons *without the right to vote*...

Section 6 - Registration of All Members and Other Persons in the House of Delegates - All delegates and alternates must register in person with the Credentials Committee. All ex officio [and] nonvoting members of the House of Delegates shall likewise register in person. All other persons, whether members of this Society or of some other organization, who wish to take part in the activities of the House of Delegates shall likewise register.

...Section 11 - [Rules of Order] - *Parliamentary Authority*...

I. (H) Chapter X - Nominations, Section 1 - Origin of Nomination... Nominations for the hospital medical staff trustee shall be made by the seated delegate from the hospital medical staff section. *Nominations for the young physicians trustee shall be made by the seated delegate from the young physicians section. The nominations for special section trustees are* in accordance with the procedures provided in Chapter [XX, Section 4] *XIX*.

I. (I) Chapter XI - Elections, Section 4 - Tellers - The speaker shall appoint [such number of] tellers who shall be responsible to the speaker for a count on a vote in any session of the meeting of the House of Delegates. Tellers are also responsible for the counting of all ballots and reporting the results directly to the speaker.

I. (J) Chapter XII - Officers, Section 1 - Designation - The officers of this Society shall be a president, a president elect, a vice president, an immediate past president, a secretary, a treasurer, a speaker, and a vice speaker of the House of Delegates...

Section 6 - Vacancies in Other Offices - Vacancies in any office [other than that of the speaker of the House of Delegates,] occurring between annual meetings of the House of Delegates shall be filled by the Board of Trustees and such persons shall serve until the next annual meeting at which their successors are elected....

I. (K) Chapter XIII - The Executive Vice President, Section 2 - Duties - ...h. [shall] fix the salaries or other compensation and terms of employment of the secretary and the treasurer;

i. be responsible for the publication of the annual roster, memoirs, and any other publications of this Society; ...

I. (L) Chapter XIV - The Board of Trustees, Section 2 - Duties of the Board - ... l. authorize the expenditure of [monies of the] Society *funds* to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; ...

Section 3 - Composition - The Board of Trustees shall consist of the president, *the* president elect, the vice president, the immediate past president, the speaker of the House of Delegates, the vice speaker of the House of Delegates, [ex officio with the right to vote,] one trustee who is an active or associate member in good standing of this Society from each district,...

Section 5 - Nomination and Election of Trustees... Nominations for resident physician trustee, medical student trustee, hospital medical staff trustee, and young physicians trustee shall be made *only* by seated delegates from the resident physician, medical student, hospital medical staff, or young physicians section *respectively* [, as the case may be]. Election of all trustees by the House of Delegates is required.

Section 6 - Terms - ... The term of the medical student trustee shall be one year with eligibility for reelection so long as the medical student trustee continues to be enrolled in an approved medical school. Provided, however, in the event the medical student trustee [discontinues] *ceases* to be enrolled in an approved medical school as a result of graduation [from the school], the term of the trustee shall expire at the [expiration] *conclusion* of the next annual meeting of the House...

Section 8 - Temporary Appointment - In the event that a trustee is unable to [act] *continue service*, the chair[man] of the Board, after consultation with the components in the district, the specialties, [the resident physicians section, the medical student section, or the hospital medical staff section] *or the special sections*, as the case may be, may promptly appoint a temporary trustee who meets the qualifications of the position vacated...

Section 9 - Duties of Individual Trustees - Each trustee shall be the representative of this Society for his constituents and shall report on communications or visits with his respective constituents [annually] to the Board of Trustees and further, report annually to the House of Delegates [regarding his work]. Each trustee shall help to strengthen organized medicine among his constituents, [inquire into] *be a source of information as to* the status of the profession, increase the [zeal] *participation* of his constituents, and report annually to the House of Delegates [regarding his work and the status of the profession among his constituents].

...Section 11 - Vacancies in Board Offices - Should the chair[man] of the Board be incapacitated or unable to perform the duties of that [Board] office as determined by the Board of Trustees, then the vice chair[man] shall act in his stead.

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I. (M) Chapter XV - Committees, Administrative Councils, and Commissions, Section 2 - Standing Committees - This Society shall have the following standing committees: [Advisory Committee to the Pennsylvania Medical Society Auxiliary]...

[a. Advisory Committee to the Pennsylvania Medical Society Auxiliary - The Advisory Committee to the Pennsylvania Medical Society Auxiliary shall be the Executive Committee of the Board of Trustees of the Pennsylvania Medical Society. It shall act in an advisory capacity whenever called upon by the Pennsylvania Medical Society Auxiliary.]...

Section 4 - Administrative Councils...b. Budget and Other Reporting - Each administrative council shall report directly to the Board of Trustees and to the House of Delegates annually, at least 60 days prior to the convening of the annual meeting. After receiving recommendations from the members of each council, the council chair[man] shall submit to the Board of Trustees a budget [covering] *funding* the council's work...

I. (N) Chapter XVII - The Judicial Council, Section 4 - Vacancies - In the event of a vacancy on the Judicial Council between annual meetings of the House of Delegates, the Board of Trustees shall have the power to fill such vacancy by majority vote. Such [appointed] *Board-elected* members shall serve until the next annual meeting of the House of Delegates...

I. (O) Chapter XIX - Special Sections, Section 2 - Medical School Section - ... [The cost incurred by the participating members of the section should not be a responsibility of the Pennsylvania Medical Society.]

...Section 5 - Young Physicians Section - ... The section shall elect from among its members *(a)* a governing council consisting of a chair[man], [chairman-elect,] *vice chair,* secretary, delegate, and alternate delegate to the Society's House of Delegates, and two members-at-large, *and (b) one or more qualified nominees for the position of young physicians trustee to the Society's Board of Trustees who shall be placed in nomination at the Society's House of Delegates by a delegate of the section. The offices of governing council member and delegate or governing council member and young physicians trustee may be held simultaneously; however, the offices of trustee and delegate or alternate delegate may not be held simultaneously.*

SUBJECT TWO

GENDER-NEUTRAL LANGUAGE CHANGES

The Committee on Bylaws recommends a change in language from chairman to chair, and from vice chairman to vice chair; the affected bylaws sections are listed below.

(1) Chapter VIII - House of Delegates, Section 3 - Composition and Apportionment, (c) Alternate Delegates
(2) Chapter IX - Committees of the House of Delegates, Section 3 - Reference Committees
(3) Chapter XII - Officers, Section 7 - Duties of Officers, (e), (h), (i), and (j)
(4) Chapter XII - Officers, Section 8 - Execution of Documents
(5) Chapter XIV - The Board of Trustees, Section 8 - Temporary Appointment
(6) Chapter XIV - The Board of Trustees, Section 9 - Duties of Individual Trustees
(7) Chapter XIV - The Board of Trustees, Section 10 - Board Officers
(8) Chapter XIV - The Board of Trustees, Section 11 - Vacancies in Board Offices
(9) Chapter XIV - The Board of Trustees, Section 13 - Meetings
(10) Chapter XIV - The Board of Trustees, Section 15 - Publication of Actions
(11) Chapter XV - Committees, Administrative Councils, and Commissions, Section 1 - Appointment of Members, Vacancies, and Qualification, and (a), (b), (c), and (e)
(12) Chapter XV - Committees, Administrative Councils, and Commissions, Section 2 - Standing Committees - (b) through (f)
(13) Chapter XV - Committees, Administrative Councils, and Commissions, Section 4 - Administrative Councils - (a) and (b)
(14) Chapter XVII - The Judicial Council, Section 2 - Composition
(15) Chapter XIX - Special Sections, Section 1 - Resident Physician Section
(16) Chapter XIX - Special Sections, Section 2 - Medical School Section
(17) Chapter XIX - Special Sections, Section 3 - Medical Student Section
(18) Chapter XIX - Special Sections, Section 4 - Medical Staff Section
(19) Chapter XIX - Special Sections, Section 5 - Young Physicians Section
(20) Chapter XIX - Special Sections, Section 6 - Interspecialty Section

SUBJECT THREE

ADDITIONAL SPECIFIC GENDER-NEUTRAL LANGUAGE REVISIONS

The Committee on Bylaws offers additional specific gender-neutral language as set forth below.

III. (A) Chapter IV - Funds, Section 2 - Deposit of Monies and Special Funds - The executive vice president shall deposit all monies of the Society received by [him] *the Society* in such bank accounts as the treasurer shall direct in accordance with the duties of that office...

III. (B) Chapter XII - Officers, Section 3 - Terms of Office - ... a. The vice president serves from the conclusion of the annual meeting at which [he] *that person* was elected *to office* until the next annual meeting at which time [he] *that person* accedes to the office of president elect.

b. The president elect serves from the conclusion of the annual meeting at which [he acceded] *that person accedes* to this office and serves until the next annual meeting at which time [he] *that person* accedes to the office of president.

c. The president shall serve from the conclusion of the annual meeting until the conclusion of the next annual meeting, at which time [he] *that person* becomes the immediate past president.

d. The immediate past president shall serve from the time [he] *that person* becomes [such] *immediate past president* until the conclusion of the next annual meeting.

III. (C) Chapter XII - Officers, Section 5 - Successor in Case of Vacancies to the President, President Elect, and Vice President - If the office of president should become vacant, the president elect shall immediately become president and shall serve as president until the second annual meeting of the House of Delegates following [his] accession as president elect.

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If the office of president elect becomes vacant, the vice president shall immediately become president elect and shall serve for the remainder of the term of [his] *the* immediate predecessor...

If the office of both president and president elect become vacant, the vice president shall immediately become president and shall serve as president until the second annual meeting of this Society following [his] election as vice president...

Should the president be incapacitated or unable to perform the duties of [his] office, as determined by the Board of Trustees, the president elect shall *so* act [in his stead]. Should the president elect be incapacitated or unable to perform the duties of [his] office, as determined by the Board of Trustees, the vice president shall *so* act [in his stead]...

III. (D) Chapter XII - Officers, Section 7 - Duties of Officers - In addition to duties prescribed in these bylaws, officers shall have such duties as may be normally incident to their respective offices or as may be directed by the Board of Trustees...

i. The speaker of the House of Delegates: ...

7. shall be ex officio without the right to vote in the House of Delegates, unless there is a tie *vote* when [he or she is] presiding;...

j. Vice speaker of the House of Delegates: ...

5. shall be ex officio without the right to vote in the House of Delegates, unless there is a tie *vote* when [he or she is] presiding...

III. (E) Chapter XII - Officers, Section 8 - Execution of Documents - ... The secretary, assistant secretary, treasurer, or assistant treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the treasurer shall not attest to the seal affixed to any instrument which [he has] *the treasurer has* executed on behalf of this Society.

III. (F) Chapter XIII - The Executive Vice President, Section 2 - Duties - ... a. Employ such personnel at such salaries and under such terms and conditions of employment as [he] *the executive vice president* shall determine;

b. provide administrative assistance and arrange the business details and facilities for meetings of the House of Delegates, the Board of Trustees, the Judicial Council, the officers, and the committees, administrative councils, and commissions as [he] *the executive vice president* deems necessary for the efficient operation of this Society;...

III. (G) Chapter XIV - The Board of Trustees, Section 2 - Duties of the Board - ... f. appoint the executive vice president and fix [his] *the* salary or other compensation and terms of employment;

g. appoint the medical editor of the journal and fix [his] *the* salary or other compensation and terms of employment...

III. (H) Chapter XV - Committees, Administrative Councils, and Commissions, Section 1 - Appointment of Members, Vacancies, and Qualification...a. Appointments of Chair[men], Vice Chair[men], and Members of Committees, Administrative Councils, and Commissions - All such appointments shall be made by the president elect at least 90 days prior to the next annual meeting of the House of Delegates, or by the vice president if the president elect shall be incapacitated or unable to perform the duties of [his] *the* office or if a vacancy occurs in the office of president elect before all appointments are made...

III. (I) Chapter XV - Committees, Administrative Councils, and Commissions, Section 2 - Standing Committees - ... b. Committee on Bylaws - ... The term of a member of this committee shall begin with the opening session of the annual meeting of the House of Delegates following [his] *the* appointment and shall conclude immediately prior to the third annual meeting thereafter...

III. (J) Chapter XIX - Special Sections, Section 6 - Interspecialty Section - ... When appropriate, the chair[man] of the section or [his] *the chair's* designee shall present to the Society's House of Delegates the names of one or more qualified nominees for election to the position of specialty trustee who shall be placed in nomination at the Society's House of Delegates by the chair[man] of the section or his designee...

SUBJECT FOUR

DISBAND ADVISORY COMMITTEE ON PROFESSIONALISM

The Board of Trustees, at its September 9, 1992, meeting, approved Dr. Ferguson's recommendation that the Advisory Committee on Professionalism be disbanded since it had been inactive over the past eight years and its charge is one that can be met by the Judicial Council.

Chapter XII - Officers, Section 7 - Duties of Officers - In addition to duties prescribed in these bylaws, officers shall have such duties as may be normally incident to their respective offices or as may be directed by the Board of Trustees... **e. The secretary shall: ...**

7. ...; *and*

8. [serve as chairman of the Advisory Committee on Professionalism; and

9.] perform such duties described in these bylaws with respect to matters regarding medical ethics or discipline.

Chapter XV - Committees, Administrative Councils, and Commissions, Section 2 - Standing Committees - This Society shall have the following standing committees:... [Advisory Committee on Professionalism]...

[f. Advisory Committee on Professionalism - The Advisory Committee on Professionalism shall consist of seven members, one of whom shall be the secretary of this Society, who shall be chairman. The six remaining members shall be appointed by the president elect for terms of two years or less, so that annually only three vacancies need to be filled.

Members of this committee, other than the chairman, may not concurrently serve on the Judicial Council, a grievance committee, or as a district censor.

The duties of this committee are:

1. To serve as consultants to component society grievance committees and/or boards of censors when requested;

2. To discuss, investigate, and/or refer to the appropriate body of PMS matters brought to its attention by individuals, government agencies, or peer review bodies;

3. To refer to the appropriate licensing body those cases which it deems appropriate in accordance with the Principles of Medical Ethics; and

4. To continually review disciplinary processes for improvement.

Activities of this committee shall not conflict with or supersede provisions for disciplinary proceedings and appeals.]

SUBJECT FIVE

INCREASE NUMBER OF YOUNG PHYSICIANS SECTION DELEGATES TO PENNSYLVANIA MEDICAL SOCIETY HOUSE OF DELEGATES

The 1992 House of Delegates adopted Board Report G which recommended that Resolution 91-59, Number of PMS-YPS Delegates to the Pennsylvania Medical Society House of Delegates, be adopted. Resolution 91-59 asked for an additional three YPS delegates and alternate delegates to the Pennsylvania Medical Society House of Delegates, giving the section a total of four delegates and four alternate delegates.

Chapter VIII - House of Delegates, Section 3 - Composition and Apportionment - The House of Delegates shall be composed of voting delegates and ex officio persons.

a. Voting delegates shall be:... 4. Eight delegates from the medical student section, ten delegates from the resident physician section, *four delegates from the young physicians section*, and one delegate each from the medical school section[,] *and* the hospital medical staff section[, and the young physicians section]...

c. Alternate Delegates - ... Each special section shall be entitled to elect [one] alternates, who also [is a] *are* members of that section *as follows: eight from the medical student section, ten from the resident physician section, four from the young physicians section, and one each from the medical school section and the hospital medical staff section.*

Chapter X - Nominations, Section 1 - Origin of Nomination - ***...Nominations for the young physicians trustee shall be made by the seated delegates from the young physicians section...***

Chapter XIX - Special Sections, Section 5 - Young Physicians Section - ... The section shall elect from among its members a governing council consisting of a chair[man], [chairman-elect,] *vice chair*, secretary, *four* delegates [and alternate] to the Society's House of Delegates, and two members-at-large...

SUBJECT SIX

MEDICAL STUDENT MEMBERSHIP FEE

The 1992 House of Delegates adopted Resolution 92-65 regarding the option of medical students paying a one-time multiple-year Society medical student membership fee.

Chapter I - Membership, Section 3 - Membership Categories, a. Active Member:... 3.) Medical students enrolled in a medical school approved by this Society are eligible for active membership in this Society. Such students are not required to be members of a component county medical society, but must become members of the American Medical Association. They shall make application directly to this Society. [Once approved by the Board of

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Trustees of this Society, such] *Such* students shall pay such amount *for a one- or four-year membership period* as is fixed each year by the House after receiving recommendation from the Board of Trustees and are entitled to all rights and privileges of membership.

SUBJECT SEVEN

NEWLY LICENSED PHYSICIAN STATUS FOR DUES PAYMENT

The 1992 House of Delegates adopted Resolution 92-25 regarding a bylaws change to enable a physician to be recognized in the newly licensed status if their license is received within the same year as completion of the residency program provided they have not received a free year as a resident.

Chapter III - Assessments, Section 2 - Annual Assessment... g. Active members shall pay no assessment for the period between the initial granting of a license to practice medicine in Pennsylvania and the end of the first full calendar year after the initial granting of the license; however, an active member, who previously paid no annual assessment or 10 percent of the full annual assessment because he was a resident, shall pay 50 percent of the full annual assessment for the period between the completion of a training program and the end of the first full calendar year of practice. An active member who pays no assessment or 50 percent of the full assessment under this subsection shall pay 75 percent of the annual assessment in the subsequent full calendar year. *Physicians receiving their licenses within the same year as completion of their residency programs will be recognized in this newly licensed status provided they have not received a free year during residency.*

SUBJECT EIGHT

MEDICAL BENEVOLENCE FUND

The Board of Trustees, at its January 13, 1993, meeting, approved the recommendation of the Committee on Medical Benevolence that the Medical Benevolence Fund and administration of the funding process be transferred to The Educational and Scientific Trust of the Pennsylvania Medical Society, and that the Society's bylaws be revised to permit this transfer.

Chapter IV - Funds, Section 2 - Deposit of Monies and Special Funds - ...[Monies constituting the Medical Benevolence Fund shall be in a separate account and may be invested by the treasurer under the direction of the Board of Trustees.

Section 3 - Medical Benevolence Fund - Each year the Board of Trustees may appropriate a sum, not to exceed 15 percent of the annual assessment for all active members, to be set aside by the treasurer as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for (1) the relief of pecuniary distress of (a) sick or aged active and associate members or the parents, widows, widowers, or children of deceased active or associate members, and (b) active and associate members, resulting from catastrophic natural emergencies, and (2) such other uses as the Board of Trustees shall designate as long as there are sufficient monies to make the payments permitted by (1) above.

Any money from the fund shall not exceed any limitations imposed by the Board of Trustees. Money paid from the fund as permitted by (1) above requires approval by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the secretary of this Society, who shall certify to the treasurer all amounts to be paid from the fund.

Every effort shall be made to keep the identity of fund recipients confidential within the Committee on Medical Benevolence, necessary Society staff members, and the Board of Trustees.]

Section 3 - Medical Benevolence Fund - *Each year the Board of Trustees, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all active members to be allocated to The Educational and Scientific Trust of the Pennsylvania Medical Society. The trustees of the said Trust shall set the sum aside in a special fund to be known as the Medical Benevolence Fund. The Committee on Medical Benevolence shall approve criteria for payment of funds to members and the immediate family of deceased members in financial distress, or other charitable uses. No payments may be made without being in compliance with the criteria approved by a majority of the Committee on Medical Benevolence.*

The Board of Trustees may establish further terms and conditions of the Medical Benevolence Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

Chapter XII - Officers, Section 7 - Duties of Officers... e. The secretary shall:...

6. ...; *and*

7. [serve as a member of the Committee on Medical Benevolence and as its secretary;

8. serve as chairman of the Advisory Committee on Professionalism; and

9.] perform such duties described in these bylaws with respect to matters regarding medical ethics or discipline...

Chapter XIV - The Board of Trustees, Section 2 - Duties of the Board - In addition to the general authority described in these bylaws, the Board shall:...

t. cause an audit of all accounts of this Society annually[, with the authority to limit the scope and extent of an audit of the Medical Benevolence Fund,] and report such audits to the annual meeting of the House of Delegates;...

Chapter XV - Committees, Administrative Councils, and Commissions, Section 2 - Standing Committees - ... c. Committee on Medical Benevolence - The Committee on Medical Benevolence shall consist of [the secretary of the Society who shall be secretary of the committee, and] three members selected annually by the Board of Trustees, at least one of whom shall be a member thereof. The committee shall select its own chair[man] and shall perform the duties prescribed in these bylaws.

SUBJECT NINE

JUDICIAL COUNCIL SELECTION PROCESS

The Board of Trustees, at its March 10, 1993, meeting, directed the Committee on Bylaws to study the entire Judicial Council selection process. The proposed revisions are set forth below.

Chapter V - Separation of Powers, Section 4 - Maintaining Separation of Powers - To maintain the separation of powers of the three divisions the following restrictions shall prevail:...

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[**c.** A member of the Judicial Council may not at the same time serve as a voting member of the House of Delegates or the Board of Trustees except as provided in Chapter XVII, Section 2, or as president, immediate past president, president elect, vice president, treasurer or secretary of this Society, or as speaker or vice speaker of the House of Delegates, or as a district censor, or as a member of any council, commission or administrative committee. A member of the Judicial Council however may be elected or appointed to a council or committee which nominates persons to hold office or receive awards, or which is purely advisory in nature.]

Chapter X - Nominations, Section 1 - Origin of Nomination - ...Nominations for the Judicial Council shall be made by the Board of Trustees at least 30 days prior to an annual meeting. At least [three] *one* qualified person[s] shall be nominated for each expiring term. These names should be disseminated to the members of this Society via the official journal of this Society or by some other appropriate means determined by the secretary.

Chapter XVII - The Judicial Council, Section 2 - Composition - The Judicial Council shall consist of five members, qualified as provided in these bylaws. The members shall serve terms of three years, and shall be elected by the House of Delegates on nomination by the Board of Trustees or from the floor of the House.

At least 30 days prior to each annual meeting of the House of Delegates, the Board of Trustees shall nominate at least [three] *one* qualified person[s] for each vacancy on the Judicial Council. The Board shall publish their names to the membership of this Society in the journal of this Society or by some other appropriate means. Failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which the House of Delegates validly conducts...

Section 3 - Qualification of Members - To be eligible for election to the Judicial Council, a member of this Society:...

No person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not have served a term unless he has served more than one year. For this purpose a year shall be the period between annual meetings of the House of Delegates.

Members elected to the Judicial Council shall resign all other positions held by them in the Pennsylvania Medical Society upon their election to the council. No members, while serving on the Judicial Council, shall be a delegate or an alternate delegate to the House of Delegates, or a general officer of the Society, or serve on any other council or committee.

SUBJECT TEN

ESTABLISHMENT OF ELECTRONIC FUNDS TRANSFER PAYMENTS

The Board of Trustees, at its May 12, 1993, meeting, approved a recommendation of the Council on Membership that the board recommend to the 1993 House of Delegates that the Society provide electronic fund transfer payment options to members for full dues payment and quarterly dues payments. The board approved an additional recommendation from the council that implementation be delayed one year in order that counties can make necessary adjustments to accommodate this change.

Chapter II - Component Societies, Section 7 - Membership Assessments - The secretary or the treasurer of each component society shall, prior to January 1 of each year, render an annual assessment statement to each member of said component society, indicating that payment of this assessment is due to this Society on January 1 or will be considered delinquent if not paid before March 1. *Provided, however, that the executive vice president may provide for installment payment of dues after March 1. This provision shall become effective upon adjournment of the 1994 House of Delegates...*

Chapter III - Assessments, Section 4 - Payment of Assessments - The annual assessment, which is due January 1 of the assessment year, shall be paid through the member's component society to the executive vice president of this Society, except that the annual assessment of a medical student shall be paid directly to the executive vice president of this Society. The annual assessment, if not paid by March 1 of the assessment year, shall be considered a delinquent assessment. *Provided, however, that the executive vice president may provide for installment payment of dues after March 1. This provision shall become effective upon adjournment of the 1994 House of Delegates.* A special assessment shall be paid directly to the executive vice president prior to the due date of any special assessment.

SUBJECT ELEVEN

ONE-TIME DISCOUNT FOR NEW MEMBERS

The Board of Trustees, at its May 12, 1993, meeting, approved as amended a recommendation from the Council on Membership that the board recommend to the 1993 House of Delegates that the Society provide a one-time only 10 percent discount on all full dues-paying, new members of the Society who pay within 30 days of being billed. The board approved an additional council recommendation that implementation be delayed one year in order that counties can make necessary adjustments to accommodate this change.

Chapter III - Assessments, Section 2 - Annual Assessment - ... *m.* *Members in their first year of membership as active members in other than the resident or medical student categories shall be required to pay 90 percent of the full annual assessment if payment is made within 30 days of being billed. This subsection shall become effective upon adjournment of the 1994 House of Delegates.*

SUBJECT TWELVE

GRADUATED DUES FOR YOUNG PHYSICIANS

The Board of Trustees, at its May 12, 1993, meeting, approved a recommendation of the Council on Membership that the board recommend to the 1993 House of Delegates that the Society offer a five-year graduated dues rate for those physicians in their first five years of practice. The board approved an additional council recommendation that implementation be delayed one year in order that counties can make necessary adjustments to accommodate this change.

Chapter III - Assessments, Section 2 - Annual Assessment - ... *n.* *Members in their first year of practice shall pay 20 percent of the full annual assessment; 40 percent in their second year; 60*

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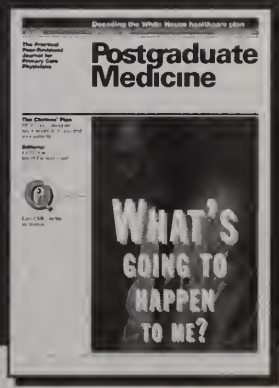

percent in their third year; and 80 percent in their fourth year. The first-year membership discount, when applicable, shall further reduce payment in this category by 10 percent of the full active dues. This subsection shall become effective upon adjournment of the 1994 House of Delegates.

SUBJECT THIRTEEN

PUBLICATION OF THE PROCEEDINGS OF THE HOUSE OF DELEGATES

The Publications Committee requested that the Committee on Bylaws submit proposed bylaws revisions to the 1993 House of Delegates regarding the publication of the House of Delegates Proceedings, eliminating the requirement that they be published in PENNSYLVANIA MEDICINE.

Chapter VIII - House of Delegates, Section 13 - Official Proceedings - The official proceedings of an annual or special meeting of the House of Delegates shall be published [in the official journal of this Society in a timely fashion or disseminated to the membership by some other means at the discretion of the secretary.] *and made available to any member of the Society upon request and, in addition, copies of the official proceedings shall be forwarded to all delegates and each county medical society for their distribution upon request of the members.*

Proceedings of closed and executive sessions shall not be published.

SUBJECT FOURTEEN

REVISION OF DUE PROCESS SECTIONS OF THE BYLAWS

Legal Counsel reviewed the due process sections of the Society bylaws, as requested by the Chair of the Committee on Bylaws. The proposed revisions are set forth below.

Chapter XVIII - Disciplinary Bodies/Proceedings and Appeals, Section 2 - General Rules - [Except as the context otherwise requires, the following general rules shall apply to all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the district boards of censors:

a. Charges - The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to enable the member to defend properly against the charges.

b. Notification - A copy of the written charge or charges against a member or a copy of the appeal and brief, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least 30 days prior to the date of any hearing. The date and the place of such hearing shall be set forth therein.

c. Prompt Attention - The Judicial Council and the district boards of censors shall act as promptly as possible in holding hearings.

d. Hearing Protocol - The member must be accorded a fair and impartial hearing. At the hearing he may be represented by an attorney; he may be confronted by the witnesses and documentary evidence, if any; he may have an opportunity to cross-examine the witnesses; and he may present any matter pertinent to his defense.

The Judicial Council and the district boards of censors shall not be bound by the rules of evidence used in courts. They may receive oral or written evidence judged by them to present the relevant facts best and most fairly.]

a. Due Process *- When the Judicial Council or the district boards of censors are required to make a determination with respect to the facts of a particular case, they shall comply with the due process protections contained in the Model Bylaws for a Pennsylvania County Medical Society, Chapter XIV, Sections 4 (as to content of the complaint) and 6, with the exception of subsection (H), which refers to voting.*

When the Judicial Council is required to make a legal determination, such as in an appeal, or determinations with respect to interpretation of bylaws, questions of medical ethics, questions involving membership, and resolutions and rules of the Society, the following shall apply: the member has the right to be represented by an attorney or by any other person of his choice; the member may present any matter pertinent to his defense.

Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

b. **[e.] Decisions -** The Judicial Council and the district boards of censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the district boards of censors shall be concurred in by a majority of the members of the district board of censors present at the hearing.

In the event of a tie vote in original proceedings before the Judicial Council, the charges against the member shall be dismissed. In the event of a tie vote in appeals, either by a district board of censors or by the Judicial Council, the decision appealed from shall be sustained.

All decisions of the Judicial Council and the district boards of censors shall be in writing. Copies thereof shall be given promptly to the interested parties. Copies of decisions of the district boards of censors shall be given promptly to the chair[man] of the Judicial Council.

...Section 7 - Effective Date of Decisions of Component Societies, District Boards of Censors, and the Judicial Council - No action of any component society censuring, suspending, or expelling a member and no action of any district board of censors affirming any such action shall become effective so long as the member has any right of appeal according to these bylaws, or during the pendency of any such appeal.

All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until 30 days after the decision of the Judicial Council, and, if the member or the component society, if any, has given written notice to the [Judicial Council] *Council on Ethical and Judicial Affairs* of the American Medical Association during said 30-day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member, to the secretary of his component society, until the expiration of the appeal period and the final disposition by the *Council on Ethical and Judicial Affairs of the* American Medical Association...

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Authors are asked to seek clarity, accuracy, and originality; attention to details of grammar, spelling, and typing are important. The title page should include the full name, degrees, and affiliations of all authors, and the name and address of the author to whom reprint requests should be sent. Tables must be typewritten and double-spaced on separate 8 1/2" by 11" sheets, with a title and number. Symbols for units should be confined to column headings; and abbreviations, properly explained, should be kept to a minimum.

Illustrations should be professional quality, black-and-white glossy prints. The name of the author, figure number, and the top of the figure should be noted on a label attached to the back of each illustration. Where photographs of patients are used, the subjects should not be identifiable or publication permission, signed by the subject or responsible person, must be included with the photograph. Material taken from other publications must give credit to the source; written permission for republication from the original publisher must be submitted.

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1. **Goldwyn RM:** Subcutaneous mastectomy. *J Med Soc NJ* 74:1050-1052, 1977.
2. **Dixon WJ, Massey FJ:** *Introduction to Statistical Analysis*. New York, NY: McGraw-Hill, 1969, pp. 42-48.

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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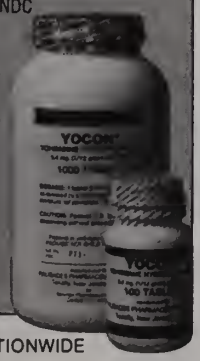

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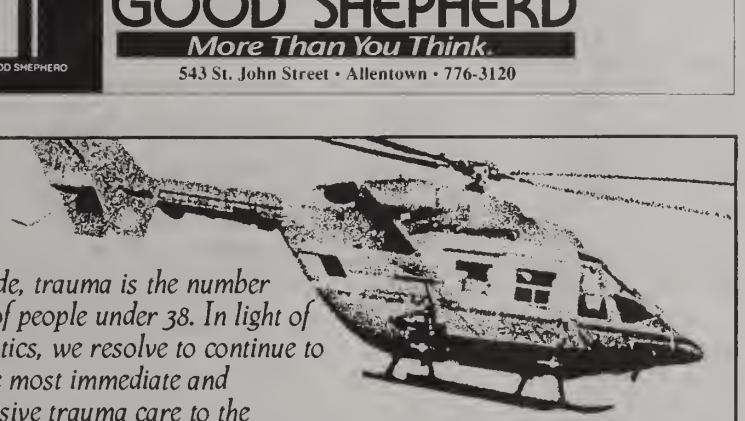

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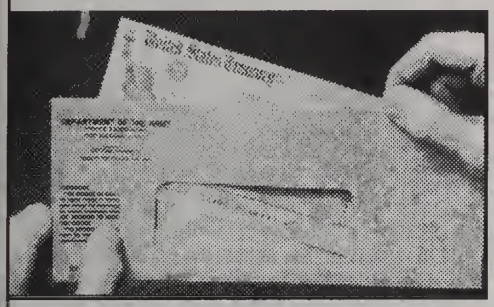

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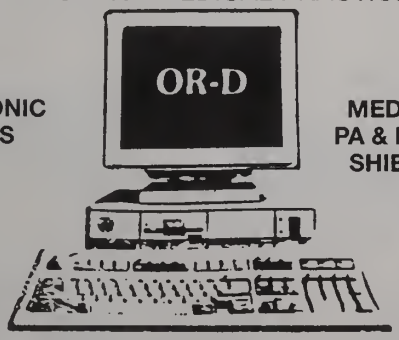

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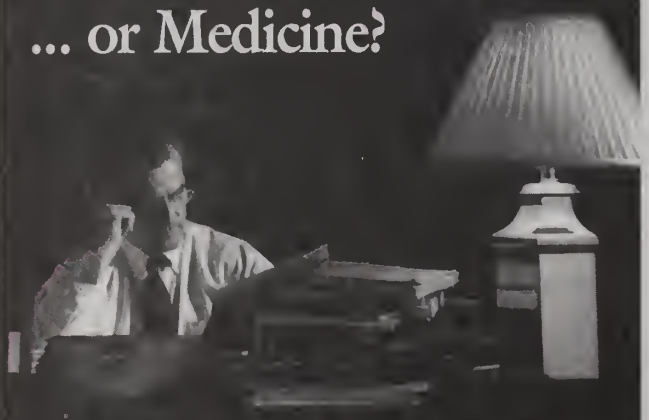

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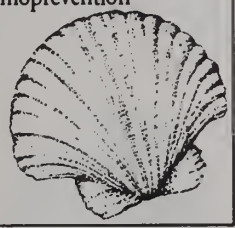

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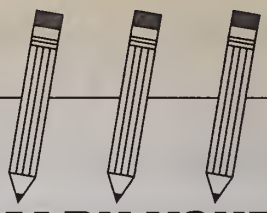

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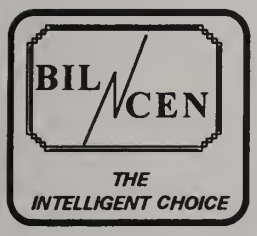

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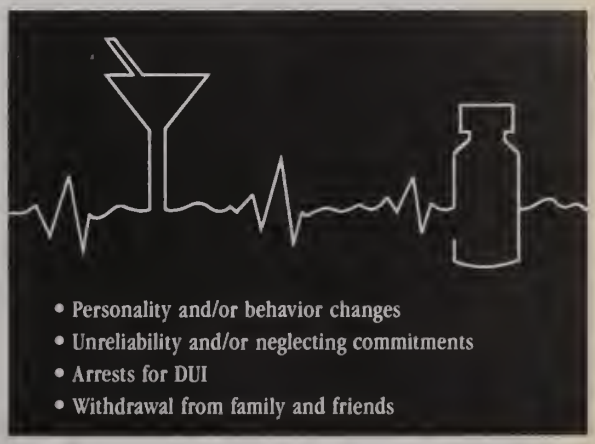

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*** Indicates membership in the Pennsylvania Medical Political Action Committee**

ADL	Adolescent Medicine	2
AI	Allergy and Immunology	78
AM	Aerospace Medicine	2
A	Allergy	52
AN	Anesthesiology	919
ATP	Anatomic Pathology	8
BE	Broncho-Esophagology	1
BLB	Blood Banking	2
CCM	Critical Care Medicine	8
CD	Cardiovascular Diseases	710
D	Dermatology	283
DMP	Dermatopathology	5
DIA	Diabetes	18
EM	Emergency Medicine	320
END	Endocrinology	94
FP	Family Practice	1,803
FPS	Facial Plastic Surgery, Otolaryngology	4
GE	Gastroenterology	295
GO	Gynecological Oncology	5
GP	General Practice	898
GPM	General Preventive Medicine	18
GER	Geriatrics	53
GYN	Gynecology	90
HEM	Hematology	96
IG	Immunology	3
ID	Infectious Diseases	85
IM	Internal Medicine	2,416
LAR	Laryngology	1
LM	Legal Medicine	3
MFM	Maternal and Fetal Medicine	4
MFS	Maxillofacial Surgery	4
ND	Neoplastic Diseases	5
NEP	Nephrology	127
N	Neurology	264
NPM	Neonatal-Perinatal Medicine	34
CHN	Neurology, Child	15
NA	Neuropathology	2
NM	Nuclear Medicine	56
NR	Nuclear Radiology	1
NTR	Nutrition	5
OBS	Obstetrics	2
OBG	Obstetrics/Gynecology	993
OM	Occupational Medicine	102
ON	Oncology	160
OPH	Ophthalmology	712
OT	Otology	3
OTO	Otolaryngology	383
PTH	Pathology	367
CLP	Pathology, Clinical	21
FOP	Pathology, Forensic	1
PD	Pediatrics	943
PDA	Pediatrics, Allergy	17
PDC	Pediatrics, Cardiology	23
PDE	Pediatric Endocrinology	7
PHO	Pediatric Hematology-Oncology	13
PNP	Pediatric Nephrology	2
PVD	Peripheral Vascular Disease	5
PA	Pharmacology, Clinical	16
PM	Physical Medicine/Rehabilitation	309
P	Psychiatry	701
CHP	Psychiatry, Child	63
PYA	Psychoanalysis	20
PH	Public Health	16
PUD	Pulmonary Diseases	195
RO	Radiation Oncology	52
R	Radiology	443
DR	Radiology, Diagnostic	512
PDR	Radiology, Pediatric	7
TR	Radiology, Therapeutic	76
REN	Reproductive Endocrinology	6
RHU	Rheumatology	120
ABS	Surgery, Abdominal	7
CDS	Surgery, Cardiovascular	98
CRS	Surgery, Colon and Rectal	66
GS	Surgery, General	1,105
HS	Surgery, Hand	20
HNS	Surgery, Head and Neck	8
NS	Surgery, Neurological	195
ORS	Surgery, Orthopedic	750
PDS	Surgery, Pediatric	21
PS	Surgery, Plastic	184
TS	Surgery, Thoracic	101
TRS	Surgery, Traumatic	10
U	Surgery, Urological	376
VS	Surgery, Vascular	55
OS/US	Other, i.e., physician designated a specialty other than those appearing above. Unspecified.	269
ST	Student	1,152
	TOTAL MEMBERSHIP	**19,496***

** Total excludes 30 county medical society executives, designated by EXEC*

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4223 COLONIAL PARK DR
PITTSBURGH PA 15227-2639
412-461-3122
CIGANIC, MD, RATIMIR R DR
2652 GLENCHESTER RD
WEXFORD PA 15090-7903
412-734-1800
CIGNETTI, MD, FRANKLIN E OPH
2545 MOSSIDE BLVD
MONROEVILLE PA 15146-3510
412-856-8811
CINCALA, DO, ROBERT P GE
25 THORNRIDGE DR
PITTSBURGH PA 15202-1027
412-321-1526
CIOTTI, DO, ANNETTE A FP
773 SHADY DR APT 103
PITTSBURGH PA 15228-2369
412-661-4782
CITRONE, MD, PETER J GS
510 DORSEYVILLE RD
PITTSBURGH PA 15238-1821
412-621-2450
CIVITARESE, MD, LOUIS R GS
104 GREENBRIAR DR
PITTSBURGH PA 15220-1817
412-322-1400
CLARE, MD, DAVID W GS
577 BRIAR CLIFF RD
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412-623-2717
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412-741-6778
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WAR COLLEGE
CARLISLE BARRACK PA 17013
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412-782-2101
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604 HIDDEN OAK DR
CLAIRTON PA 15025-3850
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6350 FORWARD AVE APT 23
PITTSBURGH PA 15217-2562
CLOUGH, MD, DOUGLAS F IM
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PITTSBURGH PA 15212-4740
412-322-6060
CO, MD, DEBORAH JANE L RHU
1702 TEAL TRACE DR
PITTSBURGH PA 15237
412-621-1566
COBLENTZ, MD, ROBERT H CD
1340 PINEWOOD DR
PITTSBURGH PA 15243-1814
412-578-5786
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4135 EAST BLVD
LOS ANGELES CA 90066-4609
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2 ALLEGHENY CTR STE 530
PITTSBURGH PA 15212-5404
412-231-1700
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1461 BENNINGTON AVE
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WESTMARK BLDG
CORAOPOLIS PA 15108-2746
412-262-4911
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2571 MOSSIDE BLVD STE 1
MONROEVILLE PA 15146-3510
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4934 PARKVUE DR
PITTSBURGH PA 15238-2021
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6300 DARLINGTON RD
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2020 ARDMORE BLVD
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412-271-1280
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4614 5TH AVE APT 623
PITTSBURGH PA 15213-3601
COLAIACOVO, LYNN A ST
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COLAO, DO, DOMINIC J NEP
4564 PENN AVE
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125 FIELD GATE DR
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8135 PERRY HWY
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260 LOUGEAY RD
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LOWER BURRELL PA 15068-3539
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603 BURNING TREE CT
MCKEESPORT PA 15135-2111
412-379-7250
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137 PENROSE DR
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2342 GOLFVIEW DR
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323 DENNISTON AVE
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4221 WINTERBURN AVE APT B303
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115 KATHY ANN LN
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307 MEADOW LN
SEWICKLEY PA 15143-1063
412-365-4863
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3084 FERNWOOD LN
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107 ETON DR
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3047 DWIGHT AVE
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1073 TALL TREES DR
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222 LEXINGTON AVE
PITTSBURGH PA 15215
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UNIV OF PGH SCH OF MED
PITTSBURGH PA 15261-2012
D'ONOFRIO, MD, MATTHEW A IM
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PITTSBURGH PA 15213-4212
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WESTERN PA ANESTHESIA ASSOC
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158 ROSSMOR CT
PITTSBURGH PA 15229
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1418 GREYSTONE DR
PITTSBURGH PA 15206-1158
DAMESHEK, MD, H LEE HEM
421 RADCLIFFE DR
PITTSBURGH PA 15235-5326
412-687-1210
DANAEE, MD, NOSRATOLLAH PD
1810 BEECHWOOD BLVD
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412-381-1600
DANES, MD, PETER M R
2112 LEGENDARY LN
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412-367-6444
DANKO, MD, EUGENE T DR
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1290 CHESS ST
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412-232-7374
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207 VERNON DR
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706 UNION NATL BANK BLDG
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109 WOODSHIRE DR
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754 LECHNER LN
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5433 HOWE ST
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3418 FOREST RD
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2954 SKYLINE DR
ALLISON PARK PA 15101
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1307 UNION AVE
NATRONA HEIGHTS PA 15065-1127
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161 AVE A
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PITTSBURGH PA 15221-2173
412-247-2344
NATALI, MD, DANIEL E OBG
3637 CAL KEN DR
MURRYSVILLE PA 15668-9512
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800 BELLWOOD DR
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3602 5TH AVE APT 4
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500 RTE 909 APT 229
VERONA PA 15147-3831
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1350 LOCUST ST
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5158 BEELER ST
PITTSBURGH PA 15217-1002
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ALLISON PARK PA 15101
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204 5TH AVE BLDG 6 BUHL FL
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2554A GLENWOOD DR
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412-367-0600
NETTROUR III, MD, W SCOTT ORS
9104 BABCOCK BLVD STE 8111
PITTSBURGH PA 15237-5618
412-367-0600
NETTROUR IV, MD, WALTER S ORS
200 STEVENS DR APT 307
PITTSBURGH PA 15237-3137
NEUSCHWANDER, MD, DAVID C ORS
SHADYSIDE MEDICAL CENTER
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1317 HILLSDALE AVE APT 1
ALIQUIPPA PA 15216-2501
NEWBERG, MD, JAY A OPH
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1345 ILLINOIS AVE
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412-820-4700
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PITTSBURGH PA 15224-2194
412-681-5995
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412-781-5700
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412-655-8650
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259 MELWOOD AVE APT 505
PITTSBURGH PA 15213-1649
NICASSIO, MD, ANTHONY IM
24 NANCY DR
PITTSBURGH PA 15235-4232
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2907 AUTUMWOOD DR
GLENSHAW PA 15116

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6938 BLENHEIM CT
PITTSBURGH PA 15208-2620
412-621-1566
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7432 LIGHTHOUSE PT
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758 CHARTIERS AVE
MCKEES ROCKS PA 15136-3602
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NORTH HILLS PASSAVANT
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5 LITTLE MEADOWS DR
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632 WOODCREST DR
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PANTALONE, MD, ANGELO L AN
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412-225-9700
PATTON, MD, ANNA M OBG
1315 HEBERTON ST
PITTSBURGH PA 15206-1718
PATTON, MD, GEORGE D GYN
320 S LEXINGTON AVE
PITTSBURGH PA 15208-2723
PATZ, MD, MARY K IM
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PITTSBURGH PA 15217
412-647-2323
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181 N DITHRIDGE ST
PITTSBURGH PA 15213-2646
412-621-6540
PAUTLER, MD, STANISLAV AN
445 MIRANDA DR
PITTSBURGH PA 15241-2037
412-622-4366
PAVLAK, MD, ROBERT J IM
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MONROEVILLE PA 15146-3540
412-372-8120
PAVLIC, MD, GEORGE J HEM
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412-422-7456
PAWLOSKY, MD, FRANK X FP
530 WASHINGTON RD
PITTSBURGH PA 15228-2817
412-531-3700
PEAL, MD, STANLEY P
1154 FIRWOOD DR
PITTSBURGH PA 15243-1825
412-341-1008
PEARD, MD, ROBERT J DR
CM RADIOLOGY ASSOCIATES
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412-258-1040
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703 DEHAVEN CT
GLENSHAW PA 15116-1442
PECORA, MD, MICHAEL J CD
214 MAIN ENTRANCE DR
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412-321-2778
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5919 HOWE ST
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3129 DEERFIELD LN
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412-464-6181
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CARNEGIE PA 15106-2472
412-276-7340
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201 ALRIES ST
PITTSBURGH PA 15210-3768
412-664-2640
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412-722-7414
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301 PINKERTON RD
WEXFORD PA 15090-8679
412-648-3906
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105 ORCHARD AVE
BELLE VERNON PA 15012-2021
412-929-2550
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134 GORDON AVE
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412-365-5180
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505 BROWNSVILLE RD
PITTSBURGH PA 15210-2252
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2580 HAYMAKER RD
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412-858-7500
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3518 5TH AVE
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PITTSBURGH PA 15232
412-681-4401
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1621-C UNION AVE
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236-1B CHATHAM PARK DR
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PFAEFFLE, MD, HUGO H AN
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188 BEALL DR
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412-273-2424
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103 FITZRANDOLPH RD
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412-624-6846
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412-247-8317
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C/O J E SCHMIDT
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1807 WEST ST
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151 WINDWOOD DR
WEXFORD PA 15090-8502
POWER, MD, JOHN A CD
4221 PENN AVE STE 401
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PRABHU, MD, ANIL IM
ST CLAIR PROFESSIONAL BLDG
PITTSBURGH PA 15243-1869
412-531-7330
PRABHU, MD, NALINA IM
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412-531-7330
PRASAD, MD, MAHALINGIAH P
407-D GLEN MALCOLM DR
GLENSHAW PA 15116
412-622-4343
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WEST PENN HOSP
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412-578-5000
PREISS, MD, JENNIFER E IM
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412-922-8490
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412-741-6776
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PITTSBURGH PA 15224-1722
412-578-5000
PRETTER, MD, PAUL D IM
BESSEMER AND LK ERIE RR
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412-829-8613
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PRICE, MD, ALFRED R GP
279 W STEUBEN ST
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412-922-3360
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412-232-8098
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708 BEECH COURT
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412-682-3566
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140 LAVALE DR APT 701
MONROEVILLE PA 15146-2932
412-781-5700
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701 5TH ST
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BONNER, MD, MARY J IM
101 W LANCASTER AVE
SHILLINGTON PA 19607-1857
215-777-6518

BORGATTA, MD, LOUIS CD
195 BROOKSIDE RD
NEWINGTON CT 06111
215-375-2882

BOROFSKY, MD, MICHAEL A RHU
401 BUTTONWOOD ST
WEST READING PA 19611-1124
215-375-4251

BOWER, MD, JOHN R GYN
2640 WESTVIEW DR
WYOMISSING PA 19610-1186
215-678-2656

BOWER SR, MD, JOHN R P
PO BOX 6649
READING PA 19610-0649

BOWERS, MD, DAVID N PM
C/O MARK HANNEY
READING PA 19606-2813
215-775-8354

BOYER, DO, MICHAEL A FP
COMMUNITY GEN HOSP
READING PA 19601
215-378-1900

BRACKBILL, MD, ELIZABETH J GP
BERKS HEIM
READING PA 19603-1495
215-376-4841

BRAUN, MD, MARIA A FP
1627 CLEVELAND AVE
WYOMISSING PA 19610
215-775-2799

BRIGHAM, MD, ROBERT A VS
301 S 7TH AVE STE 315
WEST READING PA 19611-1451
215-378-9667

BROWN, MD, MICHAEL T GS
301 S 7TH AVE
WEST READING PA 19611-1410
215-373-4151

BROWN, MD, PATTI J PM
READING REHAB HOSP
READING PA 19607-9727
215-775-8354

BRZOZOWSKI, MD, LAWRENCE A N
200 N 13TH ST STE 311
READING PA 19604-2956
215-378-3961

BUB, MD, IVAN FP
1874 LINCOLN AVE
WYOMISSING PA 19610-2637
215-373-2119

BUCH, MD, SANDHYA Y FP
413 N 5TH ST
READING PA 19601-3003
215-374-7333

BULATAO, MD, AGAPITO V GS
PO BOX 70
TOWANDA PA 18848-0070
717-265-2191

BURNS, MD, DONALD T OPH
1500 PENN AVE
WYOMISSING PA 19610-2136
215-376-8237

BUTTERWORTH, MD, THOMAS D
411 WALNUT ST
READING PA 19601-3905

BUZAS, MD, JEROME W D
2650 WESTVIEW DR
WYOMISSING PA 19610-1187
215-670-2211

BYBEL, MD, NICHOLAS GP
2414 KUTZTOWN RD
READING PA 19605-2905
215-921-2111

CAIRNS, MD, LUCY J OPH
806 APPLE DR
WYOMISSING PA 19610-1404
215-678-2524

CALATA, MD, ELISEO R PM
READING REHAB
READING PA 19607-9727
215-775-8338

CAMMARANO III, DO, DOMINIC J OBG
3611 PERKIOMEN AVE
READING PA 19606-2712
215-779-6550

CANNER, MD, GARY C ORS
2201 RIDGEWOOD RD
WYOMISSING PA 19610-1189
215-375-4949
CAPPA, MD, ROBERT J FP
RR 2 BOX 323A
OLEY PA 19547-9345
215-987-3451
CARABELLO, MD, CHARLES A PD
316 S 5TH ST
READING PA 19602-2311
215-375-6994
CARIM, MD, HYDER M PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
215-376-8691
CARIM, MD, MOIZ M OPH
1961 BERN RD
WYOMISSING PA 19610-1605
215-376-1961
CARLSON, MD, JOHN E DR
301 S 7TH AVE
READING PA 19611-1410
215-378-6106
CARLSON, MD, STEPHEN E GE
6 HEARTHSTONE CT STE 303
READING PA 19606-3053
215-779-4449
CARUANA, MD, BRUCE J GE
6 HEARTHSTONE CT STE 303
READING PA 19606-3053
215-779-4449
CAVORSI, MD, JOSEPH P GS
627 WALNUT ST
READING PA 19601-3524
215-374-8841
CEFARATTI, MD, MICHAEL D OPH
606 COURT ST STE 200
READING PA 19601-3542
215-374-5885
CHARLES-MARCEL, MD, ZENO L IM
READING REHAB HOSP
READING PA 19607-9727
215-775-8330
CHELIUS, MD, ALAN B FP
536 FRANKLIN ST
READING PA 19602-1051
215-373-6251
CHENSEE, MD, JASPER G PTH
ST JOSEPH HOSP
READING PA 19603
215-378-2200
CHESEN, MD, NEIL OPH
530 CENTRE AVE
READING PA 19601-2805
215-372-2222
CHETT, MD, NICHOLAS J GP
314 SUSAN CT
PALMDALE CA 93551-2941
CHIRIELEISON, MD, ROCCO F IM
301 S 7TH AVE
WEST READING PA 19611-1410
215-378-8004
CHOWDHURY, MD, A RAB GE
6 N 11TH ST
READING PA 19601-3706
215-375-3962
CHRIST, MD, NICHOLAS J FP
141 N WALNUT ST
BIRDSBORO PA 19508-2005
CHRIST, MD, PETER J PTH
ST JOSEPH HOSP
READING PA 19603
215-378-2000
CHRISTENSEN, MD, DAVID W FP
E 1ST AND SPRUCE ST
BIRDSBORO PA 19508
215-582-1561
CITRO, MD, LAURENCE A DR
COMMUNITY GEN HOSP
READING PA 19601-3501
215-378-8355
CLEMENTS, MD, WILLIAM T FP
260 E WASHINGTON ST
WERNERSVILLE PA 19565-2118
215-678-9841
CLOSE, MD, RICHARD A NS
601 SPRUCE ST
WEST READING PA 19611-1443
215-375-4567
CLYMER, MD, DAVID G FP
6 SCENIC DR
HAMBURG PA 19526-9510
215-562-3066
COFFEY, MD, JAMES A VS
301 S 7TH AVE STE 315
WEST READING PA 19611-1451
215-378-9667
COHEN, MD, BRUCE A FP
321 LIMEKILN RD
READING PA 19606-9435
215-378-2191
COHN, MD, C HAROLD TS
137 HAWTHORNE COURT
WYOMISSING PA 19610-2219
COLMENARES, MD, RUPERTO F P
206 VILLAGE RD
ORWIGSBURG PA 17961
717-875-2922
COMESS, MD, RAYMOND R GS
1801 ECKERT AVE
READING PA 19602-1405

CONNERTON, MD, GEORGE E PTH
1921 STURBRIDGE DR
WYOMISSING PA 19610-2678
215-378-8348
CONSOLI, MD, DEBORAH P OBG
640 WALNUT ST STE 301
READING PA 19601-3525
215-376-6668
COPE, MD, DAVID A OTO
301 S 7TH AVE
WEST READING PA 19611-1410
215-378-9728
CRAIG, MD, PAUL C OPH
PENNSWOOD VILLAGE APT 113D
NEWTOWN PA 18940
CRAMP, MD, LLOYD L GS
15 CONGRESSIONAL CIR
READING PA 19607-3416
CRANDALL, MD, TONIE L OBG
301 S 7TH AVE STE 245
WEST READING PA 19611-1451
215-374-2214
DALY, MD, DAVID G IM
110 N QUARRY ST
ITHACA NY 14850-4506
717-888-8062
DAMM, MD, CHRISTOPHER J OTO
114 W MORELAND AVE
PHILADELPHIA PA 19118-4030
215-662-6876
DASHE, MD, MYER M GP
1700 HAMPDEN BLVD
READING PA 19604-1604
DEBENEDICTIS, MD, KENNETH J ID
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-9523
DEIBERT, MD, DAVID C END
560 VAN REED RD STE 304
WYOMISSING PA 19610-1799
215-373-7743
DELP JR, MD, CHARLES W FP
810 E PHILADELPHIA AVE
BOYERTOWN PA 19512-1307
215-367-2259
DELVECCHIO, MD, LEONARD M FP
103 AUGUSTA CIR
KERRVILLE TX 78028-6512
DENBY, MD, ROBERT A GP
25 STEVENS AVE
WEST LAWN PA 19609-1424
215-678-4455
DENGLER, MD, ERNEST H OPH
STAPELEY IN GERMANTOWN
PHILADELPHIA PA 19144-2510
DERR, MD, CRAIG A IM
560 VAN REED RD
WYOMISSING PA 19610-1799
215-376-1601
DERSH, MD, JEROME OPH
606 COURT ST STE 200
READING PA 19601-3542
215-374-5885
DESJARDINS, MD, GEORGE P PTH
504 CARSONIA AVE
READING PA 19606-1521
DETHOFF, MD, JOHN C ORS
200 N 13TH ST STE 105
READING PA 19604-2954
215-375-8471
DEVINE, MD, RAYLENE A PD
6 W PENN AVE
WERNERSVILLE PA 19565-1502
215-670-2141
DIETRICH, MD, SCOTT A FP
142 VICTORIA LN
WYOMISSING PA 19610-1458
215-589-2555
DIRENZO, MD, DENNIS P PD
40 BERKSHIRE CT
WYOMISSING PA 19610-1224
215-374-7400
DONALDSON, DO, GORDON R FP
E MAIN ST BOX 488
MORGANTOWN PA 19543
215-286-9064
DONOVAN, MD, ROBERT S FP
RR 8050
SINKING SPRING PA 19608
215-926-2168
DOOLEY, MD, THOMAS W PS
1754 GARFIELD AVE
WYOMISSING PA 19610-2334
215-796-1000
DUDA, MD, ANDREW M TS
11 PHOEBE DR
WYOMISSING PA 19610-2658
215-378-1829
DUFFY, MD, SCOTT S IM
301 S 7TH AVE
WEST READING PA 19611-1410
215-376-8004
EAGER, MD, J MICHAEL OBG
1340 PENN AVE
WYOMISSING PA 19610-2132
215-375-4241
EARLY JR, MD, ROBERT F AN
1800 BERN ST
READING PA 19604-1632
215-378-6269
EBERSOLE, MD, THOMAS M OBG
640 WALNUT ST STE 301
READING PA 19601-3525
215-376-6668

EDMUNDS, MD, ELIZABETH H FP
514 CARSONIA AVE
READING PA 19606-1521
215-779-8822
EINSIG, MD, HAROLD J US
804 ST JOHNS WOOD DR
RICHMOND VA 23225
215-320-0901
ELLENBERGER, MD, PAMELA M GS
1200 BERWICK TRL
MADISON TN 37115
EMKEY, MD, KENNETH D GE
301 S 7TH AVE STE 215
WEST READING PA 19611-1450
215-374-4401
EMKEY, MD, RONALD D RHU
401 BUTTONWOOD ST
WEST READING PA 19611-1124
215-375-4251
ERMOLD, MD, DONALD R GP
425 E LANCASTER AVE
SHILLINGTON PA 19607-1363
215-777-7041
ERTEL, MD, D GREGORY GE
301 S 7TH AVE STE 215
WEST READING PA 19611-1450
215-374-4401
FALCONE, MD, PHILIP M OPH
WEST READING OPHTHALMIC
WEST READING PA 19611-1411
215-378-1344
FALLON III, MD, EDWARD C DR
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6106
FARBER, MD, DAVID N OPH
1515 ALSACE RD
READING PA 19604-1859
215-374-5885
FARBER, MD, ERIC B OPH
606 COURT ST STE 200
READING PA 19601-3542
215-374-5885
FARBER, MD, HAROLD I IM
1511 HAMPDEN BLVD
READING PA 19604-1829
215-478-9131
FAUST, MD, DONALD S TR
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6067
FEASTER, MD, MARSHALL M CDS
1235 PENN AVE
WYOMISSING PA 19610-2100
215-374-5000
FEHNEL, MD, STEPHEN H OBG
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-2214
FEICK, MD, RALPH H FP
WILLOW VALLEY ESTATES
WILLOW STREET PA 17584-9205
FEINBERG, MD, STANFORD S N
290 RIDINGS WAY
BROAD AXE PA 19002-5246
215-378-5428
FERRY, MD, GERALD W OBG
200 N 13TH ST STE 304
READING PA 19604-2956
215-378-5200
FINCH, MD, FRANK G IM
3879 POST DR
BETHLEHEM PA 16017-9039
215-683-8363
FISCHER, MD, EDWARD C R
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6106
FLEISCHER, MD, ALAN N US
200 N 13TH ST
STE 201
READING PA 19604
FLORES, MD, EVELYN R N
200 N 13TH ST STE 311
READING PA 19604-2956
215-378-3981
FOLDES-ROTH, MD, ELISABETH GYN
3300 DARBY RD #7203
HAVERFORD PA 19041-1074
FORD, DO, STACEY G OBG
250 N 12TH ST
READING PA 19604-2952
215-374-0970
FORMAN, MD, STANLEY O A
222 UPLAND RD
MERION STATION PA 19066-1822
215-372-0502
FRANCO, MD, FRANK A IM
102 N 11TH ST
READING PA 19601-3707
FRANCOIS, MD, MAX B GP
2021 FRANKLIN PL
WYOMISSING PA 19610-1425
215-478-9600
FRANK, MD, JEFFREY B OBG
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-2214
FRIEDMAN, MD, ELLIS F ORS
320 ABINGTON DR
WYOMISSING PA 19610-1898
215-678-4525

FUSCO-RIPKA, MD, GIOVANNA D OS
1216 MEADE ST
READING PA 19611-1852
GALLEN, MD, JOHN H GP
2950 VAN REED RD
SINKING SPRING PA 19606-1035
215-678-7000
GANSNER, MD, ROBYN K PM
READING REHAB HOSP
READING PA 19607-9727
215-775-8354
GARCIA, MD, ANTONIO S GP
PO BOX 185
HAMBURG PA 19526-0185
215-562-3133
GEHMAN, MD, M JACK GP
11 NORTHRIDGE DRIVE WEST
MOHNTON PA 19540
GEHRIS, MD, LEROY A US
HIGHLANDS AT WYOMISSING
WYOMISSING PA 19610-2723
215-775-4471
GERHART, MD, GEORGE R FP
3351 PERKIOMEN AVE
READING PA 19606-2736
215-779-3500
GEYER, MD, DAVID W AN
1539 READING BLVD
WYOMISSING PA 19610-2443
215-378-6269
GIACCIA, MD, AMATO GP
600 SCHUYLKILL AVE
READING PA 19601-2640
215-373-1616
GIERINGER, MD, ROBERTA L IM
120 PROSPECT ST
READING PA 19606
215-779-1330
GIESECKE, MD, SUSAN B DR
1634 MEADOWLARK RD
WYOMISSING PA 19610-2821
215-378-2230
GILFILLAN III, MD, A GEORGE PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
215-378-8691
GLOSSER, MD, WILLIAM E EM
1240 DAUPHIN AVE
WYOMISSING PA 19610-2112
GOODSON, MD, BRUCE M FP
200 N 13TH ST STE 200
READING PA 19604
215-378-2080
GORDON, MD, MICHAEL E R
COMMUNITY GEN HOSP
READING PA 19601-3501
215-378-2100
GOYAL, MD, AJAY K DR
101 CONSHOHOCKEN RD #A3
BALA CYNWYD PA 19004
215-378-6000
GRABIAS, MD, STANLEY L ORS
301 S 7TH AVE STE 100
WEST READING PA 19611-1449
215-375-6226
GRAHAM, MD, BARRY E OBG
1340 PENN AVE
WYOMISSING PA 19610
215-375-4241
GRANADOS, MD, NICANOR G IM
1555 SCHUYLKILL AVE
READING PA 19601-1312
215-378-0107
GRANADOS, MD, SUZITA N PD
130 PROSPECT ST
READING PA 19606-2866
215-779-4786
GREENBERG, MD, ROBERT N GS
200 N 13TH ST STE 204
READING PA 19604-2955
215-376-8244
GREENE, MD, LUCILLE T GP
412 N 12TH ST
READING PA 19604-2821
215-374-2435
GREENE, MD, RICHARD J A
39 E LANCASTER AVE
SHILLINGTON PA 19607-2631
215-777-9883
GREGORY, MD, GEORGE W CDS
1235 PENN AVE
WYOMISSING PA 19610-2100
215-374-5000
GRETH, MD, WARREN E RHU
109 LOGAN AVE
WYOMISSING PA 19610-2617
215-375-4251
GRILL, DO, MICHAEL G FP
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6196
GROSS, MD, LAWRENCE S PD
EXETER PEDIATRICS
READING PA 19606-9562
215-779-9550
GRUBB, MD, WILLARD Y FP
143 W PHILADELPHIA AVE
BOYERTOWN PA 19512-1429
GRUBER, MD, JOHN W CD
301 S 7TH AVE
WEST READING PA 19611-1410
215-375-6565

GUAY JR, MD, ROBERT C DR
1848 READING BLVD
WYOMISSING PA 19610
215-378-6106
HANGEN, MD, NORMAN M GP
GREENFIELDS
READING PA 19601-1002
HANNA, MD, EZZAT A FP
KENHORST FAM MED CTR
KENHORST PA 19607-0347
215-775-2799
HARRIS, MD, LAWRENCE K CD
COMMUNITY GEN HOSP
READING PA 19601
215-375-4679
HARRISON, MD, DIANE D OBG
1340 PENN AVE
WYOMISSING PA 19610-2132
215-375-4241
HASSAN, MD, JOSEPH R IM
4201 KUTZTOWN RD
TEMPLE PA 19560-1836
215-921-2094
HASSEL, MD, JEFFREY L IM
640 WALNUT ST STE 305
READING PA 19601-3525
215-376-0353
HASSLER, MD, CARL W FP
606 WELLINGTON AVE
READING PA 19609-2342
215-777-2643
HAUSER, MD, RAYMOND J FP
THE LUTHERAN HOME
TOPTON PA 19562
215-682-2145
HAWKE, MD, WILLIAM AN
29 FLINT RIDGE DR
SHILLINGTON PA 19607-3016
215-378-6589
HEFFERNAN, MD, J MICHAEL IM
560 VAN REED RD
WYOMISSING PA 19610-1799
215-378-1601
HEIDEN, MD, RICHARD A R
COMMUNITY GEN HOSP
READING PA 19601-3501
215-376-1900
HEIN, MD, EDWARD W AI
BERKSHIRE ALLERGY & ASTHMA
WYOMISSING PA 19610-1232
215-375-6706
HEISEY, MD, JOHN C IM
1008 BEN FRANKLIN HWY W
DOUGLASSVILLE PA 19518-1035
215-582-1524
HEKLER, MD, EMILIAN M IM
400 FRANKLIN ST
WEST READING PA 19611
HELINEK, MD, GERARD L R
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6106
HELLER, MD, FREDERICKA S M OBG
530 KENHORST BLVD
READING PA 19611-1716
215-775-7133
HENNINGER, MD, WILLIAM H AN
189 OAKMONT CT
READING PA 19607-3406
HERB, DO, RONALD K IM
512 LINDEN ST
LEESPORT PA 19533-9521
215-378-1601
HERMANOVICH JR, MD, JOHN CD
301 S 7TH AVE STE 205
WEST READING PA 19611-1450
215-375-6565
HEY JR, MD, E BERRY CD
301 S 7TH AVE STE 205
WEST READING PA 19611-1450
215-375-6565
HIEHLE, MD, J FREDERICK DR
1748 GARFIELD AVE
WYOMISSING PA 19610-2334
215-678-6106
HIGH, MD, BERTRAND J IM
11A FLYING HILLS VILLAGE CTR
FLYING HILLS PA 19607
215-775-4500
HOCH, MD, WILLIS S PTH
444 DONALYN LN
BERWYN PA 19312-1007
215-373-2544
HOFFMAN, MD, DAVID A OS
1330 PENN AVE
WYOMISSING PA 19610-2132
215-373-4271
HOFFMAN, MD, NEIL A PTH
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6088
HOLM, MD, ERIC K NS
606 MUSEUM RD
READING PA 19611-1427
215-373-4007
HORST, MD, ELMER L P
715 LAKE AVE
WYOMISSING PA 19610-2429
HORTON, MD, DAVID J FP
122 N 4TH ST
HAMBURG PA 19526-1510
215-562-4092

HOYNIAK, MD, ANN L US
TRHMC K BLDG
WEST READING PA 19611
HOYT, MD, RALPH C GE
RR 3 BOX 2082
BIRDSBORO PA 19508-9547
HUBBARD, MD, RAYMOND J PD
4 LONGVIEW DR
BIRDSBORO PA 19508-9390
215-374-7400
HUNTER, MD, JOHN S GP
2000 CAMBRIDGE AVE APT 84
WYOMISSING PA 19610-2722
IMBER, MD, IRVING IM
HIGHLANDS AT WYOMISSING
WYOMISSING PA 19610-2737
215-775-7833
IMPINK, MD, ROBERT R GS
125 ORCHARD PL
SHILLINGTON PA 19607-3226
INNIS, MD, PATRICIA A FP
900 N 5TH ST
READING PA 19601-1802
215-375-1818
IZZO, MD, DOMENIC C OPH
560 VAN REED RD STE 102
WYOMISSING PA 19610-1799
215-372-0712
JACOBSON, MD, MARTIN A IM
4201 KUTZTOWN RD
TEMPLE PA 19560-1836
215-921-2094
JAMES, MD, EDWARD K NPM
READING HOSP
READING PA 19612-6052
215-378-6843
JAMES, MD, JEFFREY R IM
1850 PENN AVE APT D
WYOMISSING PA 19610-2307
215-678-6861
JAXHEIMER, MD, ERIC C VS
801 S TRENT AVE
WYOMISSING PA 19610-2253
215-378-9867
JAY JR, MD, W THOMAS IM
518 LYNNE AVE
READING PA 19610-2225
JENCKES III, MD, GEORGE A IM
345 GREEN BRIAR CT
WYOMISSING PA 19610
215-777-7827
JIMERSON, MD, CEDRIC C GS
DORAL DR #7-B
READING PA 19607
JOHNSON, MD, ALFRED T FP
2240 PENN AVE
WEST LAWN PA 19609-1650
215-678-1140
JOHNSON, MD, CRAIG H NS
301 S 7TH AVE STE 365
WEST READING PA 19611-1436
215-373-5138
JOHNSON, MD, WILLIAM T AN
170 WHITE HALL RD
REINHOLDS PA 17569-9549
215-378-6589
JONES, DO, JEFFREY J FP
51 CENTRE AVE
TOPTON PA 19562-1001
KANE, DO, PATRICIA B PD
WINSOME ACRES
SCHUYLKILL HAVEN PA 17972-9348
215-374-4491
KAO, MD, WINIFRED W OTO
301 S 7TH AVE
WEST READING PA 19611-1410
215-378-9728
KAPLAN, MD, LAWRENCE M DR
COMMUNITY GEN HOSP
READING PA 19601-3501
215-373-3100
KAPLAN, MD, ROBIN L PUD
VP, MEDICAL AFFAIRS
READING PA 19603
215-378-2176
KAPLAN, MD, SHELDON J OPH
WEST READING OPHTHALMIC
WEST READING PA 19611-1411
215-378-1344
KARABELNIK, MD, DON FP
325 E LANCASTER AVE
SHILLINGTON PA 19607-2633
215-775-3316
KASE, MD, JAMES J IM
112 N 11TH ST
READING PA 19601-3707
215-378-9112
KASTENBAUM, MD, MICHAEL IM
101 W LANCASTER AVE
SHILLINGTON PA 19607-1857
215-777-6516
KEARNEY, MD, JOHN M GS
1130 SHELBOURNE RD
READING PA 19606-9771
KEFFER, MD, WILLIAM H OS
1424 MONROE AVE
WYOMISSING PA 19610-2436
KEISER, MD, E LEE GP
310 GRACE COMMUNIT
MYERSTOWN PA 17067
KELLER, MD, LYNWOOD V GP
1334 GIRARD AVE
WYOMISSING PA 19610-2420
215-376-4841

KERSHNER, MD, MARILYN S R
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6108
KHANDAKER, MD, DILARA Z FP
200 N 13TH ST STE 100
READING PA 19604-2964
215-378-2080
KILCHEVSKY, MD, EITAN S PD
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6843
KILLIAN III, MD, CALEB L FP
2508 HAMPDEN BLVD
READING PA 19604-1009
215-921-3924
KIM, MD, CHUNG S IM
140 W WINDSOR ST
READING PA 19601-2059
215-378-2230
KIMBALL, MD, C EVE J PD
236 N 5TH ST
READING PA 19601-3325
215-372-9222
KIMBALL JR, MD, DANIEL B IM
DIRECTOR
DEPT OF MEDICINE
READING PA 19612
215-378-6133
KIMMEL, MD, CRAIG A OTO
301 S 7TH AVE -
WEST READING PA 19611-1410
215-378-9728
KING, MD, WEIR L IM
PO BOX 48
LIMEKILN PA 19535
KLEIN JR, MD, WILLIAM J NEP
301 S 7TH AVE
WEST READING PA 19611-1410
215-378-7365
KLEINER, MD, ANTON J GYN
301 S 7TH AVE
WEST READING PA 19611-1410
215-375-8493
KLEPPINGER, MD, RICHARD K GYN
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-2214
KLOMBERS, MD, LEE A OPH
WEST READING OPHTHALMIC
WEST READING PA 19611-1411
215-378-1344
KNIAZER, MD, BARRY OBG
813 DAVIS RD
CHELTENHAM PA 19012-1636
KOCHU, MD, STEVE END
560 VAN REED RD
WYOMISSING PA 19610-1799
215-373-7743
KOHL, MD, STEPHEN D OBG
640 WALNUT ST STE 301
READING PA 19601-3525
215-378-6668
KOLTON, MD, VLADIMIR J GP
1448-50 SPRUCE ST
READING PA 19602
215-375-4755
KOREY JR, MD, JOSEPH J OBG
250 N 12TH ST
READING PA 19604-2952
215-374-0970
KOVALSKY, MD, KENNETH FP
9 BRISTOL CT
WYOMISSING PA 19610-1805
215-670-2222
KRALJEVIC, MD, JUAN E IM
403 N 13TH ST
READING PA 19604-2822
215-375-8577
KRAMER, MD, RANDALL K FP
226 E WYOMISSING AVE
MOHNTON PA 19540-1812
215-775-3710
KRAWITZ, MD, PAUL L OPH
606 COURT ST STE 200
READING PA 19601-3542
215-374-5865
KRIEBEL, MD, DOROTHY E GP
232 PHEASANT RUN
LANSDALE PA 19446-5846
KRING, MD, CARROLL S GP
3 N VIA CASTILLE
LAGUNA HILLS CA 92653
KROL, MD, RONALD C PUD
1940 N 13TH ST STE 101
READING PA 19604-1543
215-929-2433
KUBACKI, MD, JOSEPH J OPH
421 S 5TH AVE
WEST READING PA 19611-1301
215-427-5058
KURJANOWICZ, MD, WADIM GP
2050 MT LAUREL ROAD
FLEETWOOD PA 19522-9322
KUSSMAUL, MD, WILLIAM G CD
301 S 8TH ST
PHILADELPHIA PA 19106-4014
215-829-7901
KUTSCHER, MD, HARLAN A U
200 N 13TH ST
READING PA 19604-2961
215-372-2351

KUTZ, MD, TIMOTHY J FP
162A TREXLER AVE
KUTZTOWN PA 19530-1741
215-683-8480
LAKSHMIN, MD, MURALI AN
COMMUNITY GEN HOSP
READING PA 19601-3501
215-378-4861
LAMANNA, MD, JOHN V PS
40 KENHORST BLVD
READING PA 19607
215-796-1000
LAMBERT, MD, KENNETH P GP
233 W MAIN ST
KUTZTOWN PA 19530-1603
215-683-7115
LANE, MD, C DARRELL PTH
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6961
LATMAN, MD, STEPHEN F ORS
2130 PENN AVE
WEST LAWN PA 19609-1600
215-670-2280
LATTIN, MD, GARY M CD
BERKS CARDIOLOGISTS LTD
READING PA 19604-2964
215-375-4679
LEASURE, MD, NICK C HEM
301 S 7TH AVE STE 220
WEST READING PA 19611-1450
215-374-4404
LEE, MD, JUNG-PIL U
318 N 5TH ST
READING PA 19601-3002
215-378-5121
LEINBERRY, MD, CHARLES F ORS
200 N 13TH ST STE 105
READING PA 19604-2954
215-375-8471
LEISAWITZ, MD, ELLIOTT G IM
101 W LANCASTER AVE
SHILLINGTON PA 19607-1857
215-777-6516
LEISAWITZ, MD, PAUL A GP
1817 LINDEN ST
READING PA 19604-1536
LEONI, MD, JOSEPH U
931 PENN AVE
WYOMISSING PA 19610-3021
215-372-8995
LEVINE, MD, ALAN P IM
FLYING HILLS
READING PA 19607-3342
215-775-4500
LEVY, MD, PAUL F GE
8 N 11TH ST
READING PA 19601-3706
215-375-3962
LEWIS, MD, ELAINE R R
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6108
LIGNELLI, MD, GREGORY J NS
TRI COUNTY NEUROSURG
POTTSTOWN PA 19464-3244
215-327-0380
LLOYD, MD, BENJAMIN J IM
RD 8066H BALTHASER RD
SINKING SPRING PA 19608
215-378-8004
LLOYD, MD, EDGAR C OS
MED DIR READING HOSP
READING PA 19603
215-378-6248
LODER, DO, DONALD I FP
143 E WALL ST
LEESPORT PA 19533
215-926-2123
LOEPER, MD, DONALD J FP
214 W 6TH ST
BOYERTOWN PA 19512-1008
LOGUE III, MD, JAMES G AN
1802 HOLLY RD
READING PA 19602-1511
215-378-2429
LONGENECKER, MD,
BENJAMIN E FP
901 ELNORE AVE
TEMPLE PA 19560-1827
LONGENECKER, MD, ROGER N FP
EAST PENN MEDICAL CENTER
BLANDON PA 19510
215-926-2168
LONGENECKER, MD,
STEPHEN C ORS
1404 CLEVELAND AVE
WYOMISSING PA 19610-2108
215-378-8671
LORD, MD, WILLIAM H FP
916 ELIZABETH AVE
READING PA 19605-2629
215-929-2762
LOUGH, MD, FREDERICK C CDS
1235 PENN AVE
WYOMISSING PA 19610-2100
215-374-5000
LUECKE, MD, GAIL A DR
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6108

LUSCH, MD, CHARLES J ON
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-4404
LUTZ, MD, CHARLES K OTO
222 N 12TH ST
READING PA 19604-2964
215-374-5599
LYNCH, MD, JAMES D CD
59 TIMBERLINE DR
READING PA 19610-1971
215-375-6565
LYONS, MD, CLIFFORD H FP
RR 4 BOX 4221
HAMBURG PA 19526-9502
215-562-3066
MACAGY, MD, IAN D OBG
320 SUMMIT ST
WEST READING PA 19611-1133
215-378-6000
MAHMOOD, MD, EDNA Z OPH
WEST READING OPHTHALMIC
WEST READING PA 19611-1411
215-378-1344
MAJORANA, MD, S LEROY OBG
1153 PENN AVE
WYOMISSING PA 19610-2033
215-375-4686
MALICK, MD, GERALD P GYN
301 S 7TH AVE
WEST READING PA 19611-1410
215-375-8493
MANCANO, MD, MARYANN P PD
200 N 13TH ST STE 100
READING PA 19604-2954
215-779-4786
MANUBAY, MD, MARCELO A EM
1510 ECKERT AVE
READING PA 19602-1401
215-378-2330
MARCHINSKI, MD, LEONARD J ORS
301 S 7TH AVE STE 100
WEST READING PA 19611-1449
215-375-6147
MARCUS, MD, JEROME I CLP
OMEGA MEDICAL LABS
WYOMISSING PA 19610-1607
215-378-1900
MARIGLIO, MD, JOSEPH A PUD
1940 N 13TH ST STE 101
READING PA 19604-1543
215-929-2433
MARSHALL, MD, JOHN E GP
RR 1 BOX 70
RICHLAND PA 17087-9603
215-589-2555
MARTIN JR, MD, JOHN A ORS
40 LOWELL DR
READING PA 19606-9558
215-375-8471
MARTINEZ, MD, ZEFERINO ORS
640 WALNUT ST STE 303
READING PA 19601-3525
215-375-4900
MARX, MD, KENNETH W FP
401 CANDLEWOOD RD
BROOMALL PA 19008-1733
215-672-2660
MARYNIAK, MD, GIRARD M OBG
1643 MEADOWLARK RD
READING PA 19610-2820
215-374-4262
MASSENGALE, MD,
ALEXANDER T OBG
301 S 7TH AVE STE 115
WEST READING PA 19611-1449
215-372-2800
MATHIS, MD, JAMES G AN
1905 STURBRIDGE DR
READING PA 19610-2678
215-378-6269
MATSKO, MD, JANE R FP
30 MATTHEW DR
SINKING SPRING PA 19608-9401
215-378-2080
MATTHEWS, MD, GEORGE R R
1310 MUSEUM RD
READING PA 19611-1439
MAZUZ, MD, MEIR CD
2660 HILL RD
READING PA 19606
215-375-4679
MAZZA, MD, PATRICK A FP
533 N 10TH ST
READING PA 19604-2714
215-372-8600
MCLEAN, MD, JAMES J IM
97 GRANDVIEW BLVD
WYOMISSING HILLS PA 19609-1707
MCTAMMANY, MD, J ROBERT OBG
102 TASKER AVE
SHILLINGTON PA 19607-2808
215-775-2246
MEHARG JR, MD, JOHN G IM
11 E LANCASTER AVE
SHILLINGTON PA 19607-2631
215-777-7827
MELLON, MD, ROBERT CHP
TAOS/COLFAX COMM SVCS
TAOS NM 87571
505-758-5857

MENDELSOHN, MD, EUGENE OBG
PENNSIDE
READING PA 19606-1415
215-779-3330
MENGEL, MD, ROGER G PUD
301 S 7TH AVE STE 130
WEST READING PA 19611-1449
215-374-4421
MENGES JR, MD, JOB F ORS
1424 PENN AVE
READING PA 19610-2134
215-374-4474
MERCURIO, MD, TERESA ON
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-4404
MEYERS, MD, JOHN L EM
320 4TH ST
SHILLINGTON PA 19607-2747
MILLER, MD, JAY B U
301 S 7TH AVE STE 340
WEST READING PA 19611-1451
215-375-4579
MINEHART, MD, CHARLES R CD
BERKS CARDIOLOGISTS LTD
READING PA 19604-2964
215-375-4679
MINNICH, MD, KEITH A AN
1917 STURBRIDGE DR
WYOMISSING PA 19610-2678
215-378-6269
MINTZ, MD, PAUL S AN
READING HOSP & MED CTR
READING PA 19612-6052
215-378-5946
MITNICK, MD, PAUL D NEP
301 S 7TH AVE
WEST READING PA 19611-1410
215-378-7365
MOFFITT, MD, VINCENT J PD
1258 PENN AVE
WYOMISSING PA 19610-2130
215-374-4491
MOLL, MD, THOMAS B OPH
VAN REED PROF BLDG
WYOMISSING PA 19610-1799
215-372-0712
MONDALA-OCBO, MD, ELISA V AN
4 SEVEN SPRINGS DR
READING PA 19607-9750
215-378-2459
MORALES, MD,
AUGUSTIN F M P FP
ST JOSEPH FAM PRACTICE
READING PA 19604
215-378-2000
MORGAN, MD, YVONNE G FP
ST JOSEPH FAMILY PRACTICE
READING PA 19604
MORRIS JR, MD, VERNON R ORS
210 N 8TH ST
READING PA 19601-3308
215-378-1109
MORRISSEY JR, MD, E JAMES ORS
1121 PENN AVE
WYOMISSING PA 19610-2033
215-373-5203
MORROW, MD, BERT A GS
12 MAPLE AVE
SHILLINGTON PA 19607-1216
MORSE, MD, RICHARD J PD
EXETER PEDIATRICS
READING PA 19606-9562
215-779-9550
MOSER, MD, JOHN C FP
TWIN VALLEY MED CTR
MORGANTOWN PA 19543
215-286-9071
MOY, MD, KAI H PD
MEDICAL OFFICE CENTER
READING PA 19604
MUALLEM, MD, NABIL S OBG
110 GAIL CIR
READING PA 19610-3106
215-373-3736
MUHLENBERG, MD, J PETER PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
215-376-8691
MULLIGAN, MD, ROBERT L R
600 N BROBST ST
SHILLINGTON PA 19607-1210
NAGLE, MD, ARLINGTON A FP
RR 1 BOX 501A
WOMELSDORF PA 19567-9505
NAGY, MD, ROBERT D
150 N 11TH ST
READING PA 19601-3707
215-373-6486
NASE, MD, P KENNETH OPH
WEST READING OPHTHALMIC
WEST READING PA 19611-1411
NAYAK, MD, RAMESH M AN
41 DOWNING DR
WYOMISSING HILLS PA 19690
215-374-4816
NICHOLAS JR, MD, PETER D RHU
401 BUTTONWOOD ST
WEST READING PA 19611-1124
215-375-4251
NIEHLS, MD, BEVERLY J FP
316 LAURELWOOD DR
DOUGLASVILLE PA 19518-1010
215-378-2330

NOBLE, MD, S ROSS PM
200 READING AVE STE 102
WEST READING PA 19611-1117
215-478-8662

NORD, MD, D SCOTT ORS
2101 RIDGEWOOD RD STE 200
WYOMISSING PA 19610
215-375-4949

NUTTING, MD, RON D CDS
324 GREENBRIAR RD
WYOMISSING PA 19610-2728
215-374-5000

OLEWILER, MD, SCOTT D IM
417-2 SPRINGSIDE DR E
SHILLINGTON PA 19607
215-378-6000

OPLINGER, MD, ARTHUR F FP
2509 PERKIOMEN AVE
READING PA 19606-2051
215-779-2107

ORQUIZA, MD, CLODUALDO S U
931 PENN AVE
WYOMISSING PA 19610-3021
215-372-8995

PACIULLI, MD, RAFFAELE ORS
200 N 13TH ST STE 105
READING PA 19604-2954
215-375-8471

PADIYAR, MD, RAMDAS B AN
15 GLADWYN DR
READING PA 19606-9592
215-378-2459

PALLAS, MD, RANDOLPH S CD
1639 MEADOWLARK RD
WYOMISSING PA 19610-2820
215-375-6565

PAN, MD, EDWARD L ORS
200 N 13TH ST STE 105
READING PA 19604-2954
215-375-8471

PANDIT, MD, NIRAJ P CD
222 N 12TH ST
READING PA 19604-2964
215-375-4679

PAOLINI, MD, MAURO J PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
215-378-8691

PARCELLA, MD, PHYLLIS A AN
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6269

PARIKH, MD, SHIRISH N IM
73 S HAMPTON DR
WYOMISSING PA 19610-3108
215-378-4033

PATADIA, MD, CHANDRAKANT IM
2309 ALSACE RD
READING PA 19604-1115
215-372-8260

PATEL, MD, VRINDA P FP
159 VICTORIA LN
WYOMISSING PA 19610-1459

PAUL, MD, LEENA AN
110 HEATHER LN
WYOMISSING PA 19610-1170
215-378-2459

PAYER, MD, JEAN M OBG
DOB
WEST READING PA 19611
215-374-2214

PEARAH, MD, J DAVID OPH
455 PENN AVE
SINKING SPRING PA 19608
215-678-4552

PELLECCHIA, MD, DENNIS J AN
102 ROBERT RD
WYOMISSING PA 19610
215-378-6265

PELLEGRINI, MD, VINCENT A OBG
119 GAIL CIR
WYOMISSING PA 19610-3106
215-374-2214

PENDRAK, MD, ROBERT B GS
1203 WORTHINGTON DR
EXTON PA 19341-1652

PENTA, MD, JOHN M OTO
301 B 7TH AVE STE 305
WEST READING PA 19611-1451
215-378-6990

PERILSTEIN, MD, MICHAEL D RHU
200 N 13TH ST STE 310
READING PA 19604-2956
215-378-1658

PERKINS, MDN, PHILIP G ORS
640 WALNUT STREET
READING PA 19601-3525
215-375-4900

PERLMUTTER, MD, GORDON S R
301 B 7TH AVE
WEST READING PA 19611-1410
215-378-6108

PEW IV, MD, JOSEPH N IM
482 MEMORIAL HWY
FLEETWOOD PA 19522-8956
215-944-0878

PIEGARI, MD, GUY N CD
110 DEBORAH DR
WYOMISSING PA 19610-3104
215-375-4679

PLUCINSKY, MD, FRANCIS C AN
403 ARROWHEAD TRL
SINKING SPRING PA 19608-9581
215-378-6269

PLYMYER, MD, RAY E A
2601 MERRITT PKY
WEST LAWN PA 19609-1029

PODOLSKY, DO, JOEL P
244 N 5TH ST
READING PA 19601-3304
215-372-8822

POLITZER, MD, FRANK E CD
1218 VAN STEFFY AVE
WYOMISSING PA 19610-2446
215-375-4679

POMERANTZ, MD, PHILIP A NEP
403 N 13TH ST
READING PA 19604-2822
215-375-8577

POTKONSKI, MD, LEOPOLD A P
245 ROSEDALE DR
POTTSTOWN PA 19464-4935

PROBST, MD, SUSAN J OBG
740 PENN AVE
WEST READING PA 19611-1006
215-376-3700

RAHMANIAN, MD, NADER IM
3625 STOUDTS FERRY BRIDGE RD
READING PA 19605-1444
215-376-3936

RAMSEY JR, MD, HARRY E HEM
301 B 7TH AVE
WEST READING PA 19611-1410
215-374-4404

REED, MD, CLIFFORD A N
301 S 7TH AVE
WEST READING PA 19611-1410
215-372-0613

REED, MD, MARK S CLP
333 WHEATLAND AVE
SHILLINGTON PA 19607-1370

REES, MD, DAVID B ORS
401 BUTTONWOOD ST
WEST READING PA 19611-1124
215-376-8671

REHR, MD, ROGER B CD
122 LEISURE CT
WYOMISSING PA 19610-1903
215-375-6565

REIFSNYDER, MD, WILLIAM H IM
560 VAN REED RD STE 101
WYOMISSING PA 19610-1799
215-378-1601

REIGH, MD, ERNEST E NS
RR 3 BOX 3998
MOHNTON PA 19540-9271

REILEY, DO, MARGARET A PD
1258 PENN AVE
WYOMISSING PA 19610-2130
215-374-4491

REINER, MD, REBECCA L PD
1258 PENN AVE
WYOMISSING PA 19610-2130
215-374-4491

RENKERT, MD, ELIZABETH E FP
RTE 401
ELVERSON PA 19520-0216
215-286-6806

RESTREPO, MD, JAMES P OTO
222 N 12TH ST
READING PA 19604-2964
215-374-5599

REUBEN, MD, MARK S PD
40 BERKSHIRE CT
WYOMISSING PA 19610-1224
215-374-7400

RIGHTMYER, MD, JOHN N FP
15 SCENIC DR
HAMBURG PA 19526-9519

RIGHTS, MD, THEODORE H GP
1164 N 13TH ST
READING PA 19604-2116
215-375-8445

ROBERTSON, MD, JOHN J GP
30 E MAIN ST
KUTZTOWN PA 19530-1513
215-683-7393

ROBINSON, MD, MICHAEL L DR
60 DOWNING DR
WYOMISSING PA 19610-3109
215-378-6108

RODRIGUEZ, MD, ADOLFO E GS
301 S 7TH AVE STE 230
WEST READING PA 19611-1450
215-375-4381

ROGERS JR, MD, ROBERT M OBG
WOMENS CLINIC
WEST READING PA 19611-1410
412-374-2214

ROMIG, MD, RONALD B CRS
301 S 7TH AVE STE 335
WEST READING PA 19611-1410
215-376-5331

ROSENZWEIG, MD, SETH E GE
301 S 7TH AVE STE 215
WEST READING PA 19611-1450
215-374-4401

ROTENBERG, MD, LARRY A P
560 VAN REED RD STE 301
WYOMISSING PA 19610-1799
215-378-9601

ROWAN, MD, SANDRA K PD
310 N 11TH ST
READING PA 19604-2904
215-373-1605

ROZANSKI, MD, STANLEY J FP
941 FRANKLIN ST
READING PA 19602-1751
215-374-9624

RUBRIGHT, MD, GEORGE L GP
600 FAIRMONT AVE
WERNERSVILLE PA 19565-9756

RUDOLPH, MD, ROBERT I D
1134 PENN AVE
WYOMISSING PA 19610-2034
215-374-4463

RUNYEON, MD, WILLIAM K GS
301 S 7TH AVE STE 375
WEST READING PA 19611-1436
215-478-1900

SACKS, MD, DAVID R
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6108

SAHOO, MD, KASHINATH TR
ST JOSEPHS HOSP
READING PA 19603
215-378-2117

SALILENG, MD, FILEMON F FP
ST JOSEPH FAMILY PRACTICE
READING PA 19604-2962
215-378-2080

SALVAS, MD, DANIEL B U
6185 W MERIDIAN DR
INDIANAOPLIS IN 46208

SANTORO, MD, WILLIAM FP
3212 KUTZTOWN RD
READING PA 19605-2661
215-929-3380

SCHAEBLER, MD, M LEE FP
7 CORNELL AVE
WEST LAWN PA 19609-2318
215-777-2643

SCHARTEL, DO, ALBERT P GP
451 DOUGLASS ST
READING PA 19601-2545
215-372-1614

SCHWARTZ, MD, PETER A OBG
READING HOSP & MED CTR
READING PA 19612-6052
215-278-6827

SCHWEIZER, MD, ROBERT R FP
137 E PENN AVE
ROBESONIA PA 19551-1527
215-693-5831

SCORNAVACCHI, MD, JOSEPH M U
111 CLUBHOUSE DR
BERNVILLE PA 19506

SCORNAVACCHI JR, MD,
JOSEPH M ORS
401 BUTTONWOOD ST
WEST READING PA 19611-1124
215-376-6671

SCOVERN, MD, HENRY AI
2001 BERN RD
WYOMISSING PA 19610-1607
215-478-1737

SCULLY, MD, JOHN P D
1219 WEAVERTOWN RD
DOUGLASSVILLE PA 19518-8801

SEDA, MD, HECTOR J HNS
301 S 7TH AVE
WEST READING PA 19611-1410
215-378-9728

SEO, MD, JIN S AN
BERKS ANESTHESIA ASSOC
READING PA 19604-2991
215-378-2459

SERGI, MD, MICHAEL A PD
40 BERKSHIRE CT
READING PA 19610-1224
215-374-7400

SERRIAN JR, MD, JOHN L IM
350 E WILLOW GROVE AVE APT 21
PHILADELPHIA PA 19118
215-456-6013

SESSLER, MD, MONIQUE N FP
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6198

SEXTON JR, MD, GEORGE L GYN
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-2214

SHADDUCK, MD, SNEED P AN
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6269

SHAFFER, MD, EUGENE M GS
301 S 7TH AVE STE 310
WEST READING PA 19611-1451
215-378-7900

SHAFFER, MD, IRVIN G AN
2200 LORRAINE RD
READING PA 19604-1304

SHAH, MD, HARNISH V PD
501 WARWICK DR
READING PA 19610-1825
215-921-1111

SHAPIRO, MD, JOHN A PUD
301 S 7TH AVE STE 130
WEST READING PA 19611-1449
215-374-4421

SHAPIRO, MD, TIMOTHY A OTO
501 MARY WATERSFORD RD
BALA CYNWYD PA 19004
215-378-8413

SHEFFER, MD, M LEONARD GP
310 FAIRVIEW CHAPEL RD
BIRDSBORO PA 19508-8816
215-582-2848

SHEMANSKI, MD, CLEM J GER
FLYING HILLS
READING PA 19607-3304

SHIPPEN, MD, EUGENE R GP
9 E LANCASTER AVE
SHILLINGTON PA 19607-2631
215-777-7896

SHULTZ, MD, BARRY S U
301 S 7TH AVE STE 340
WEST READING PA 19611-1451
215-375-4579

SHUMAN, MD, JOHN F PUD
301 S 7TH AVE STE 130
WEST READING PA 19611-1449
215-374-4421

SHUMAN, MD, NANCY A IM
301 S 7TH AVE STE 130
WEST READING PA 19611-1449
215-374-4422

SICILIANO, MD, LOUIS J IM
555 PEARL ST APT 401
READING PA 19602-2656

SILVERMAN, MD, EDWARD J IM
600 MUSEUM RD
READING PA 19611
215-375-0260

SIMONS, MD, JEFFREY S AN
106 LOGAN AVE
WYOMISSING PA 19610-2616
215-378-6269

SLAVISH, MD, LYDIA G OBG
1340 PENN AVE
WYOMISSING PA 19610-2132
215-375-4241

SMITH, MD, BARTON L GE
301 S 7TH AVE
WEST READING PA 19611-1410
215-374-4401

SMITH, MD, RAYMOND L PS
926 PENN AVE
WYOMISSING PA 19610-3017
215-372-2130

SMITH, MD, RONALD E AN
960 WAYNE AVE
WYOMISSING PA 19610-2272
215-378-6269

SOBOLEWSKI, MD, CRAIG J OBG
107 INDEPENCENCE CT
BLANDON PA 19510

SOFFER, MD, STEPHEN R ORS
5F AUGUSTA LANE
READING PA 19607
215-375-4949

SOUDERS, MD, THOMAS B OPH
VAN REED PROF BLDG
WYOMISSING PA 19610-1799
215-372-0712

STAEBLER, MD, ROBIN J FP
2948 ST LAWRENCE AVE
READING PA 19606-2233
215-779-9438

STANTON, MD, ELIZABETH L FP
412 SYCAMORE RD
WEST READING PA 19611-1540
215-376-6695

STEIN, MD, WALTER AN
PO BOX 6109
WYOMISSING PA 19610-0109
215-378-1900

STELMACH, MD, JOHN P ORS
1715 ALSACE RD
READING PA 19604-1625

STELMACH, MD, PAUL PUD
1940 N 13TH ST
READING PA 19604
215-929-2433

STELMACH, MD, PETER IM
1500 OAK LN
READING PA 19604-1866
215-373-7833

STELMACH, MD, W PETER FP
1500 OAK LN
READING PA 19604-1866
215-373-7833

STOLZ, MD, JOHN C R
THE HIGHLANDS
READING PA 19610-2723

STOLZ, MD, JONATHAN L R
COMMUNITY GEN HOSP
READING PA 19601-3501
215-378-2100

STOLZ, MD, PAUL K R
39 SHEEP HILL RD
FLEETWOOD PA 19522

STOUDT, MD, DONALD E N
601 SLEDGE AVE
READING PA 19609-1112

STOUDT, DO, KATHY J FP
711 N 5TH ST
READING PA 19601-2209
215-378-7645

STRAUSE JR, MD, HAROLD L OPH
289 LEVAN ST
READING PA 19606-2808

STROBEL JR, MD, GEORGE E AN
RR 1 BOX 106
WERNERSVILLE PA 19565-9722
215-777-8645

SUMMONS, MD, HOWARD J U
RR 6 BOX 203
SINKING SPRING PA 19608

SUN, MD, HSIANG-CHUN FP
175 OLD MILL RD
WYOMISSING PA 19610
215-378-2080

SUTHERLAND, MD, ROBERT D ORS
401 BUTTONWOOD ST
WEST READING PA 19611-1124
215-376-8671

SZARKO, MD, CAROL J AN
RR 1 BOX 200
OLEY PA 19547-9606
215-378-6269

SZARKO, MD, FRANK J TR
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6067

TALLMAN, MD, EDWIN H GP
RR 3 BOX 126
OLEY PA 19547-9734

TASE, MD, DOUGLAS S ORS
200 N 13TH ST STE 105
READING PA 19604-2954
215-375-8471

TIETBOHL, MD, RALPH H FP
25 STEVENS AVE
WEST LAWN PA 19609-1424
215-678-2266

TOSO, MD, GIANFRANCO F OTO
301 S 7TH AVE
WEST READING PA 19611-1410
215-378-9728

TREXLER, MD, ETHAN L FP
PO BOX 106
FLEETWOOD PA 19522-0106

TRONCALE, MD, JOSEPH A FP
ST JOSEPH FAMILY PRACTICE
READING PA 19604-2954
215-378-2080

TRUEX JR, MD, RAYMOND C NS
601 SPRUCE ST
WEST READING PA 19611-1443
215-375-4567

VALENCIA, MD, CELEDONIO C EM
357 PENNSYLVANIA AVE
SHILLINGTON PA 19607-1313

VENIER, MD, LEON H PM
200 N 13TH ST STE 300
READING PA 19604-2956
215-372-5196

VILLARS, MD, FREDERICK CDS
1235 PENN AVENUE
WYOMISSING PA 19610
215-374-5000

WADEMAN, MD, ROSS L GS
301 S 7TH AVE
WEST READING PA 19611-1410
215-373-4151

WAGNER, MD, JOHN B FP
600 MUSEUM RD
READING PA 19611-1427
215-378-1340

WANCZYK, MD, CASIMIR J OBG
4550 OLEY TURNPIKE RD
READING PA 19606-9574
215-374-0970

WEAVER, MD, KENT E FP
2509 PERKIOMEN AVE
READING PA 19606-2051
215-779-2107

WEAVER, MD, M FAY GP
COMMUNITY HEALTH CTR
READING PA 19601-3307
215-378-8364

WEIDMAN, BRUCE R EXEC
1940 N 13TH ST STE 248
READING PA 19604-1544
215-929-8853

WEIDNER, MD, SANDRA L PD
32D GULF STREAM DR
READING PA 19607
215-376-8695

WEISBERG, MD, JEROME S RHU
401 BUTTONWOOD ST
WEST READING PA 19611-1124
215-375-4251

WELSH, MD, JAMES F PTH
RR 4 BOX 4846
MOHNTON PA 19540-9710

WEST JR, MD, WILLIAM J OBG
111 LUCINDA LANE
WYOMISSING PA 19610
215-376-6668

WESTCOTT, MD, RICHARD J GS
640 WALNUT ST
READING PA 19601-3525
215-372-3824

WIENER, MD, STEPHEN G D
1212 LIGGETT AVE
READING PA 19611-1838
215-777-6161

WILLIAMS, MD, HERMAN J GP
1801 CAMBRIDGE AVE APT A1
WYOMISSING PA 19610-2640

WILLIAMS, MD, JOHN J GP
1907 MEADOW LN
WYOMISSING PA 19610-2705

WINANS, MD, LEWIS E IM
560 VAN REED RD
WYOMISSING PA 19610-1799
215-378-1601

WINN, MD, RANDALL S DR
63 DOWNING DR
WYOMISSING PA 19610-3111
215-378-6106
WINSTON, MD, JOSEPH M R
SAINT JOSEPH HOSP
READING PA 19603
215-378-2230
WINSTON, MD, NORMAN J R
2110 HARBOURSIDE DR APT 556
LONGBOAT KEY FL 34228-4259
WIRTH, MD, TIMOTHY M IM
3200 READING CREST AVE
READING PA 19605-1656
215-921-2366
WITTELS, MD, EMANUEL FP
730 N 5TH ST
READING PA 19601-2210
215-373-2119
WOLF, MD, FRANKLIN M GS
200 N 13TH ST STE 204
READING PA 19604-2955
215-378-8244
WONG, MD, JAMES IM
403 N 13TH ST
READING PA 19604-2822
215-375-8577
WORNAS, MD, CHRISTIAN G IM
5500 S FAIRWAY DR
READING PA 19606-3614
WOTRING, MD, JOHN M OPH
632 N WAVERLY ST
SHILLINGTON PA 19607-1204
WOYNAROWSKI, MD, DAVID M IM
1830 LORRAINE RD
READING PA 19604-1638
215-374-6518
WOYNAROWSKI, MD, JOHN A FP
826 N 5TH ST
READING PA 19601-2212
215-374-6518
WUMMER, MD, BRIAN A FP
CONRAD WEISER MED GP
WOMELSDORF PA 19567-9721
215-589-2555
YEAGLEY, MD, HEBER E DR
WEST READING RADIOLOGY
WEST READING PA 19611-1410
YOH, MD, HAROLD N GP
GRACE COMMUNITY APT G-71
MYERSTOWN PA 17067
YOUNGBERG, MD, RUSSELL E PM
SCHUYLKILL REHAB CTR
POTTSVILLE PA 17901-9219
717-385-5050
YUEN, MD, ALBERT RO
READING HOSP & MED CTR
READING PA 19612-6052
215-378-6087
ZAPATA, MD, WILLIAM A IM
2020 GRING DR
WYOMISSING PA 19610-1414
215-921-2094
ZAVATSKY, MD, ALBERT R IM
400 FRANKLIN ST APT 306
READING PA 19611-1206
ZEI, MD, JULIANNA M IM
1070 INGLESIDE TER
JOHNSON CITY TN 37604-4360
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301 S 7TH AVE STE 215
WEST READING PA 19611-1450
215-374-4401
ZERBY, MD, JEFFREY C OBG
640 WALNUT ST STE 301
READING PA 19601-3525
215-378-6668
ZOBIAN, MD, EDWARD J OPH
WEST READING OPHTHALMIC
WEST READING PA 19611-1411
215-378-1344
ZOLGHADRI, MD, SIAVASH GE
8 HEARTHSTONE CT STE 303
READING PA 19606-3053
215-779-4449

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ALTOONA PA 16601
814-946-2328
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245 DONNA ST
HOLLIDAYSBURG PA 16648-9631
814-943-8164
ARBITMAN, MD, MICHAEL DR
540 E IRVIN AVE
STATE COLLEGE PA 16801-6603
814-949-4478
AYERS, MD, LLOYD R IM
RR 2 BOX 178
HOLLIDAYSBURG PA 16648-9724
BASILE, MD, JOSEPH ORS
PO BOX 433
ALTOONA PA 16603-0433
814-943-8157
BEERS, MD, KENNETH L FP
501 HOWARD AVE
ALTOONA PA 16601-4819
814-946-3635
BEGLEY, MD, CHRISTOPHER J PUD
8 ALLEGHENY DR
HOLLIDAYSBURG PA 16648-9236
814-942-5541
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501 HOWARD AVE BLDG F
ALTOONA PA 16601-4819
814-946-2020
BIESINGER, MD, GEORGE J OBG
1701 12TH AVE BLDG A
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814-944-7097
BISACCO, MD, STEPHEN J OBG
PO BOX 912
ALTOONA PA 16603-0912
814-944-6055
BISHOP, MD, DAVID W IM
RR 4 BOX 165A
ALTOONA PA 16601-9751
BLACK, MD, HOWARD M CRS
909 E MAIN ST
ROARING SPRING PA 16673-1325
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BOURDAKOS, MD, DEMETRIOS EM
1022 ENGLEWOOD RD
CLEVELAND HEIGHTS OH 44121-2046
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PO BOX 203
TYRONE PA 16686-0203
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BRADLEY, MD, VERNON F OBG
1212 13TH AVE
ALTOONA PA 16601-3434
814-946-0414
BRAY, MD, JOHN P AN
ALTOONA HOSP
ALTOONA PA 16601
814-946-3025
BRIDENBAUGH, MD, ROBERT P FP
COVE MEDICAL CENTER
ROARING SPRING PA 16673
814-224-5132
BUDD, MD, ROBERT M OPH
501 HOWARD AVE
ALTOONA PA 16601-4819
814-946-0821
BULGER, MD, DONALD W FP
RR 1 BOX 579
CLAYSBURG PA 16625-9705
814-239-2211
BULGER, MD, RICHARD H GP
PO BOX 47
NEW ENTERPRISE PA 16664-0047
BURKET, MD, LOUIS C PD
1213 24TH AVE
ALTOONA PA 16601-2921
BURKET, MD, RAMON C FP
COVE MEDICAL CENTER
ROARING SPRING PA 16673
814-224-2213
CAPITO, MD, JOSEPH C DR
29 FRANKSTOWN RD
HOLLIDAYSBURG PA 16648-2907
CASSIDY, MD, JOSEPH A GP
309 POWELL AVE
CRESSON PA 16630-1220
814-886-4127
CHEUNG, MD, HOO J GP
225 S CENTER AVE
SUMMERSET PA 15501
814-443-5000
CHO, MD, DOO W P
PO BOX 89
ALTOONA PA 16603-0089
814-946-2584
CLARK, MD, MICHAEL L AN
2500 7TH AVE
ALTOONA PA 16602-2004
814-949-4440
CONFER, MD, MICHELLE A OBG
2082 N 220 BUSINESS
DUNCANSVILLE PA 16635
814-696-1144
COTTLE, MD, BETTY L AN
25 SYLVAN DR
HOLLIDAYSBURG PA 16648-2718
COTTLE, MD, HAROLD R PTH
25 BYLVAN DR
HOLLIDAYSBURG PA 16648-2718
814-695-0659
CRAWFORD JR, MD, RALPH W GYN
3505 BAKER BLVD
ALTOONA PA 16602-1827
814-946-4331
CRIDER, MD, DONALD B P
501 HOWARD AVE
ALTOONA PA 16601-4819
814-942-1462
DECKER, MD, RICHARD L FP
501 HOWARD AVE BLDG F
ALTOONA PA 16601-4819
814-946-2020
DEFAY, MD, STANLEY D AN
620 HOWARD AVE
ALTOONA PA 16601-4804
814-946-2887
DEFRANCISCO, MD, LANCE C GE
810 VALLEY VIEW BLVD
ALTOONA PA 16602-6342
814-946-5469
DEKONING, MD, JOHANNES L FP
311 UNION ST
HOLLIDAYSBURG PA 16648-2017
814-695-5071
DELERME, MD, AUGUSTO N HNS
600 CHESTNUT AVE
ALTOONA PA 16601-4818
814-944-9471
DIEHL, MD, STEVEN L DR
112 SYLVAN OAKES DR
HOLLIDAYSBURG PA 16648-2902
814-949-4478
DIETRICK, MD, RONALD A OBG
1701 12TH AVE STE A
ALTOONA PA 16601-3100
814-944-5062
DINGER, MD, JOHN M AN
8 CEDAR HEIGHTS EST
DUNCANSVILLE PA 16635-1459
814-946-7877
DLUZANSKY, MD, JAMES J U
7817 E MINNEZONA AVE
SCOTTSDALE AZ 85251-2101
DOWLUT, MD, MOHAMMAD N IM
1400 LOGAN BLVD
ALTOONA PA 16602-4034
814-946-8996
EMERY, MD, PAUL F EM
119 CLOVER DR
HOLLIDAYSBURG PA 16643
ENGLAND, MD, MICHAEL V OBG
144 QUEEN ANN DR
HOLLIDAYSBURG PA 16648
814-224-5455
ENGLISH, MD, JAMES B CD
2902 3RD AVE
ALTOONA PA 16602-1926
ERVIN, MD, LAWRENCE M GP
931 MAIN ST
COALPORT PA 16627-0335
814-672-3626
FABINYI, MD, GEZA T OPH
1331 12TH AVE STE 102
ALTOONA PA 16601-3340
814-944-4266
FALL, MD, MICHAEL H U
14 FRANKSTOWN RD
HOLLIDAYSBURG PA 16648-2908
FAZI, MD, BURT TS
620 HOWARD AVE
ALTOONA PA 16601-4804
814-946-2328
FEES JR, MD, ARCH W U
RR 2 BOX 401
HOLLIDAYSBURG PA 16648-9230
FENELLO, MD, ANTHONY P GER
501 HOWARD AVE
ALTOONA PA 16601-4819
814-946-0484
FISCHER, MD, EDWARD P GS
2613 8TH AVE STE4C
ALTOONA PA 16602-2000
814-949-9507
FLYNN, MD, J DENNIS R
NASON HOSP
ROARING SPRING PA 16673
814-224-6204
FOCHLER, MD, FRANCIS J GS
501 HOWARD AVE
ALTOONA PA 16601-4819
814-944-6269
FORMANEK, MD, GREGORY A ON
195 HICKORY TERRACE LN
HOLLIDAYSBURG PA 16648-9799
814-942-4321
FRIDAY, MD, DANIEL M OBG
CLAY AVE EXT
TYRONE PA 16686
814-684-0592
FULCHIERO, MD, GREGORY J ORS
2727 BEALE AVE
ALTOONA PA 16601-1705
814-944-4531
GATTUSO JR, MD, JOSEPH W IM
2613 8TH AVE STE 2E
ALTOONA PA 16602-2000
814-942-2411
GIBBONS, MD, WILLIAM P PS
703 BEAUMONT DR
ALTOONA PA 16602-2909
GILOT, MD, JEAN M AN
3009 2ND AVE
ALTOONA PA 16602-1923
814-946-2877
GOLDSCHMIDT, MD, PAULINE CHP
501 HOWARD AVE BLDG D
ALTOONA PA 16601-4819
814-944-2107
GONZALEZ-FLORIN, MD,
RUBEN A PD
121 JUNE DR
ROARING SPRING PA 16673-1209
814-224-5700
GORCHESKY, MD, MARK S AN
ALTOONA ANESTHESIA ASSOC
ALTOONA PA 16601-4804
814-946-7877
GRAB, MD, EDMUNDO M OBG
1701 12TH AVE BLDG A
ALTOONA PA 16601-3100
814-944-5062
GREEN, MD, TRACEY D FP
501 HOWARD AVE
ALTOONA PA 16601-4819
814-946-2020
GURMAN, MD, ANDREW W ORS
515 26TH ST
ALTOONA PA 16602-2026
814-942-1166
HAAS, MD, CHARLES M PTH
MERCY HOSP
ALTOONA PA 16603
814-949-4495
HALL, MD, JAMES P FP
111 SARAH DR
ALTOONA PA 16601-9430
814-672-5141
HARKER, MARJORIE E EXEC
503 E PLANK RD 2ND FL
ALTOONA PA 16602-4114
814-942-8691
HARVEY, DO, CHARLES J ORS
515 26TH ST
ALTOONA PA 16603
814-942-1166
HASABNIS, MD, SUHAS P OBG
501 HOWARD AVE
ALTOONA PA 16601-4819
814-946-0429
HEIMBACH, MD, JAMES A IM
RR 5 BOX 48
ALTOONA PA 16601-9760
HELFFRICH, MD, RICHARD S FP
EXECUTIVE HOUSE II
ALTOONA PA 16601
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HERBERG, MD, JAMES P FP
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ALTOONA PA 16601
814-946-9000
HIGGINS, MD, DAVID E OTO
501 HOWARD AVE
ALTOONA PA 16601-4819
814-944-5357
HILL, MD, ROBERT J ORS
P O BOX 48
ALTOONA PA 16603-0048
HIMES JR, MD, RALPH F OPH
180 STONEHEDGE RD
HOLLIDAYSBURG PA 16648-9764
HISSOM JR, MD, BYRON R IM
2613 8TH AVE
ALTOONA PA 16602-2000
814-943-5633
HOFFMAN, MD, SALEE L ON
219 LOGAN BLVD
ALTOONA PA 16602-3118
814-946-1655
HOOVLER, MD, PHILIP W FP
1414 8TH AVE
ALTOONA PA 16602-2498
814-946-1655
HORMELL, MD, JOHNSON G FP
601 HAWTHORNE DR
HOLLIDAYSBURG PA 16648-2257
814-695-5500
HURST, MD, JOHN W R
1215 23RD AVE
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1017 S CARLISLE LN
ALTOONA PA 16602-7454
814-944-8012
JANAKIRAMAN, MD,
VIJYAYARA G IM
1528 PLEASANT VALLEY BLVD
ALTOONA PA 16601
814-944-4340
JENKINS, MD, BENJAMIN C FP
815 EAST ST
ALTOONA PA 16602-5464
814-942-3595
JOHNSON, MD, DANIEL W FP
601 HAWTHORNE DR
HOLLIDAYSBURG PA 16648-2257
814-942-9355
JOHNSON, MD, JOHN H AN
620 HOWARD AVE 7TH FL
ALTOONA PA 16601
814-946-7877
JONES, MD, LARRY W OPH
RR 1 BOX 270
MARTINSBURG PA 16662-9401
814-224-4439
JOURDAIN, MD, LUIS M PTH
ALTOONA HOSP
ALTOONA PA 16603
814-946-2170
KACZOR, MD, STANLEY F GP
3006 4TH AVE
ALTOONA PA 16602-1934
KANSAL, MD, KUSUM R OBG
714 6TH AVE
ALTOONA PA 16602-2626
814-942-5466
KANSAL, MD, RAJ G U
714 8TH AVE
ALTOONA PA 16602-2626
814-942-8045
KARUNARATNE, MD, ESIRI R DR
ALTOONA HOSP
ALTOONA PA 16603
814-946-2694
KENKEL, MD, DELIA R EM
202 HOUTZ LN
PORT MATILDA PA 16870-9559
814-684-1255
KHALOUF, DO, FRED K AN
351 CEDAR ST
HOLLIDAYSBURG PA 16648-2711
814-941-3272
KIHM, MD, RONALD H R
HOWARD AVE AND 7TH ST
ALTOONA PA 16603
814-946-2695
KIMBLE, DO, GREGORY A IM
702 18TH ST
ALTOONA PA 16602
814-944-3740
KIVITZ, MD, ALAN J RHU
711 LOGAN BLVD
ALTOONA PA 16602-4165
814-943-2088
KOLLMAN, MD, KEVIN J IM
2 HOSP DR
TYRONE PA 16686
814-684-7438
KUBICKA, MD, KURT T FP
1201 2ND ST JUNIATA GAP
ALTOONA PA 16601-4964
814-946-2701
KUNKEL, MD, FRANK A AN
620 HOWARD AVE 7TH FL
ALTOONA PA 16601
814-946-2887
KURIAN, MD, SANTHAMMA PTH
14 HICKORY HL
HOLLIDAYSBURG PA 16648-9728
814-943-8164
KWON, MD, JONG D R
HOWARD AVE AND 7TH ST
ALTOONA PA 16601
814-946-2599
LEVIN, MD, ROBERT M DR
242 STONEHEDGE
HOLLIDAYSBURG PA 16648
814-949-4478
LEWIS, MD, KATHRYN A PD
450 W 15TH ST
TYRONE PA 16686-2006
814-684-3178
LISZKA, DO, ANNE-MARIE IM
140 W 2ND ST
ERIE PA 16507
814-455-1321
LOCKE, MD, DARRON B FP
ALTOONA HOSP
ALTOONA PA 16601
814-946-2020
LONG, MD, SAMUEL E EM
212 DEER RUN RD
HOLLIDAYSBURG PA 16648-2944
814-948-7171
LOUTON, MD, FANNY X US
1701 12TH AVE
ALTOONA PA 16601
814-949-7280
LOUTON, MD, ROBERT B PS
INTOWNE SQ
ALTOONA PA 16601-3100
814-949-7280
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401 MAIN ST
BELLWOOD PA 16617-2196
LUKACS, MD, KORNEL N
1915 VALLEY VIEW BLVD
ALTOONA PA 16602-6527
814-944-3347
MAGEE, MD, RICHARD S GS
BLAIR MEDICAL CTR
ALTOONA PA 16601-4819
814-946-0891
MAITRA, MD, SUBHASHIS VS
14 CLOVER DR
HOLLIDAYSBURG PA 16648-2502
814-943-4937
MANIGLIA, MD, ANGELO J IM
702 18TH ST
ALTOONA PA 16602-2309
814-943-3913
MANIGLIA, MD, ANTHONY J IM
702 18TH ST
ALTOONA PA 16602-2309
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118 LIMESTONE RD
HOLLIDAYSBURG PA 16648-9779
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MONCMAN, DO, MICHAEL-GERARD NS
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814-944-7810
MORGAN, MD, VINCENT F PM
114 ALLEGHENY CT
HOLLIDAYSBURG PA 16648-9239
814-941-3280
MORROW, DO, ARTHUR W FP
413 PENNSYLVANIA ST
ALTOONA PA 16602-1150
814-946-2020
MUHLFELDER, MD, WARREN J P
400 PLEASANT VALLEY BLVD
ALTOONA PA 16602-6404
814-944-5744
NARROW, MD, CHARLES M PM
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NOVAKOVIC, MD, RACHEL L GS
TYRONE HOSP
TYRONE PA 16686
814-684-7436
OPIDA, MD, CICERON L N
1915 VALLEY VIEW BLVD
ALTOONA PA 16602-6527
814-946-5000
OPIDA, MD, MARINA OBG
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ALTOONA PA 16603-0912
814-946-8080
OSGOOD, MD, CARROLL P NS
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814-946-9150
PANDIT, MD, RASHMIKANT S IM
18 CIRCLE DR
HOLLIDAYSBURG PA 16648-9244
814-944-7000
PATEL, MD, ARUN R DR
ALTOONA HOSP
ALTOONA PA 16603
814-946-2694
PATEL, MD, KISHOR D PD
1004-F HENCH CIR
ALTOONA PA 16602
814-944-5000
PAZMINO, MD, ROY R OBG
8 CLAY AVE EXT
TYRONE PA 16686
814-684-0592
PIKE, MD, DEBRA S OBG
104 HILLCREST DR
ROARING SPRING PA 16673
814-224-5455
POLLOCK, MD, ARTHUR E GP
7 PINEVIEW MNR DR
HOLLIDAYSBURG PA 16648
PONTZER, MD, PETER F FP
1414 8TH AVE
ALTOONA PA 16602-2496
814-946-1655
PRICE, MD, TODD A AN
109 BONNIE LANE
HOLLIDAYSBURG PA 16648
RAINEY, MD, EDWARD C OBG
2062 N 220 BUSINESS
DUNCANSVILLE PA 16635
814-696-1144
RAJU, MD, PADMA I RO
501 HOWARD AVE BLDG E
ALTOONA PA 16601-4819
814-944-7777
RAJU, MD, RUDRARAJU P TR
501 HOWARD AVE
ALTOONA PA 16601-4819
814-944-7777
REBELLO, MD, SUNIL D FP
271 FAY DR
HOLLIDAYSBURG PA 16648-9639
814-533-9000
RECKER, MD, SCOTT F PM
648 CEDARCREST DR
DUNCANSVILLE PA 16635-7406
814-949-4483
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PO BOX 268
BEMUS POINT NY 14712-0268
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806 LOGANDALE DR
ALTOONA PA 16601
814-672-5141
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369 CIRCLE WOODS
VENICE FL 34293
ROSCH, MD, JULIUS C IM
889 GREENWAY DR
ALTOONA PA 16601-1501
ROSENCRANTZ, MD, ELLIOT P
118 LIMESTONE RD
HOLLIDAYSBURG PA 16648-9779
SALTZBURG, DO, MICHAEL C ORS
EXECUTIVE HOUSE I STE 200
ALTOONA PA 16601
814-946-3336
SANKARAN, MD, MANICKAM IM
901 VALLEY VIEW BLVD STE 101
ALTOONA PA 16602
814-943-5196
SANTILLAN, MD, VICTOR H GS
2 HOSP DR
TYRONE PA 16686-1801
814-684-5399
SCHATANOFF, MD, DAVID TR
108 ELM ST
HOLLIDAYSBURG PA 16648-2929
814-949-4280
SCHMIDT, MD, STEPHEN L GS
COVE SURGICAL ASSOC
ROARING SPRING PA 16673-1325
814-224-2215
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814-239-2211
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817 PENN ST
HOLLIDAYSBURG PA 16648-1549
SHEEDY, MD, JOHN G FP
5 FAIRLAWN DR
HOLLIDAYSBURG PA 16648-2803
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RR 3 BOX 212
ALTOONA PA 16601-9210
SILVERMAN, MD, JOSEPH S P
501 HOWARD AVE STE B3
ALTOONA PA 16601-4811
814-943-5219
SKERL, MD, ANTON O FP
2502 2ND AVE
ALTOONA PA 16602
814-886-8181
SKRENTNY, MD, THOMAS T FP
RR 3 BOX 329A
ALTOONA PA 16601-9215
814-942-8420
SMITH, MD, VICTORIA T PM
207 LAKEMONT PARK BLVD
ALTOONA PA 16602-5945
814-942-1044
SNEFF, MD, EUGENE M PTH
ALTOONA HOSP
ALTOONA PA 16603
814-946-2311
SOLLENBERGER, MD, LAURA B IM
2613 8TH AVE STE 3
ALTOONA PA 16602-2000
814-943-5633
SOMMER, MD, VICKI M PD
711 LOGAN BLVD
ALTOONA PA 16602-4165
814-946-1583
STOKER, MD, JOHN W GYN
JUNIATA GAP
ALTOONA PA 16601-9758
STOWELL, MD, JOSEPH M GS
BLAIR MEDICAL CTR
ALTOONA PA 16601-4819
814-944-6109
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2323 BROAD AVE
ALTOONA PA 16601-1937
814-944-2015
SUTTON, MD, CHARLES A DR
903 LAWRENCE DR
DUNCANSVILLE PA 16635-1103
TAYLOR, MD, MARK A ORS
515 26TH ST
ALTOONA PA 16602-2026
814-942-1188
TICK, MD, ROBERT C AN
ALTOONA HOSP
ALTOONA PA 16603
814-946-7877
TOLIS, MD, BASILE D GS
112 UNION AVE
ALTOONA PA 16602-3248
814-942-1782
TRYBUS JR, MD, ADAM G DR
5 DEVON DR
HOLLIDAYSBURG PA 16648-2801
814-946-2594
TSAI, MD, MING C IM
RR 2 BOX 567
HOLLIDAYSBURG PA 16648-9753
814-695-6815
TUSHIM, MD, JOSEPH N GP
RR 4 BOX 210
ALTOONA PA 16601-9752
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1701 12TH AVE BLDG A
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5659 FOXCROSS PL
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WUSTROW, MD, H JUERGEN PD
4329 6TH AVE
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BLAIR MEDICAL CTR
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814-943-3840
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2 N JUNIATA ST
HOLLIDAYSBURG PA 16648-1906
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SAYRE PA 18840
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BOSELLI, MD, BRUCE D ON
106 HILLCREST DR
SAYRE PA 18840-1006
BOWEN, MD, ROBERT E IM
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BOYEK, MD, MICHAEL F FP
GUTHRIE CLINIC
TOWANDA PA 18848-2132
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BRADSTREET, MD, R PERRY PTH
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SAYRE PA 18840-1754
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BUCKTHAL, MD, PAUL E N
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SAYRE PA 18840
717-882-3199
CADY, MD, JOSEPH B CD
23 PITNEY ST
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CAMA, MD, JOSEPH FP
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SAYRE PA 18840
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ELLIS, MD, DIANA E AN
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SAYRE PA 18840
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SAYRE PA 18840
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SAYRE PA 18840
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SAYRE PA 18840
KIKKAWA, MD, KAZUTOSHI R
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SAYRE PA 18840
KING, MD, ARTHUR B NS
728 S MAIN ST
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KING, MD, JOSEPH T PTH
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721 S MAIN ST
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SAYRE PA 18840
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LIM, MD, REBECCA B AN
GUTHRIE CLINIC
SAYRE PA 18840
LINGENFELTER, MD, KYLE A GS
120 VISTA DR APT 2
SAYRE PA 18840-1123
LLINAS, MD, ALFREDO J GS
RR 5 BOX 5103
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SAYRE PA 18840
MACK, MD, BRUCE J N
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MACKLER, MD, GERALD L ON
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SAYRE PA 18840
717-822-2140
MAHON JR, MD, FRANK B U
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SAYRE PA 18840
717-888-5858
MALICK, MD, ALNOOR A IM
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SAYRE PA 18840
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GUTHRIE CLINIC
SAYRE PA 18840
717-882-3152
MARTINES, DO, RICHARD D
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SAYRE PA 18840
717-888-5858
MCCLINTIC, DO, WILLIAM R FP
GUTHRIE CLINIC
TROY PA 16947
717-297-4104
MCDONALD JR, MD, THOMAS J GE
GUTHRIE CLINIC
SAYRE PA 18840
717-888-5858
MCGOVERN JR, MD, THOMAS M TS
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417 N MAIN ST
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GUTHRIE CLINIC
SAYRE PA 18840
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MIKAYA, MD, MARTIN L EM
3 OAK HILL DR
SAYRE PA 18840-9646
717-265-2191
MOODY, MD, ROBERT A NS
GUTHRIE CLINIC
SAYRE PA 18840
MURTLAND, MD, ALBERT M ORS
GUTHRIE CLINIC
SAYRE PA 18840
717-888-5858
NAGLE, MD, WARREN C U
766 S MAIN ST
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NAZAR, MD, JOSE E ORS
100 5TH ST
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NOONE, MD, JAMES P GP
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TOWANDA PA 18848
717-265-6178

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SAYRE PA 18840
717-882-2406
ORR, MD, ALEXANDER S OBG
GUTHRIE CLINIC
SAYRE PA 18840
717-882-2543
ORTEGA, DO, KENNETH D ORS
GUTHRIE CLINIC
SAYRE PA 18840
717-882-2184
PACANOWSKI, MD, JOHN P PD
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SAYRE PA 18840
PAUL, MD, STEPHEN E NS
GUTHRIE CLINIC
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PEARSON, MD, ELYSE S AN
GUTHRIE CLINIC
SAYRE PA 18840
717-888-5858
PELKOWSKI, MD, DAVID J IM
109 TARA PKY
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717-888-5858
RAMAN, MD, GITA S AN
GUTHRIE CLINIC
SAYRE PA 18840
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RANCK, MD, SIDNEY G OBG
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SAYRE PA 18840
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SCOPELLITI, MD, JOSEPH A GE
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SAYRE PA 18840
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SHELLING, MD, RICHARD E IM
GUTHRIE CLINIC
SAYRE PA 18840
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SHENFIELD, MD, HENRY T D
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TAMA, MD, LAWRENCE FP
RR 1
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1790 YARDLEY LANGHORNE RD
YARDLEY PA 19067-5523
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ALAND, MD, CHRISTOPHER M ORS
829 DURHAM RD
PENNDEL PA 19047-5736
215-752-1333
ALDERFER, MD, ARTHUR J OBG
8 HILLENDALE RD
PERKASIE PA 18944-2368
215-257-0414
ALTMAN, DO, RISA PD
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TELFORD PA 18969
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ANSLEY, MD, MARK W DR
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PHILADELPHIA PA 19103-6626
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APPLESTEIN, MD, BRUCE CD
303 W STATE ST
DOYLESTOWN PA 18901-3559
215-345-1900
AZAR, MD, REZA R AN
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DOYLESTOWN PA 18901
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BAKSHI, MD, KINNARI K OPH
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BENSALEM PA 19020-3526
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BARBA III, MD, WILLIAM P PD
CENTRAL BUCKS PEDIATRICS
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370 MIDDLETOWN BLVD
LANGHORNE PA 19047-1840
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LANGHORNE PA 19047-1221
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1517 DURHAM RD
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BLUMENTHAL, MD, JEFFREY R IM
333 N OXFORD VALLEY RD
FAIRLESS HLS PA 19030-2605
215-946-1500
BLUMENTHAL, MD, MELVIN S CD
1472 GREEN MEADOWS RD
YARDLEY PA 19067
215-321-4214
BOLAND JR, MD, FRANCIS B ORS
14D MEMORIAL DR
DOYLESTOWN PA 18901-0696
BOLANOWSKI, MD, DEBORAH J PD
195 PENN AVE
TELFORD PA 18969-1916
215-723-7177
BONNER, MD, DENNIS J PM
1667 WRIGHTSTOWN RD
NEWTOWN PA 18940-2615
215-752-0200
BONNER, MD, WILLIAM F PM
333 N OXFORD VALLEY RD
FAIRLESS HILLS PA 19030-2605
215-547-6611
BORAH, MD, BISHNU C PD
380 MIDDLETOWN BLVD #702
LANGHORNE PA 19047-1822
215-752-9100
BRACKIN, MD, GEORGE G R
DOYLESTOWN HOSP
DOYLESTOWN PA 18901-2596
215-345-2290
BRACKUP, MD, ALAN B OPH
1568 WOODBOURNE RD
LEVITOWN PA 19057-1508
215-943-7800

BRECHER, MD, JEFFREY A IM
206 NEWTOWN RD
WARMINSTER PA 18974-5275
BRECHER-BEKOFF, DO,
LINDA S IM
404 MIDDLETOWN BLVD STE 304
LANGHORNE PA 19047
215-750-3385
BRENNEMAN, MD, PAUL G FP
365 IRON HILL RD
DOYLESTOWN PA 18901-2018
BRESLIN, MD, KENNETH S GE
301 OXFORD VALLEY RD STE 701
YARDLEY PA 19067-6339
215-321-7221
BROWN, MD, SUSAN J PD
201 INVERNESS CIR
CHALFONT PA 18914-3919
215-345-6090
BROWN JR, MD, WILLIAM C OPH
38 BAILEY DR
WASHINGTON CROSSING PA 18977
215-860-0909
BROWN V, MD, THOMAS W GS
750 S WEST END BLVD
QUAKERTOWN PA 18951-2662
215-536-1133
BUCHER, MD, ROBERT G FP
CHERRY LN
WYCOMBE PA 18980
215-598-3821
BUCKLER, MD, RICHARD A N
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-4900
BUCKWALTER, MD,
JEFFREY A FPS
14 SANDY KNOLL DR
DOYLESTOWN PA 18901-2425
215-348-1152
BUINEWICZ, MD, ANNA M FP
DOYLESTOWN FAM PRAC
DOYLESTOWN PA 18901-4815
215-348-4914
BULKLEY, MD, ANDREW D EM
2690 S CAMINO LORCA
GREEN VLY
AZ 85614-1214
BUMGARDNER, MD, JAMES L ORS
LAWN AVE PROF CTR
SELLERSVILLE PA 18960
215-257-3789
BURKE, MD, JEROME M GE
836 LAWN AVE
SELLERSVILLE PA 18960-1550
215-257-3011
BURMEISTER, MD, CHARLES W GP
PLUMSTEADVILLE PA 18949
BYER, MD, HAROLD H OPH
5045 SWAMP RD STE 101
FOUNTAINVILLE PA 18923-0480
215-348-0443
CAMPBELL, MD, CHARLES E M OPH
127 S 5TH ST STE 170
QUAKERTOWN PA 18951-1682
215-538-3888
CAMPBELL, MD, NEIL P OBG
300 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-547-2870
CANDIA, MD, ANDREA J DR
DOYLESTOWN HOSP
DOYLESTOWN PA 18901
215-345-2299
CAPPIELLO, MD, WILLIAM A GS
57 RUST HILL RD
LEVITTOWN PA 19056-2311
215-757-4181
CARLIN, MD, MARIE C D
444 S STATE ST STE C3
NEWTOWN PA 18940-1945
215-860-6100
CARLOS, MD, HECTOR J PS
870 LAWN AVE STE 3B BOX 8
SELLERSVILLE PA 18960-1571
215-257-6906
CARROLL, DO, EDMUND T AI
1621 FARRAGUT AVE
BRISTOL PA 19007-5406
215-788-5594
CARVAJAL, MD, ROBERTO T IM
2105 YARDLEY RD
YARDLEY PA 19067-3065
215-752-4110
CASALE, MD, LOUIS J PD
709 W SANDY RIDGE RD
DOYLESTOWN PA 18901-2129
215-471-2781
CAUFFMAN, MD, WILLIAM J IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
CEVALLOS, MD, EDUARDO A PD
541 S WEST END BLVD
QUAKERTOWN PA 18951-1407
CHAI, MD, CHIU L FP
256 TRUMBAUERSVILLE RD
QUAKERTOWN PA 18951-2651
215-536-0655
CHARNEY, MD, RICHARD H U
205 NEWTOWN RD STE 101
WARMINSTER PA 18974-5206
215-674-0301

CHAWLA, MD, HARISH C PM
1411 WOODBOURNE RD
LEVITTOWN PA 19057-1504
215-943-2000
CHENEY, MD, RICHARD T D
1564 HUMMINGBIRD CT
YARDLEY PA 19067-5751
215-862-2597
CHIN, MD, BYOUNG KWON IM
763 GROVE AVE
SOUTHAMPTON PA 18966-3438
CHIRAYATH, MD, MERCY IM
185 CRESTVIEW WAY
YARDLEY PA 19067-5827
215-750-2000
CHOBY, MD, JOHN J OBG
83 FOXCROFT DR
DOYLESTOWN PA 18901-3263
215-340-2229
CIANFRANI, MD, PETER M FP
925 MAIN ST
PENNSBURG PA 18073-1631
215-679-4421
CICCONE, MD, PATRICK E P
J&J/MERCK
FT WASHINGTON PA 19034
215-233-8656
CICCOTELLI, MD, ALDO A FP
118 W RICHARDSON AVE
LANGHORNE PA 19047-2828
215-757-1525
CIRIGLIANO, MD, DANIEL A PM
FLOURTOWN COMMONS
STE 213
FLOURTOWN PA 19031-1111
215-233-2810
CLARKE, MD, FRANKLYN R P
378 S BELLEVUE AVE
LANGHORNE PA 19047-2840
215-757-3030
CLIPP, MD, SAMUEL W R
1070 KRAUSSDALE RD
E GREENVILLE PA 18041
215-453-4463
COHEN, MD, DANIEL J R
836 W STATE ST
TRENTON NJ 08618-5326
609-393-0333
COHEN, MD, MARTIN A ORS
409 WESTVIEW RD
ELKINS PARK PA 19117-2427
215-355-5525
COHLER, MD, ALAN TR
24 W BUTLER AVE
CHALFONT PA 18914-3018
215-822-3787
COLETTA, MD, DANIEL J OBG
730 SPRING VALLEY RD
DOYLESTOWN PA 18901-3256
215-348-3382
COLLINS, MD, DEIRDRE M NEP
377 BIRDSONG WAY
DOYLESTOWN PA 18901-4895
CONAHAN, MD, BERNARDIN O PD
327 DORSET CT
DOYLESTOWN PA 18901-2500
CONCOOL, MD, BARRY M OPH
WOODBOURNE EYE CTR
LEVITTOWN PA 19057-1508
215-943-7800
CONNORS JR, MD, EARL K FP
ST MARY HOSP
LANGHORNE PA 19047-1295
215-750-2006
CONRAD, MD, JAMES L GP
1301 N 5TH ST
PERKASIE PA 18944-2256
215-257-5128
COSTANTINO, MD, GEORGE N GS
402 MIDDLETOWN BLVD STE 214
LANGHORNE PA 19047-1822
215-750-1511
COSTELLO, DO, THOMAS P AN
12 SOLEBURY MT RD
NEW HOPE PA 18938
215-757-1900
COVERDALE, MD, PAUL J IM
BURNT HOUSE HILL RD
DOYLESTOWN PA 18901-9805
COVERDALE III, MD, EDWARD J IM
RR 2 WATSON DR
DOYLESTOWN PA 18901-9802
COYLE, MD, THOMAS J GS
PO BOX 330
SELLERSVILLE PA 18960-0330
215-257-3697
COYNE, MD, VERONICA E IM
5049 SWAMP RD
BOX 375
FOUNTAINVILLE PA 18923
215-348-0717
CRASTNOPOL, MD, DAVID H AN
3850 RUCKMAN WAY
DOYLESTOWN PA 18901-6500
215-453-4810
CRITTENDEN, MD, DONALD W GP
424 GRANDVIEW AVE
PERKASIE PA 18944
CULOTTA, MD, DOMINIC A OTO
BOX 105F
FEASTERVILLE PA 19053
215-355-1155

CURCI, MD, JOSEPH J GS
18 GOLFVIEW RD
DOYLESTOWN PA 18901
215-348-7080
DADDARIO, MD, RICHARD T N
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-4900
DANIELS, MD, FELICIA B IM
3338 CARROLL CT
BENSALEM PA 19020-1817
DANZIS, DO, JEFFREY J FP
202 N MAIN ST
CHALFONT PA 18914-2918
215-822-3113
DARNELL, MD, RICHARD I GP
4 HIGH RD
NEW HOPE PA 18938-1109
215-862-2803
DAVIES, MD, ROBERT J IM
1723 WOODBOURNE RD STE 1
LEVITTOWN PA 19057-5205
215-945-1650
DAVIS, MD, HARRIET J PDA
PENNSWOOD VILLAGE C113
NEWTOWN PA 18940
DEGROOF, MD, ELLEN P L AN
145 WATER CREST DR
DOYLESTOWN PA 18901-3267
215-453-4550
DELVECCHIO, MD,
FREDESUINDA P GP
2392 DIXON AVE
CROYDON PA 19021-5123
DEPENA, MD, CHARLES A R
700 LAWN AVE
SELLERSVILLE PA 18960-1548
215-453-4000
DERRICK, MD, BRUCE M GS
18 N FRANKLIN ST
DOYLESTOWN PA 18901-3536
215-348-7080
DERSHAW, MD, BRUCE B PUD
333 N OXFORD VALLEY RD #510
FAIRLESS HILLS PA 19030-2618
DESANTIS, MD, LUIGI IM
87 W TRENTON AVE
MORRISVILLE PA 19067-6651
215-295-7012
DETWEILER, JOHN S EXEC
200 APPLE ST STE 3
QUAKERTOWN PA 18951-1686
215-536-8665
DEVENUTO JR, MD, JOSEPH J OPH
SUGAR RD BOX 154
SOLEBURY PA 18963
215-345-6100
DEVINE, MD, PETER J OM
6 PHEASANT DR
HOLLAND PA 18966-1949
DIMOIA, MD, MARGARET M PD
301 FAIRVIEW AVE
LANGHORNE PA 19047-5113
215-752-8433
DIRIENZO, MD, ENRICO J FP
833 DURHAM RD
PENNDEL PA 19047-5736
717-752-5433
DOBROTA, MD, JOHN S GE
UB MEDICAL ARTS BLDG
SELLERSVILLE PA 18960-1548
215-257-5071
DOWNS, DO, CAROLYN R FP
119 CHAPEL RD
NEW HOPE PA 18938-1007
215-862-3371
DRAGANOSKY, MD, EUGENE A OBG
1288 NEW RODGERS RD
LEVITTOWN PA 19056-1801
215-757-8200
DRAPCHO-FOTI, MD, CONNIE IM
PO BOX 375
FOUNTAINVILLE PA 18923-0375
215-221-4545
DREZNER, MD, MALCOLM E GS
8 BARCLAY CT
NEWTOWN PA 18940-1555
215-757-6400
DSILVA, MD, HENRY I NEP
ST MARY MED OFFICE #404
LANGHORNE PA 19047-1223
215-757-5772
DUFFIELD, MD, THOMAS E FP
408 FLORAL VALE BLVD
MORRISVILLE PA 19067-5526
215-579-9260
DUPREE, MD, BETH B GS
ST MARY MED BLDG STE 400
LANGHORNE PA 19047
215-757-6400
DYCKMAN, MD, SHARON OPH
46 LANFAIR RD
CHELTENHAM PA 19012-1422
215-925-6428
EBERHART, MD, JOSEPH C FP
824 DUCHESS DR
YARDLEY PA 19067-4620
215-493-5535
EFFINGER, MD, GEROLD J IM
1145 SUNNY HILL DR
LANGEHORNE PA 19047-1247

EICHER, MD, WENDELL P GS
750 S WEST END BLVD
QUAKERTOWN PA 18951-2662
215-536-1133
ELIAS, MD, ZEV NS
101 MECHANICS ST
DOYLESTOWN PA 18901
215-340-0300
ERLICHMAN, MD, I FULTON IM
2 SHADYWOOD RD
LEVITTOWN PA 19056-1706
ESCHBACH, MD, EUGENIE M P
807 LAWN AVE
SELLERSVILLE PA 18960-1548
215-257-6551
EXLEY, MD, WILLIAM B AN
5236 ROSEWOOD DR
CENTER VALLEY PA 18034
502-798-8203
FACCENDA, MD, DEBORAH R PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
FANELLI, DO, ANDREW T GE
COURTYARD AT OXFORD VLY
LANGHORNE PA 19047-1822
215-750-7117
FASS, MD, BARRY D OS
325 E STREET RD
FEASTERVILLE PA 19053-7711
215-322-2777
FAST, MD, WILLIS B GS
157 WILLOW DR
LEVITTOWN PA 19054-3118
FERRARA, MD, JOSEPH D FP
GENERAL DELIVERY
PLUMSTEADVILLE PA 18948
215-766-8844
FERRY, MD, NICHOLAS J GP
238 WILLOW DR
LEVITTOWN PA 19054-3118
215-943-3333
FIELDS, MD, RONALD H CD
253 EMERALD DR
YARDLEY PA 19067-5740
215-750-7818
FILIPOWICZ, MD, THOMAS A EM
704 REMINGTON CT
CHALFONT PA 18914-2204
215-538-4651
FINKELSTEIN, MD, GARY S GS
PO BOX 330
SELLERSVILLE PA 18960-0330
215-257-3697
FINLEY, MD, JOHN G R
440 LAWRENCE RD
HUNTINGDON VLY PA 19006-2335
215-750-2279
FLACCO, MD, ALBERT J PD
OXFORD SQ
STE 502
LANGHORNE PA 19047-1822
215-741-0336
FLASHNER, MD, STEVEN C U
377 BIRDSONG WAY
DOYLESTOWN PA 18901-4895
215-230-0600
FLOWERS, MD, DAVID M CD
PO BOX 215
TYLERSPORT PA 18971
215-257-1127
FODERARO, MD, ANTHONY E DR
GRANDVIEW HOSP
SELLERSVILLE PA 18960
215-453-4511
FORD, MD, FRANCIS W GS
FRANKLIN AND WOOD ST
DOYLESTOWN PA 18901
215-348-7080
FORSTER, MD, TERRENCE J RHU
PO BOX 386
PT PLEASANT PA 18950-0386
215-340-1660
FRANKLIN, MD, IRVIN D GS
205 NEWTOWN RD STE 215
WARMINSTER PA 18974-5207
FREDRICKSON, MD, VICTOR J GP
VILLAGE II
46 DARIEN
NEW HOPE PA 18938-1260
215-335-6000
FREED, MD, CLARENCE L PS
670 LAWN AVE
SELLERSVILLE PA 18960-1571
215-257-6898
FRIEDBERG, MD, JAY G OPH
172 MIDDLETOWN BLVD STE 208
LANGHORNE PA 19047-1822
215-752-3511
FRIEDMAN, MD, PHILLIP GP
131 S BELLEVUE AVE
LANGHORNE PA 19047-2803
215-757-4334
GALIETTA, MD, MARYANN C GER
PO BOX 623
YARDLEY PA 19067-6623
215-493-0556
GALLAGHER, MD, JOHN T OTO
275E W STREET RD
FEASTERVILLE PA 19053-4118
215-355-1155

GARNER, MD, BLAINE R GP
309 E WASHINGTON AVE
NEWTOWN PA 18940-2127
215-968-2348
GASTON, MD, NOREEM M IM
1112 TAYLORSVILLE RD
WASHINGTON XING PA 18977-1140
215-493-8080
GAUL, MD, JAMES J N
SAINT MARY MEDICAL BUILDING
LANGHORNE PA 19047
GAVAI, MD, MEDHA A PD
1669B BLUEBIRD DR
YARDLEY PA 19067
GHAHRAMANI, MD, MAHMOOD P
1166 HERKNESS DRIVE
MEADOWBROOK PA 19041
215-676-8404
GIRONE, MD, JOSEPH A C PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
GITTLEN, MD, STANFORD D PUD
800 W STATE ST STE 204
DOYLESTOWN PA 18901-5842
215-348-1310
GODSHALL, MD, RICHARD W ORS
PROF CENTER
SELLERSVILLE PA 18960-1575
215-257-3700
GOLD, MD, JONATHAN CD
ST MARY HOSP MOB
LANGHORNE PA 19047
215-750-7818
GOLDBERG, MD, HARVEY E IM
401 RADCLIFFE ST
BRISTOL PA 19007-5126
215-785-6531
GOLDBERG, MD, MICHAEL E AN
80 POST RD
CHURCHVILLE PA 18966-1180
609-393-6868
GOLDFARB, MD, RICHARD M GS
15 PARTRIDGE CT
NEWTOWN PA 18940-1853
215-741-4321
GOLDSTEIN, MD, ARNOLD L IM
17 MIDDLETOWN BLVD STE 101
LANGHORNE PA 19047-1822
215-757-8100
GOLDSTEIN, MD, RICHARD S CRS
390 MIDDLETOWN BLVD STE 812
LANGHORNE PA 19047-1822
215-741-4910
GONZALES, MD, ALBERT FP
103 WESTFIELD RD
SHELBY NC 28150-4838
GOODMAN, MD, BRUCE A IM
1513 POLO RUN DR
YARDLEY PA 19067
215-757-8100
GOODMAN, MD, MICHAEL S U
205 NEWTOWN RD STE 213
WARMINSTER PA 18874-5207
215-674-9133
GORDON, MD, GREGORY R FP
333 N OXFORD VLY RD RM 201
FAIRLESS HLS PA 19030
215-946-1500
GORDON, MD, RICHARD D RHU
1483 BUCK CREEK DR
YARDLEY PA 19067
215-757-5665
GORMAN, MD, TIMBER H IM
820 UPPER STUMP RD
CHALFONT PA 18914-1008
GRAZIANO, MD, LINDA M AI
370 MIDDLETOWN BLVD STE 504
LANGHORNE PA 19067
215-750-0315
GREEN, MD, BRADFORD OBG
BOX 61
ROYAL OAK MD 21662
GREENBAUM, MD, ROY L DR
43 POLDER DR
LANGHORNE PA 19053-1521
609-393-0333
GREENSPAN, MD, MITCHELL M CD
3 LIFEMARK DR
SELLERVILLE PA 18960
215-248-1127
GRESS, MD, JEFFREY P CD
303 W STATE ST
DOYLESTOWN PA 18901
215-345-1990
GRIBB, MD, JOHN J OBG
14A MEMORIAL DR
DOYLESTOWN PA 18901
GRIFFITH, MD, ANNETTE Y DR
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001-3788
215-947-7851
GUAGLIARDO, DO, JOSEPH P ORS
253 W STATE ST
DOYLESTOWN PA 18901-3631
215-348-0222
GUPTA, MD, NAND K GP
3616 CLEAR SPRINGS DR
BENSALEM PA 19020-4702
215-639-7363

GUTTMAN, MD, MICHAEL IM
2793 MECHANICSVILLE RD
BENSALEM PA 19020-2626
215-752-5501
HAAS, DO, GLENN E VS
74 MISTY MEADOW DR
RICHBORO PA 18954-1843
215-295-6222
HAIMOWITZ, MD, DANIEL IM
1 GARDENIA RD
LEVITTOWN PA 19057-3411
215-943-2222
HALE, MD, ROBERT H IM
148 MEMORIAL DR
DOYLESTOWN PA 18901
215-345-6050
HALPERN, MD, JANIS S PD
2060 DAWN LANE
NEWTOWN PA 18940
215-752-8700
HANNUSH, MD, SADEER B OPH
400 MIDDLETOWN BLVD STE 110
LANGHORNE PA 19047-5736
215-752-8564
HANSEN, MD, CARL A ORS
711 LAWN AVE PROF CTR
SELLERSVILLE PA 18960
215-257-3700
HARDY, MD, CHARLES A AN
662 GAINSWAY RD
YARDLEY PA 19067-3009
HARR, MD, DOUGLAS P IM
836 LAWN AVE
SELLERSVILLE PA 18960-1550
215-257-3011
HARRISON, MD, BERNARD M FP
NESHAMINY MANOR HOME
DOYLESTOWN PA 18901
215-345-3205
HARRISON, MD, BRETT M GS
FRANKLIN AND WOOD ST
DOYLESTOWN PA 18901
215-348-7080
HARTENBAUM, MD, DAVID OPH
1244 FT WASHINGTON AVE
FT WASHINGTON PA 19034
215-643-2730
HARTENBAUM, MD, NATALIE T OM
1800 WHITEHOUSE RD
MAPLE GLEN PA 19002
215-750-6426
HASIUK, MD, AARON S OBG
1310 FROSTY HOLLOW RD
LEVITTOWN PA 19056-2404
215-943-3300
HAYMAN, MD, HARRY B OBG
81 CRABTREE DR
LEVITTOWN PA 19055-1817
215-946-2682
HEDRICK, MD, G WINFIELD FP
20 S SCHOOL LN
SOUDERTON PA 18964-1227
HEINE, MD, MARILYN J IM
900 TWINING RD
DRESHER PA 19025-1726
215-785-9400
HELZNER, MD, EILEEN C GP
505 ANTHONY DR
PLYMOUTH MTNG PA 19462-1043
215-233-7766
HERMANN, MD,
CHRISTOPHER P IM
301 S MAIN ST STE 2
DOYLESTOWN PA 18901-4870
215-348-4800
HIDALGO, MD, HORACIO A FP
1 SUGARMAPLE LN
LEVITTOWN PA 19055-2007
215-945-6500
HIDALGO JR, MD, HORACIO A FP
1 SUGARMAPLE LN
LEVITTOWN PA 19055-2007
215-945-6500
HIGHTOWER, MD, MARTIN C RO
1303 TYLER WAY
LANSDALE PA 19446-4445
215-453-4000
HIPP, MD, THOMAS J PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
HIRSCH, MD, STUART E OPH
360 MIDDLETOWN BLVD APT 402
LANGHORNE PA 19047-1822
215-757-6220
HIRSCH, DO, WILLIAM S IM
658 ALDER CT
YARDLEY PA 19067
HOLLAND-HULL, MD, NORMAN E P
73 ROCKRIDGE ROAD
UPPER BLACK EDDY PA 18872
215-897-8563
HOLLANDER, MD, IRWIN J PTH
GRAND VIEW HOSP
SELLERSVILLE PA 18960
216-453-4522
HOLTZMAN, MD, HENRY B IM
800 W STATE ST
DOYLESTOWN PA 18901-2250
215-348-1310
HORWITZ, MD, MILTON R OTO
103 PROGRESS DR
DOYLESTOWN PA 18901-2511
215-348-1152

HOUGAARD, MD, JOHN P GP
800 TRENTON RD APT 93
LANGHORNE PA 19047-5648
HOWELL, MD, JOHN T FP
62 S MAIN ST
YARDLEY PA 19067-1511
215-493-5535
HUNT, MD, EUGENE H DR
DOYLESTOWN HOSP
DOYLESTOWN PA 18901
215-345-2174
HUNTER, MD, MARVIN T PS
301 S MAIN ST STE 2-3 SOUTH
DOYLESTOWN PA 18901-4870
215-672-0700
HUTCHINGS, MD, DIANA M DR
3538 AQUETONG RD
CARVERSVILLE PA 18913-8700
215-453-4514
HYLAND, MD, JULIA K P
148 PENNS GRANT DR
MORRISVILLE PA 19067-4917
215-456-7890
IRWIN, MD, JOHN T ORS
680 HEACOCK RD STE 201
YARDLEY PA 19067-6346
215-321-9520
JACKSON, MD, MARK C IM
ST MARY HOSP
LANGHORNE PA 19047
JACOBELLI, MD, MICHAEL C GS
96 N MAIN ST
YARDLEY PA 19067-1439
215-493-6300
JAFERI, MD, BARKAT A IM
50 PENN LYLE RD
WEST WINDSOR NJ 08550-1646
JAFFE, MD, JOEL D OTO
400 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-757-7300
JAFFE, MD, STEPHEN C R
1548 RIVER RD
NEW HOPE PA 18938-9267
215-322-6320
JAKABOVICS, MD, EVA PD
55 KIRKWOOD DR
NEWTOWN PA 18940-1789
JANNELLI, MD, ANGELA F RHU
1723 WOODBOURNE RD
LEVITTOWN PA 19067-5205
JARMAN, MD, MARTHA L GP
981 2ND ST PIKE
RICHBORO PA 18954-1526
215-357-3533
JAVIAN JR, MD, THOMAS A ORS
ST MARY MED BLDG STE 301
LANGHORNE PA 19047
215-752-8228
JUNG, MD, JENNIFER L AN
700 LAWN AVE
SELLERSVILLE PA 18960-1548
215-453-4810
JUNOD, MD, JOHN B FP
350 S MAIN ST STE 214
DOYLESTOWN PA 18901-4873
215-348-4814
KAJI, MD, VIKRAM H OBG
69 S MAIN ST
YARDLEY PA 19067-1510
215-493-4800
KALCHMAN, MD, STEVEN H *R
LOWER BUCKS HOSP
BRISTOL PA 19007
215-785-9333
KANEFSKY, MD, TERRY M END
1205 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047
215-752-3035
KARDISH, MD, THOMAS J * FP
2124 SPRING ST
PHILADELPHIA PA 18103-1002
215-339-4224
KARNIK, MD, SUBASH S GS
205 NEWTOWN RD STE 215
WARMINSTER PA 18974-5207
215-672-6509
KASIRSKY, DO, GILBERT * GP
66 BUCK RD
HOLLAND PA 18966-1705
215-322-2444
KAUFMAN, MD, ALAN C * ON
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-8858
KENNEDY, DO, JULIA M IM
1680 FRANKLYNN DRIVE
FURLONG PA 18925-1441
215-969-8948
KENNEDY, MD, THOMAS I PD
PENRIDGE PEDIATRIC ASSOC
SELLERSVILLE PA 18960-1583
215-257-2727
KETELS, MD, ERK A OBS
259 CLUB HOUSE DR
WILLINGBORO NJ 08046-3522
KIM, MD, IN-SOON FP
801 W TRENTON AVE
MORRISVILLE PA 19067-3518
215-736-9500
KIM, MD, YOUNG W * AN
36 SUTPHIN RD
YARDLEY PA 19067-3450

KIM, MD, YUNG S IM
1532 PARK AVE
QUAKERTOWN PA 18951-1048
215-536-7185
KITTLEBERGER, MD,
WILLIAM C GYN
PO BOX 72
SELLERSVILLE PA 18960-0072
215-257-3150
KLEEMAN, MD, AUDREY K IM
825 TOWN CENTER DR STE 150
LANGHORNE PA 19047-1752
215-752-8700
KMETZO, MD, JAMES J * CD
303 W STATE ST
DOYLESTOWN PA 18901-3559
215-345-1900
KNAPP, MD, MICHAEL A * IM
205 NEWTOWN RD STE 219
WARMINSTER PA 18974-5207
215-672-4726
KNOUSE, MD, ALBERT B FP
1 SUGARMAPLE LN
LEVITTOWN PA 19055-2007
215-945-6500
KOELSCH, MD, ROBERT R * D
712 LAWN AVE
SELLERSVILLE PA 18960-1548
KOFF, MD, RICHARD A FP
130 ALMSHOUSE RD STE 203
RICHBORO PA 18954-1130
215-357-9330
KOLBER, MD, LAUREN R D
MALLARD CREEK VILLAGE
RICHBORO PA 18964
215-357-7303
KONCHANIN, MD, LYNN M PD
370 MIDDLETOWN BLVD STE 502
LANGHORNE PA 19047-1840
215-741-0336
KOWALCZYK, MD, JAMES M AN
1690 NESHAMINY VALLEY DR
BENSALEM PA 19020-1243
KOWALYSHYN, MD,
MICHAEL J * PTH
415 SOLLY AVE APT C5
PHILADELPHIA PA 19111-1882
215-785-9307
KRACHMAN, DO, BRIAN S IM
1297 QUARRY COMMONS
YARDLEY PA 19067
215-456-7890
KRAJESKI, MD, R DREW ORS
57 STREET RD
SOUTHAMPTON PA 18966-3100
215-355-5525
KRATZ, MD, VERNON H P
PENN FOUNDATION
SELLERSVILLE PA 18960
215-257-6551
KRICK, MD, ANDREW E IM
275 S MAIN ST
STE 6
DOYLESTOWN PA 18901
215-348-3990
KRIEBEL, MD, RICHARD H AN
151 KNAPP RD
LANSDALE PA 19446-1731
KROPINICKI, MD, WILLIAM C IM
699 DOLORO DR
MORRISVILLE PA 19067-6809
215-736-8708
KUCER, MD, FRANK T GE
817 LAWN AVE
SELLERSVILLE PA 18960-1549
215-257-5071
KUCER, MD, KATHLEEN A D
817 LAWN AVE
SELLERSVILLE PA 18960-1549
215-257-0196
KUHN, MD, MARK D OBG
2222 TRENTON RD
LEVITTOWN PA 19056-1421
215-547-0505
KUPERSMITH, MD, STEPHEN J OBG
870 LAWN AVE
SELLERSVILLE PA 18960-1571
KUTNER, MD, BARRY N OPH
301 OXFROD VALLEY RD STE 801A
YARDLEY PA 19067
215-493-7330
LANDES, MD, RAY P IM
35 W RELIANCE RD
SOUDERTON PA 18964-1637
LANE, MD, BARBARA PD
117 BARBERRY CT
CHALFONT PA 18914-2133
215-723-7177
LANE, MD, JOHN D * GP
833 DURHAM RD
PENNDEL PA 19047-5736
215-752-5433
LAUANDOS, MD, IBRAHIM E PS
1 E DEEP DALE DR
LEVITTOWN PA 19056-1004
215-945-3737
LAUDENSLAGER, MD, ELMER C GP
272 W COURT ST
DOYLESTOWN PA 18901-4043
LAVIN-LESKA, MD, LINDA S PTH
GRANDVIEW HOSP
SELLERSVILLE PA 18960-1581
215-453-4523

LEAHY, MD, JOANN M RO
700 LAWN AVE
SELLERSVILLE PA 18960-1548
215-543-4950
LECAVALIER, MD, LARRY A DR
55 GUNNING LN
LANGHORNE PA 19047-8514
609-393-0333
LEDIS, MD, SEYMOUR PD
370 MIDDLETOWN BLVD STE 502
LANGHORNE PA 19047-1840
215-741-0336
LEE, MD, CHANCHI * U
2230 OXFORD VALLEY RD
LEVITTOWN PA 19057-1303
215-945-4640
LEE, MD, HOWARD J PUD
1205 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047
215-757-1414
LEIBY, MD, DAVID K GP
9 S MAIN ST
NEW HOPE PA 18938-1320
LEISTER, MD, HOWARD A FP
400 WASHINGTON AVE
NEWTOWN PA 18940-2130
215-968-2187
LEVENTHAL, MD, LINDA C D
400 N OXFORD VALLEY RD
LANGHORNE PA 19047
215-752-7500
LEVIN, MD, GENE D ORS
71 E ASHLAND ST
DOYLESTOWN PA 18901-4631
215-348-2223
LEVIN, MD, MOISEY N
70 SNOWFLAKE RD
HUNTINGDON VLY PA 19006
LEVIN, MD, MORRIS DR
UPPER BUCKS RADIOLOGY ASSOC
SELLERSVILLE PA 18960-0168
215-538-4610
LEVIN, MD, RICHARD L DMP
9824 N 53RD PLACE
SCOTTSDALE AZ 85253
LEVY, MD, SCOTT S IM
708 N SHADY RETREAT RD
DOYLESTOWN PA 18901-2503
215-348-8020
LEWIS, MD, PHILIP G * GPM
ROHN AND HAAS CO
BRISTOL PA 19007
215-785-7421
LEWIS, DO, STUART T OPH
796 STEPHEN RD
WARMINSTER PA 18974-3043
LIEBERMAN, MD, BRUCE L FP
200 POPLAR RD
CHALFONT PA 18914-2123
215-822-3113
LIEBMAN, MD, IRVIN M D
59 PINEWOOD DR
LEVITTOWN PA 19054-3607
215-945-2555
LIEBREICH, MD, MARK FP
333 N OXFORD VALLEY RD 201
FAIRLESS HLS PA 19030
215-946-1500
LINDBERG, MD, NICHOLAS O OBG
34 HILLENDALE RD
PERKASIE PA 18944-2368
215-257-0414
LIPES, MD, JAN K OS
RR 2
DOYLESTOWN PA 18901-9602
215-794-3308
LIPSON, MD, M BARRY * ORS
505 WASHINGTON AVE
NEWTOWN PA 18940-2144
215-968-6774
LITOVSKY, MD, DANIEL A IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650
LOEV, MD, MARVIN OBG
1339 WOODBOURNE RD
LEVITTOWN PA 19057-1236
215-945-6700
LOREMAN, DO, LORIE IM
344 NEW RD
SOUTHAMPTON PA 18966
LOUGHRAN, DO, DAVID H * ID
50 OPAL CT
NEWTOWN PA 18940
215-581-9666
LOUX, MD, NORMAN L P
PENN FOUND FOR MENTAL HEALTH
SELLERSVILLE PA 18960-0032
215-723-2060
LUDWICK, MD, DAVID J OPH
638 NEWTOWN-YARDLEY RD
NEWTOWN PA 18940
215-860-0909
LUSCOMBE, MD, HERBERT J FP
1400 NEW RODGERS RD 107
LEVITTOWN PA 19056
215-752-4433
LYONS, MD, DANIEL C GER
PO BOX 946
HORSHAM PA 19044-0946
215-562-4801

LYONS, MD, WILBERT A P
333 S 3RD ST
PERKASIE PA 18944-1817
215-443-4411
MACKELL, MD, THOMAS E * ORS
800 W STATE ST STE 202
DOYLESTOWN PA 18901-5842
215-348-3936
MADANY, MD, BAHIJ H U
919 DURHAM RD
PENNDEL PA 19047-5738
215-752-2260
MADDEN, MD, FRANCIS P IM
1 PARKWAY 2ND FL
PHILADELPHIA PA 19102
MADDEN, MD, ROBERT A * IM
3554 HULMEVILLE RD STE 106
BENSALEM PA 19020-4312
215-245-4006
MAHAN, MD, JOHN P IM
1205 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047
215-757-1414
MANNARINO, MD, ANTHONY P OPH
103 MILL ST
BRISTOL PA 19007-4806
215-781-2020
MARCHANT, MD, ERIC A PS
708 SHADY RETREAT RD STE 502
DOYLESTOWN PA 18901-2503
215-230-0400
MARCIANO, MD, JULIET A PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-427-5000
MARCOUX, MD,
ANNE-MARIE C CRS
390 MIDDLETOWN BLVD STE 812
LANGHORNE PA 19047-1822
215-741-4910
MARFATIA, MD, SUDHIR K CD
205 NEWTOWN RD STE 217
WARMINSTER PA 18974-5207
215-441-0931
MARFATIA, MD, USHA S ON
205 NEWTOWN RD STE 217
WARMINSTER PA 18974-5207
215-441-0931
MARKOS, MD, RONALD P * GE
143 STAFFORD DR
PENLLYN PA 19422-1116
215-448-7050
MARLAPUDI, MD, PREM K NPM
86 HIDDEN TURN
NEWTOWN PA 18940-1127
215-750-5990
MARTYNEC, MD, BOHDAN IM
708 N SHADY RETREAT RD
DOYLESTOWN PA 18901-2503
215-348-4478
MASUD, MD, FAISAL N US
400 SAIRS AVE APT 12
LONG BRANCH NJ 07740-5628
215-934-4000
MATARESE, MD, EMIL L N
MEDICAL SURGICAL BLDG
LEVITTOWN PA 19057-1504
215-745-1951
MAXIAN, DO, JOSEPH A * FP
58 HIGHLAND PARK WAY
LEVITTOWN PA 19056-1158
215-945-0707
MAZAHERI, MD, AHMED U
401 S MAIN ST
DOYLESTOWN PA 18901-4831
215-348-5665
MAZICH, MD, THERESA E D
PO BOX 375
FOUNTAINVILLE PA 18923-0375
215-340-0440
MAZLIN, MD, STEVEN E N
1411 WOODBOURNE RD
LEVITTOWN PA 19057
215-945-1951
MCGARRY, MD, THOMAS E CD
340 AQUETONG RD
NEW HOPE PA 18938-1107
215-336-4777
MCGARVEY, MD, EILEEN F TR
801 NEW CHESTNUT ST
BRISTOL PA 19007-6452
215-728-2406
MCGARVEY, MD, JOSEPH F * CD
14B MEMORIAL DR
DOYLESTOWN PA 18901-3511
215-345-6050
MCILVAINE, MD, PAUL W * FP
218 MULBERRY ST
BRISTOL PA 19007-4909
215-788-1007
MCLOUGHLIN, MD, PATRICK T FP
1071 MT EYRE RD
WSHNGTN CRSNG PA 18977-1502
215-968-5814
MEARS, MD, ELMER E GP
1 POST LN
LEVITTOWN PA 19054-3613
215-946-4687
MENACKER, MD, SHERYL J OPH
191 SAVAGE DR
HOLLAND PA 18966-2258
215-757-6200

MENNA, MD, VINCENT J * PD
708 N SHADY RETREAT RD
DOYLESTOWN PA 18901-2503
215-345-6090
MERSKY, MD, MARTIN R * IM
825 TOWN CENTER DR STE 156
LANGHORNE PA 19047-1752
215-752-8700
METKUS, MD, FRANCIS M IM
1511 BROCK CREEK DR
YARDLEY PA 19067-5604
215-945-1650
MILAZZO, MD, JOHN V ON
750 S WEST END BLVD
QUAKERTOWN PA 18951-2662
215-536-1133
MILLER, MD, BRIAN A OTO
400 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-757-7300
MILLER, MD, DAVID H OPH
319 2ND STREET PIKE
SOUTHAMPTON PA 18966-3865
215-355-4428
MILLER, DO, DAVID J * FP
201 WOOLSTON DR STE 1E
MORRISVILLE PA 19067-5008
215-736-2508
MILLER, MD, LEE H OTO
400 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-757-7300
MILLER, MD, ROBERT W DR
RELER LN APT 5J
SOMERSET NJ 08873
MILLS, MD, WILLIAM L R
3726 WINDY BUSH RD
NEW HOPE PA 18938-9308
MINO, MD, DAVID E * ORS
1400 NEW RODGERS RD
LEVITTOWN PA 19056-2115
215-752-4000
MIRSKY, MD, ROBERT S IM
401 RADCLIFFE ST
BRISTOL PA 19007-5126
215-785-6531
MODY, MD, MAHENDRA I PTH
1 JUSTICE DR
NEWTOWN PA 18940-1106
215-750-2000
MOGUL, MD, ROBERT IM
524 CEDAR HOLLOW DR
YARDLEY PA 19067-6356
MOLL, MD, DAVID C FP
1301 N 5TH ST
PERKASIE PA 18944-2258
215-257-5126
MONKOWSKI, MD, ALFRED M * IM
33 S DELAWARE AVE STE 104
YARDLEY PA 19067-1524
215-321-0966
MOORE, MD, DANIEL W NS
101 MECHANICS ST
DOYLESTOWN PA 18901-3753
215-340-0300
MOORE, DO, WILLIAM D PD
370 MIDDLETOWN BLVD STE 502
LANGHORNE PA 19047-1840
215-741-0336
MOYER, MD, DENNIS L GS
131 FAIRHILL RD
HATFIELD PA 19440-1139
215-257-3697
MOYER, MD, JOHN P CD
3 LIFE MARK DRIVE
SELLERSVILLE PA 18960
215-257-1127
MOYER, MD, PAUL R GER
3435 BRISTOL RD
CHALFONT PA 18914-3821
215-343-4388
MUFSON, MD, RICHARD A P
712 OLD ORCHARD LN
BRISTOL PA 19007-6410
215-785-1232
MULLIN JR, MD, HUGH J * R
330 MIDDLETOWN BLVD STE 402
LANGHORNE PA 19047-1822
MUNLEY, MD, BRIAN J * CD
14B MEMORIAL DR
DOYLESTOWN PA 18901
215-345-6050
MURRAY, DO, MICHAEL L GP
592 HEATONS MILL DR
LANGHORNE PA 19047-1519
215-737-2551
MURRAY, MD, RICHARD S GS
708 N SHADY RETREAT RD STE 8
DOYLESTOWN PA 18901-2503
215-348-4577
MYERS, MD, PHILIP A IM
275 S MAIN ST
DOYLESTOWN PA 18901-4815
215-348-3990
NADAL, MD, RAMON B IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650
NAPLES, MD, JERRY F OBG
2222 TRENTON RD
LEVITTOWN PA 19056-1421
215-547-0505

NASE, MD, DONALD F CD
PO BOX 513
SELLERSVILLE PA 18960-0513
215-257-6652
NELSON, MD, MORTIMER T OBG
419 SNOWBALL DR
LEVITTOWN PA 19056-2211
NESI, MD, DANIEL A OTO
800 W STATE ST
DOYLESTOWN PA 18901-2250
215-345-5494
NEUMAN, DO, PAUL C ORS
1018 DEERFRAS CIR
PERKASIE PA 18944
NEWSOM, MD, JOHN H FP
1588 WOODSIDE ROAD
YARDLEY PA 19067-2611
215-493-2236
NOBLE, MD, JEYASEELAN PS
411 W TRENTON AVE
MORRISVILLE PA 19067-3510
215-736-3656
NUSCHKE, MD, JOHN D FP
359 OAK DR
SOUDERTON PA 18964-2051
ODONNELL, MD, CHRISTINE S ORS
1400 NEW RODGERS RD
LEVITTOWN PA 19056-2115
215-752-4000
OMANA, MD, JESS E OBG
920 LAWN AVE STE 3
SELLERSVILLE PA 18960-1560
215-257-4747
OPASS, MD, EDWARD S * P
18 N STATE ST
NEWTOWN PA 18940-2027
215-579-9650
ORLAND, MD, STEVEN M U
6 COLONIAL LAKE DR
LAWRENCEVILLE NJ 08648-4126
609-882-5584
ORPHANIDES, MD, TIMOTHY * GE
14B MEMORIAL DR
DOYLESTOWN PA 18901
215-345-6050
PACKER, MD, STUART H * HEM
ST MARY HOSP
LANGHORNE PA 19047
215-750-5050
PALLITTO, MD, LORRAINE R IM
708 N SHADY RETREAT RD
DOYLESTOWN PA 18901-2503
215-348-4478
PARLEE, MD, DONALD E * R
75 FOXCROFT DR
DOYLESTOWN PA 18901-3263
215-345-2290
PASQUALONE, MD, MARTIN A IM
1373 BRENTWOOD RD
YARDLEY PA 19067-3925
215-750-2000
PATEL, MD, BHAVNA C GP
PO BOX 1181
MORRISVILLE PA 19067-9181
215-750-2000
PATEL, MD, JAYANTILAL R GP
1243 KNOX DR
YARDLEY PA 19067-4423
215-752-1182
PATEL, MD, JAYKUMAR PS
9 BRIGHTON PL
NEWTOWN PA 18940-1171
215-741-1119
PATTANAYAK, MD, MINATI * FP
RTE 332 AND 4 TERRY DR
NEWTOWN PA 18940
215-493-8770
PATTON, MD, CARLA S IM
5049 SWAMP RD
FOUNTAINVILLE PA 18923-9608
215-348-0717
PAUL, MD, CHAMPA L PTH
1194 DICKINSON DR
YARDLEY PA 19067-2920
215-493-2065
PAULEY, MD, LOIS P FP
670 PINEVILLE RD
NEWTOWN PA 18940-3008
215-968-4978
PEREZ, MD, ANAMARIA * EM
5056 VALLEY PARK RD
DOYLESTOWN PA 18901-9768
PERSHING, MD, HUGH S FP
CHERRY LN
WYCOMBE PA 18980
215-598-3821
PETERS, MD, MICHAEL IM
325 E CHURCH RD APT H403
TELFORD PA 18969
PETERS, MD, STANLEY F FP
PRUDENTIAL INS CO
HORSHAM PA 19044-0946
215-766-8844
PETRAUSKI, MD, GARY T * DR
1570 RIVER RD
NEW HOPE PA 18938-9267
215-949-5300
PFROMMER, MD, JAMES H FP
57 CHURCH RD
TELFORD PA 18969-2138
215-723-4010

PIERSON, MD, STEVEN B GS
8 N SHADY RETREAT RD STE 8
DOYLESTOWN PA 18901-5320
215-348-4577
PITKOW, MD, RONALD B ORS
900A OLD ORCHARD LN
BRISTOL PA 19007
215-788-3396
PODRASKY, MD, DAVID F * OBG
1205 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047-1221
215-750-8440
POOLE, MD, EDWARD F * OPH
360 MIDDLETOWN BLVD APT 402
LANGHORNE PA 19047-1822
215-757-6200
POPPER, MD, DAVID A GE
301 OXFORD VALLEY RD STE 701
YARDLEY PA 19067-6339
POWELL, MD, ALVIN P PTH
428 W UPSAL ST
PHILADELPHIA PA 19119-3647
215-291-3696
PRICE, MD, RICHARD T FP
1301 N 5TH ST
PERKASIE PA 18944-2256
215-257-5128
PRINCE, MD, RICHARD B OPH
319 2ND ST PIKE
SOUTHAMPTON PA 18966-3812
215-355-4428
PRYOR JR, MD, CHARLES A OS
2318 N ROSE DR
MESA AZ 85213
QUINN, MD, DIANNE M PTH
GERMANTOWN HOSP
DEPT PATH
PHILADELPHIA PA 19144-1496
215-951-8848
RAFELSON, MD, STEPHEN A GE
733 MILL ST
MOORESTOWN NJ 08057
215-750-3399
RAIFORD, MD, JOHN W OBG
173 RED ROSE DR
LEVITTOWN
PA 19056-2329
RAMANATHAN, MD, DEBORAH FP
241 JUNIPER STREET
QUAKERTOWN PA 18951
215-536-6000
RATINI, DO, ANGELO J GP
214 RADCLIFFE ST
BRISTOL PA 19007-5014
215-788-7070
RATNER, MD, LARRY M DR
11 OLD BRIDLE PATH
LAWRENCEVILLE NJ 08648-1060
609-393-0333
RAYNES, MD, STANTON M PD
3101 BRISTOL RD
BENSALEM PA 19020-2188
215-750-0808
REEDMAN, MD, GAIL A FP
508 CORPORATE DR W
LANGHORNE PA 19047-8011
215-860-4380
REILLY, DO, ROBERT E * HEM
ST MARY CANCER CENTER
LANGHORNE PA 19047
215-750-5050
REINHART JR, MD, RAYMOND B P
ST MARY MEDICAL BLDG
LANGHORNE PA 19047
215-598-3777
RICHARDS, MD, JOHN C P
1405 TOWNSHIP LINE RD
CHALFONT PA 18914-1057
215-822-2384
RICHIE, MD, A THOMAS GP
BOX 75
HOLICONG PA 18928
RIGNEY JR, MD, JAMES H IM
42 N MAIN ST
NEW HOPE PA 18938-1342
RILLING, MD, DAVID C GS
PO BOX 330
SELLERSVILLE PA 18960-0330
215-257-3697
RINGOLD, MD, MURRAY H GP
LEVITTOWN MEDICAL CENTER
LEVITTOWN PA 19054-3697
215-946-6660
RISING, MD, DAVID C * ORS
711 LAWN AVE PROF CTR
SELLERSVILLE PA 18960
215-257-3700
RIVERA, MD, VICTOR C PD
108 ST MARY MEDICAL BLDG
LANGHORNE PA 19047
215-752-1455
ROBINSON, MD, MICHAEL L * IM
23 GAYLORD CT
NEWTOWN PA 18940-1860
215-750-7000
ROEDER, MD, KATHLEEN M * EM
1700 CLAIR MARTIN PL
AMBLER PA 19002-6002
215-345-2281
ROMANO, MD, VINCENT E GP
256 RADCLIFFE ST
BRISTOL PA 19007-5014
215-788-3584

ROMANO JR, MD, MICHAEL T IM
406 CHESTER AVE
MOORESTOWN NJ 08057-2502
215-785-9400
ROSALES, MD, GABRIEL B GS
306 ST MARY MEDICAL BLDG
LANGHORNE PA 19047
215-757-0744
ROSAN, DO, STUART W FP
28 OAK DR
DOYLESTOWN PA 18901
ROSENMAN, MD, HOWARD D D
OXFORD VALLEY PROF CTR
LANGHORNE PA 19047-8309
215-752-7500
ROSKO, MD, THOMAS J IM
814 SPRING VALLEY RD
DOYLESTOWN PA 18901-3252
ROSS, DO, JOYCE I * CHP
SOUTHAMPTON PSYCH ASSOC
SOUTHAMPTON PA 18966
215-355-2011
ROSS, MD, WILLIAM M DR
704 WYNNEWOOD DR
YARDLEY PA 19067-3475
609-393-0333
ROTH, MD, JERRY M IM
57 STREET RD
SOUTHAMPTON PA 18966-3100
215-357-3807
ROTHMAN, MD, KEITH S IM
2204 YARDLEY RD
YARDLEY PA 19067-3037
215-493-1000
ROTHSTEIN, MD, EDWARD P PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
ROUSCHE, MD, LORI E FP
2 S SCHOOL LANE
SOUDERTON PA 18964
215-723-3280
RUDDEN, MD, ANN * IM
3456 BETHLEHEM PIKE
SOUDERTON PA 18964-1038
215-257-0777
RUEBEL, MD, ARMIN A U
186 W STATE ST
DOYLESTOWN PA 18901-3532
215-345-0639
RUFE, MD, REDDING H GP
RMC APT L-60
SELLERSVILLE PA 18960
SALOWE, MD, DAVID R * IM
LARCHMONT MEDICAL CENTER II
MT LAUREL NJ 08054-3188
609-778-5656
SAMINATHAN, MD, THAMARAI PTH
1430 WOODVIEW RD
YARDLEY PA 19067-5776
215-645-2628
SANDHU, MD, BAKHSHISH S IM
1328 JACOB DR
YARDLEY PA 19067-3908
215-639-1460
SANTOS, MD, RODOLFO J IM
ST MARY MEDICAL BLDG STE 208
LANGHORNE PA 19047-1221
215-752-0422
SARSHIK, MD, STUART A U
670 LAWN AVE
SELLERSVILLE PA 18960-1571
215-257-2256
SAXENA, MD, VARUN CD
205 NEWTOWN RD STE 217
WARMINSTER PA 18974-5207
215-441-0931
SCHELKUN, MD, P MICHAEL * MFS
156 YORK RD
WARMINSTER PA 18974-4530
215-672-6560
SCHILLER, MD, RUTH P PD
PROF BLDG
SELLERSVILLE PA 18960-1575
215-257-2727
SCHLACKMAN, MD, NEIL PD
U S HEALTH CARE
BLUE BELL PA 19422-0207
215-283-6683
SCHLAGER, MD, BARBARA A TR
1570 RIVER RD
NEW HOPE PA 18938-9267
215-750-5300
SCHOLL JR, MD, HARVEY W R
GRANDVIEW HOSP
SELLERSVILLE PA 18960
SCHONFELD, MD, MARGERY B * PD
SHADY RETREAT RD STE 3 & 4
DOYLESTOWN PA 18901
215-345-6090
SCHWARTZ, MD, MILTON A GP
85 MAKEFIELD RD
MORRISVILLE PA 19067-5967
215-295-8195
SCHWARTZ, MD, PETER L IM
30 STARDUST DR
HOLLAND PA 18966-2748
215-785-6531
SCHWARZ, MD, RICHARD A AI
800 W STATE ST STE 101
DOYLESTOWN PA 18901-5841
215-345-6332

SEITMAN, MD, DAVID T * AN
1441 WINDROW LN
YARDLEY PA 19067-4241
215-762-7902
SEMANOFF, MD, THEOPHILA C * PM
595 W STATE ST
DOYLESTOWN PA 18901-2554
215-345-2372
SERPICO, DO, PETER C IM
333 N OXFORD VALLEY RD #510
FAIRLESS HILLS PA 19030-2616
215-752-7711
SHAEFFER, MD, JOSEPH M * FP
202 N MAIN ST
CHALFONT PA 18914-2918
215-822-3113
SHAFFER, MD, GEORGE W OS
14 BRIGHTON CT
GAITHERSBURG MD 20877-1817
SHAH, MD, MUBARIK A GS
ST MARY MED BLDG STE 302
LANGHORNE PA 19047-1295
215-750-6677
SHANAHAN, MD, NANCY R * PM
ST MARY MEDICAL BLDG STE 304
LANGHORNE PA 19047
215-752-0200
SHAPIRO, MD, BENNETT M PA
MERCK RES LABS
RAHWAY NJ 07065
908-594-3761
SHEARBURN III, MD, EDWIN W GS
920 LAWN AVE STE 4
SELLERSVILLE PA 18960-1560
215-257-4866
SHETZLEY, MD, CARL M FP
4345 SUNNYSIDE DR
DOYLESTOWN PA 18901-1723
215-794-7471
SHOEMAKER, MD, DAVID M GP
256 TRUMBAUERSVILLE RD
QUAKERTOWN PA 18951-2651
717-536-0855
SHOENTHAL, MD, WILLIAM J GP
73 KILTIE DR
NEW HOPE PA 18938-1402
SHONBERG, MD, BARBARA H * IM
1508 SILO RD
YARDLEY PA 19067-4239
215-757-8100
SHULTZ, MD, THOMAS L IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650
SHUSTERMAN, MD, RICHARD D IM
1205 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047
215-757-1414
SIEGEL, MD, WILLIAM ON
712 LAWN AVE
SELLERSVILLE PA 18960-1548
215-257-2394
SIESHOLTZ, MD, THOMAS S ON
THE SUMMIT
SELLERSVILLE PA 18960-1560
215-257-6858
SILBERMAN, MD, DAVID A PS
PLASTIC SURGERY ASSOC LTD
DOYLESTOWN PA 18901-4870
215-348-3415
SIMONS, MD, CARL I * ORS
829 DURHAM RD
PENNDEL PA 19047-5736
215-752-1333
SINAIKO, MD, PETER A U
THE LOFTS AT OXFORD VALLEY
LANGHORNE PA 19047-1822
SINNOTT, DO, ROBERT J CRS
708 SHADY RETREAT RD STE 8
DOYLESTOWN PA 18901
215-348-4577
SLIWINSKI, MD, STANLEY J OBG
1288 NEW RODGERS RD
LEVITTOWN PA 19056-1801
215-757-8200
SMITH, MD, DAVID A FP
53 CARRIAGE DR
DOYLESTOWN PA 18901-2275
215-348-1706
SMITH, MD, DAVID L * CD
18 BOGEY CIR
DOYLESTOWN PA 18901-2878
215-345-6050
SMITH, MD, STEPHEN H ORS
24-26 S 14TH ST
QUAKERTOWN PA 18951
215-538-1484
SNYDER, DO, ALLAN R IM
57G STREET RD
SOUTHAMPTON PA 18966
215-322-7060
SNYDER, MD, BARRY J * ORS
1609 WOODBOURNE RD STE 301
LEVITTOWN PA 19057-1503
215-547-1100
SOLIS, MD, J ANDREW IM
MALLARD CREEK VILLAGE
RICHBORO PA 18954-1130
215-357-6330
SOLOMON, DO, ERIC D EM
325 E STREET RD
FEASTERVILLE PA 19053-7711
215-322-2777

SONG, MD, SANG W * PTH
179 BUCKSHIRE DR
HOLLAND PA 18966-2081
SOUDER, MD, FRANCIS R FP
27 N MAIN ST
TELFORD PA 18969-1702
SOUDER, MD, RONALD L PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
SOUILLIARD, MD, DONALD H PTH
1852 JANNEY TER
LANGHORNE PA 19047-1218
215-345-2250
SPEAR, MD, BARBARA A P
HILLTOWN PIKE
PO BOX 128
CHALFONT PA 18914
215-348-7714
SPEERS, MD, HERBERT K GYN
451 VALLEY VIEW RD
LANGHORNE PA 19047
215-945-6700
SPIEGEL, MD, EDWARD P PD
370 MIDDLETOWN BLVD
508 LANGHORNE PA 19047
215-757-0404
SPITZER, DO, IRA E AI
OXFORD SQ 504
LANGHORNE PA 19047-1840
215-750-0315
SPIVACK, MD, JACK ORS
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-547-2017
STARRELS, MD, MICHAEL E OPH
BAILWICK
DOYLESTOWN PA 18901-2466
215-345-8142
STEIN, MD, HARMON C OPH
1568 WOODBURNE RD
LEVITTOWN PA 19057-1506
215-943-7800
STEKERT, MD, RUTH PD
419 MAPLE AVE
MANHEIM PA 17545-8919
STEPHENSON, MD,
PATRICIA A S OBG
STONERIDGE PROF CTR
SELLERSVILLE PA 18960-1571
215-257-0414
STRAUSS, MD, RICHARD E D
205 RADCLIFFE ST
BRISTOL PA 19007-5013
215-785-1545
STRZELECKI, MD, ZIGMUND F ORS
24-26 S 14TH ST
QUAKERTOWN PA 18951
215-538-1484
TADDONIO, MD, RICHARD B FP
FAIRLESS HILLS MED CTR INC
FAIRLESS HILLS PA 19030
215-322-8584
TAFFLIN, DO, DENNIS H FP
BAILWICK OFFICE CAMPUS
DOYLESTOWN PA 18901-2422
215-348-1706
TATEM III, MD, HENRY R R
DOYLESTOWN HOSP
DOYLESTOWN PA 18901
215-345-2290
TAX, MD, RICHARD L OPH
319 2ND STREET PIKE
SOUTHAMPTON PA 18966-3865
215-355-4426
TE, MD, TOMAS T * OPH
361 S 11TH ST
QUAKERTOWN PA 18951-1414
215-536-6997
THAKKAR, MD, HARISH N IM
2500 KNIGHTS RD
BENSALEM PA 19020
THANKI, MD, ASHOKKUMAR S NS
174 MIDDLETOWN BLVD
LANGHORNE PA 19047-1822
215-752-4040
THATCHER, MD, JEFFREY D IM
521 CHADWYD CIRCLE
SELLERSVILLE PA 18960
THOMAS JR, MD, HOWARD P PD
195 PENN AVE
TELFORD PA 18969-1918
717-723-7177
TIBBELS JR, MD, EWING W OTO
400 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-757-7300
TIMMAPURI, MD, AJAZ J FP
543 FLOCK RD
HAMILTON SQUARE NJ 08690-1312
TINSLEY, MD, WENDY W OBG
2222 TRENTON RD
LEVITTOWN PA 19056-1421
215-547-0505
TOLENTINO, MD, PABLITO L AN
501 BATH RD
BRISTOL PA 19007
TOMLINSON, MD, JOHN W OPH
LANDMARK BLDG
DOYLESTOWN PA 18901
TONKONOW, MD, BARRY L ON
10 S CLINTON ST
DOYLESTOWN PA 18901-4220
215-348-1595

TRIVEDI, MD, RAKSHA A US
ST MARY HOSP
LANGHORNE PA 19047
ULASEWICZ, MD, CATHERINE C OPH
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-8053
ULITSKY, MD, MARK I IM
514 PEBBLE RIDGE CT
LANGHORNE PA 19053-1936
215-237-4000
UMALI JR, MD, MELECIO J FP
1562 CLARK DR
YARDLEY PA 19067-4375
215-750-2000
VADHER, MD, BHARAT N AN
2030 FINCH DR
BENSALEM PA 19020
215-949-5000
VANDERBEEK, MD, RICHARD R * IM
148 MEMORIAL DR
DOYLESTOWN PA 18901
215-245-8050
VANDERPOOL, MD, RAMON A N
PO BOX 180
MORRISVILLE PA 19067-0180
VASSALLUZZO, MD, JULIO E FP
1749 FITE TER
LANGHORNE PA 19047-1205
215-943-7770
VASTA, MD, ALFRED G * IM
500 JUNIPER ST
QUAKERTOWN PA 18951-1584
215-538-0202
VERGIS, MD, JAMES G IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650
VINCENT, MD, GREGORY J * GS
402 MIDDLETOWN BLVD STE 214
LANGHORNE PA 19047-1822
215-750-1511
VIZER, MD, MARK B OBG
SUMMIT
SELLERSVILLE PA 18960-1560
215-257-1193
VLESSING, MD, EVA OPH
15 LAKESIDE DR
LEVITTOWN PA 19054-3901
215-943-5250
VOLPE, DO, JOHN A * GE
COURTYARD AT OXFORD VLY
LANGHORNE PA 19047-1822
215-750-7117
WAHRMAN, MD, JULIE E D
10 LLANFAIR RD APT 3
ARDMORE PA 19003-2325
215-752-8610
WALHEIM, MD, JON P IM
275 S MAIN ST
STE 8
DOYLESTOWN PA 18901
215-348-3990
WARRENDER, MD, WILLIAM F IM
781 2ND STREET PIKE
SOUTHAMPTON PA 18966-3948
215-355-3334
WEANER, DO, SCOTT M N
1411 WOODBOURNE RD
LEVITTOWN PA 19057
215-945-1951
WEASON, MD, STEVEN R D
221 WESTWIND WAY
DRESHER PA 19025-1419
215-785-1545
WEATHERBY III, MD,
ELLSWORTH * DR
5955 SHEFFIELD DR
DOYLESTOWN PA 18901-9439
215-345-2348
WEBER, MD, STEVEN J ID
31 BOGEY CIR
DOYLESTOWN PA 18901-2878
215-453-8005
WEIDNER, MD, PAUL L ORS
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-3700
WEISBERG, MD, ROBERT A GP
85 MAKEFIELD RD
MORRISVILLE PA 19067-5967
215-295-8195
WEISER, MD, PAUL J R
838 W STATE ST
TRENTON NJ 08618-5326
609-393-0333
WELSCH, MD, FRANK A PUD
800 W STATE ST
DOYLESTOWN PA 18901-2250
215-348-1310
WENGER, MD, JAY A R
901 ROLLING HILLS RD
OTSVILLE PA 18942
WERNER JR, MD, JOSEPH H * PD
708 SHADY RETREAT RD STE 34
DOYLESTOWN PA 18901-2503
215-345-6090
WHITAKER, MD, J MICHAEL ORS
4605 HANSELL RD
DOYLESTOWN PA 18901-1518
215-345-5840
WHITE, MD, ALBERT E FP
1711 MAKEFIELD RD
YARDLEY PA 19067-3157

WHITMAN, MD, MARK A EM
PO BOX 399
FURLONG PA 18925-0399
215-345-2281
WIEMANN, MD, GEORGE F * CD
303 W STATE ST
DOYLESTOWN PA 18901-3559
215-345-1900
WILDERMAN, MD, BARRY S * AN
112 CHESTON LN
AMBLER PA 19002-2753
WILLENKIN, MD, MATTHEW IM
107 N ASCOT CT
NEWTOWN PA 18940-1835
WILLIHNGANZ, MD, WALTER D * GS
BROAD ST PROF BLDG
QUAKERTOWN PA 18951-1171
215-538-2011
WILLS, MD, ROSELYN A FP
5812 EASTON RD
PO BOX 220
PLUMSTEADVILLE PA 18949
215-766-8844
WILSON, MD, LANCE B FP
62 S MAIN ST
YARDLEY PA 19067-1511
215-493-5535
WIN, MD, ARTHUR H IM
1 MAKEFIELD RD APT G275
MORRISVILLE PA 19067
WINN JR, MD, CHARLES L OS
1031 N RIDGE RD
PERKASIE PA 18944-1747
WINNEG, MD, KAREN P FP
350 S MAIN ST
DOYLESTOWN PA 18901-4871
215-348-4914
WOODMAN, MD, THOMAS J P
PO BOX 21
POINT PLEASANT PA 18950-0021
WORTZEL, MD, RICHARD D D
18 REBECCA CT
WEST TRENTON NJ 08628-3339
215-752-4020
WORTZEL, MD, SANDRA H D
402 MIDDLETOWN BLVD STE 210
LANGHORNE PA 19047-1822
215-752-4020
WRIGHT, MD, DEBORAH S FP
62 S MAIN ST
YARDLEY PA 19067-1511
215-493-5535
YAZDANYAR, MD, ALI PD
2205 MILL RD
QUAKERTOWN PA 18951
215-536-0555
YOUNG, DO, DAVID J * PM
3660 WINDRIDGE DR
DOYLESTOWN PA 18901-5430
215-345-2372
YOUNG, MD, JOHN J RO
BUCKS RADIONCOLOGY ASSOC
LANGHORNE PA 19047
215-750-8630
YUSKEVICH, MD, JEFFREY S AN
6313 MILITIA CT
BENSALEM PA 19020-1912
215-456-6850
ZABALA-OMBAO, MD,
LOURDES A OBG
1124 KENNETH LN
YARDLEY PA 19067-4011
215-752-1774
ZANKMAN, DO, GREGG S * OS
1339 WOODBURNE RD
LEVITTOWN PA 19057
215-943-3600
ZANKMAN, MD, NATHAN * PD
WOODBOURNE RD
LEVITTOWN PA 19057
215-943-3600
ZAPPALA, DO, ANGELO J R
112 CEDAR GLEN DR
NEW HOPE PA 18938-9227
215-949-5300
ZEIGEN, MD, SCOTT R OPH
130 ALMSHOUSE RD STE 202B
RICHBORO PA 18954-1100
215-364-8822
ZEMEL, MD, WALTER G * OTO
1032 DENSTON DR
AMBLER PA 19002-4037
215-257-8071
ZIEGENFUSS, MD, JAY F * ON
FRANKLIN BLDG STE 201
DOYLESTOWN PA 18901
215-345-8444
ZOLLER, MD, MARY A FP
PENNS COURT STE 215
DOYLESTOWN PA 18901
ZOLLNER, MD, GREGORY P NEP
3 WOODBURY LN
LAWRENCEVILLE NJ 08648
215-955-8522
ZUCKERMAN, MD, NATHAN J OBG
1205 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047
215-752-8039

BUTLER

APPLEGATE, MD, GERALD B OBG
MORGAN MGMT BLDG STE 205
BUTLER PA 16001
412-283-7008
ASHBAUGH, MD, WILLIAM H PD
100 THOMPSON RD STE A
BUTLER PA 16001-1938
BAKER, MD, MARVIN P CD
122 S WASHINGTON ST
BUTLER PA 16001-5752
412-282-7910
BEAN, MD, CARL B R
164 W ORCHARD DR
BUTLER PA 16001-1714
BELLA, MD, PARALUMAN PM
330 LAKEWOOD DR
BUTLER PA 16001-1654
412-287-4781
BLACK, DO, SAMUEL J * DR
BUTLER MEMORIAL HOSP
BUTLER PA 16001
BORJA, MD, ROGELIO I * U
214 W CUNNINGHAM ST
BUTLER PA 16001-5709
412-282-0636
CHANNAPATI, MD,
THIPPESWAMY IM
342 N MAIN ST
BUTLER PA 16001-4921
412-282-8011
CLOUSE, MD, RICHARD M FP
480 E JEFFERSON
BUTLER PA 16001
412-282-1530
COHEN, MD, ARCHIBALD C IM
900 BAY DR APT 423
MIAMI BEACH FL 33141-5654
CYPHER, MD, RONALD L OBG
901 E BRADY ST
BUTLER PA 16001-4648
412-285-9200
DICUCCIO, MD, WILLIAM A FP
480 E JEFFERSON ST
BUTLER PA 16001
412-282-1530
DISCHMAN, MD, ELAINE C FP
111 BUTTERCUP DR
MARS PA 16046-9077
DRENNEN JR, MD, JAMES K GS
101 GROSVENOR DR
BUTLER PA 16001-1818
DUDECK, MD, CARL R GS
184 OAK HILLS HTS
BUTLER PA 16001-3872
ECKERT, MD, ROBERT T IM
300 N MCKEAN ST
BUTLER PA 16001-4913
412-285-4262
EVANS, MD, JONATHAN L * DR
608 N MCKEAN ST
BUTLER PA 16001-4430
412-284-4555
FOX, MD, DONALD C PD
301 N MCKEAN ST
BUTLER PA 16001-4949
412-287-2181
GARCIA, MD, ALFREDO J IM
312 W JEFFERSON ST
BUTLER PA 16001-6606
412-283-2132
GOEHRING, MD, DONALD E A
106 S MAIN ST
BUTLER PA 16001-5928
412-287-4241
HAN, MD, SAMUEL I IM
127 E WAYNE ST
BUTLER PA 16001-7018
HANDLER, MD, IRA S P
3097 SWANSEA CRESCENT W
ALLISON PARK PA 15101
HINCHBERGER, MD, PAUL A FP
540 HOSIER DR
NEW CASTLE IN 47362-2938
407-229-3150
HOOTMAN, MD, BARRY D ORS
214 SOUTH DR
BUTLER PA 16001-1424
412-287-3787
HUNT, MD, ROBERT E CD
226 S EBERHART RD
BUTLER PA 16001-2811
HUST, MD, FREDERICK S * DR
101 MT LAUREL DR
BUTLER PA 16001
412-284-4562
JENNEY, MD, FLORENCE S PTH
3045 BUENA VIDA CIR
LAS CRUCES NM 88001-5095
KIM, MD, YANG K PTH
BUTLER MEMORIAL HOSP
BUTLER PA 16001
412-284-4511
KUMAR, MD, PREM IM
510 N MAIN ST
BUTLER PA 16001-4363
412-282-3534
LANDIS, MD, ERIC S DR
338 LEHIGH AVE
PITTSBURGH PA 15232-2008
412-283-7891
LENKO, MD, PHILIP M OBG
901 E BRADY ST
BUTLER PA 16001
412-285-9200
LYNN, MD, CHARLES A DR
BUTLER MEMORIAL HOSP
BUTLER PA 16001
412-284-4563
MADONNA, MD, FRANK A * DR
102D SPOONER LN
BUTLER PA 16001
MARWAHA, MD, ASHA OBG
318 5TH ST
BUTLER PA 16001-4683
412-283-8232
MATHEWS, DO, JAMES C IM
PO BOX 909
BUTLER PA 16003-0909
412-283-1860
MAUST, MD, PAUL E GS
100 THOMPSON RD STE B
BUTLER PA 16001-1938
412-287-6820
MCDONALD, MD, MICHAEL A FP
250 MINICH ST
BUTLER PA 16001-9670
412-794-4023
MCKEE, MD, ROBERT E GS
153 GREENHILL DR
BUTLER PA 16001-1942
MIRANDA, MD, CESAR P IM
585 2ND ST
BUTLER PA 16001-4551
814-432-3171
MOORE, MD, ERNEST E GP
1022B N MAIN ST
BUTLER PA 16001-1954
412-285-3148
NALLATHAMBI, MD, HELGA N CLP
PO BOX 909
BUTLER PA 16003-0909
NALLATHAMBI, MD,
SWAMIKKAN A IM
131 E CUNNINGHAM ST
BUTLER PA 16001-5903
412-283-0212
NAST, MD, MAX S GP
235 LANCASTER AVE
DEVON PA 19333-1560
NEY, MD, F GREGG DR
1005 W KETLER DR
GROVE CITY PA 16127-1427
412-458-5442
NIETO, MD, VICTOR E GS
PO BOX 2731
BUTLER PA 16003-2731
412-282-6523
NUNNA, MD, NAGABHUSHANAM IM
210 W CUNNINGHAM ST
BUTLER PA 16001-5709
412-283-2599
PAUL, MD, JAY CCM
1022B N MAIN ST
BUTLER PA 16001-1954
412-282-1331
PIRANIAN, MD, SCOTT S * FP
109 WESTMINSTER DR
MARS PA 16046-7105
412-728-7000
PIRRELLO JR, MD, ANTHONY M CLP
BUTLER MEMORIAL HOSP
BUTLER PA 16001-4646
412-284-4510
PRASAD, MD, MAHADEVAPPA M IM
518 N MAIN ST
BUTLER PA 16001-4305
412-282-8089
RUFF, MD, CURTIS C GS
1826 SPRING VALLEY DR
ALLISON PARK PA 15101
SARGENT, MD, STEPHEN E IM
201 JOHNS SCHOOL RD
RENFREW PA 16053-8719
412-282-1530
SAYLOR, MD, RANDALL M R
911 E BRADY ST
BUTLER PA 16001-4646
412-284-4555
SCOTT, MD, HOWARD K PD
2 LANDMARK N
EVANS CITY PA 16033
412-772-0777
SEKARAN, MD, KAMALESH K PD
117 S MCKEAN ST
BUTLER PA 16001-6024
412-283-1515
SEKARAN, MD,
SOMASUNDARAM K U
117 S MCKEAN ST
BUTLER PA 16001-6024
412-283-8262
SELVARAJ, MD, MYLAPPAN CD
122 S WASHINGTON ST
BUTLER PA 16001-5752
412-283-6668
SELVARAJ, MD,
VIJAYALAKSHMI PD
109 WINTERWOOD DR
BUTLER PA 16001-2833
412-283-4460
SETHI, MD, SURENDRA K CD
230 S WASHINGTON ST
BUTLER PA 16001-5754
412-282-1833
SHAWI, MD, JOSEPH I OBG
318 5TH ST
BUTLER PA 16001-4683
412-283-8232
SHETTER, MD, THOMAS G IM
480 E JEFFERSON ST
BUTLER PA 16001
SOFFIETTI, MD, JOHN H P
901 E BRADY ST STE 103
BUTLER PA 16001-4649
412-282-1627
SPINA, MD, CARMEN M * GP
129 E CUNNINGHAM ST
BUTLER PA 16001-5922
412-287-5404
SPINA, MD, NANCY R OBG
PO BOX 2192
BUTLER PA 16003-2192
SPINGOLA, MD, CHARLES E ORS
301 1ST ST
BUTLER PA 16001-4756
412-287-3787
SUBBIAH, MD, THEUARAYA N CD
3 TRILLIUM CIR
BUTLER PA 16001-3975
412-283-6668
SUTTON JR, MD, EDWARD L * D
21 MEDICAL ARTS BLDG
BUTLER PA 16001
SWENSON, MD, DAVID L IM
743 ROCKDALE RD
BUTLER PA 16001-8804
412-287-4781
THEERAKULSTIT, MD, VIRACHAI CDS
120 LAMMERT DR
GLENSHAW PA 15116-1137
412-287-5363
TIBURCIO JR, MD, ALBINO F PD
100 THOMPSON RD STE A
BUTLER PA 16001-1938
412-283-4469
TOLENTINO, MD, JULIAN C OBG
318 N MAIN ST
BUTLER PA 16001-4920
412-282-1542
TREDENNICK, MD, CHARLES N * OPH
110 E DIAMOND ST
BUTLER PA 16001-5982
412-287-4729

CAMBRIA

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28 AKERS ST APT 2
JOHNSTOWN PA 15905
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ABRAHAMS, MD, JONATHAN I DR
CONEMAUGH VALLEY MEM HOSP
JOHNSTOWN PA 15905-4398
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AGUILERA, MD, AMELIA G OBG
609 SOMERSET AVE
WINDBER PA 15963-1330
814-467-4553
AGUILERA, MD, BONIFACIO T * GS
609 SOMERSET AVE
WINDBER PA 15963-1330
814-467-9111
AHLSTROM, MD, BRIAN P N
353 MARKET ST
JOHNSTOWN PA 15901-1711
814-539-9091
ANTEMANN, MD, RICHARD W TR
135 OSBORNE ST
JOHNSTOWN PA 15905-4149
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SIVULICH, MD, MICHAEL J OPH
2238 WOODCREST DR
JOHNSTOWN PA 15905-1531
SMEAL, MD, WILLIAM E CD
321 MAIN ST STE 4H
JOHNSTOWN PA 15901-1632
814-535-1234
SMITH, MD, WILLIAM P GP
118 E HIGH ST
EBENSBURG PA 15931-1626
814-472-9680
SMOYER, MD, RONALD L FP
233 MIFFLIN ST
JOHNSTOWN PA 15905-2245
814-539-8682
SNITZER, MD, LEWIS S NS
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-539-0235
SOBIESKI, MD, JOSEPH T IM
200 TALL TIMBER DR
JOHNSTOWN PA 15904-3211
814-535-8236
SOISSON JR, MD,
FERDINAND L * GYN
EAST HILLS PROF BLDG
JOHNSTOWN PA 15904-3374
814-269-2270
SPENCER, MD, JEANNE P FP
1926 MENOHER BLVD
JOHNSTOWN PA 15905-1727
814-533-9000
STEFANICK, DO, PATTI A GS
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-536-1988
STEFANIK, MD, DAVID TR
135 OSBORNE ST
JOHNSTOWN PA 15905-4149
814-535-6765
STEIN, MD, ALAN H * EM
227 LUZERNE ST
JOHNSTOWN PA 15905-2419
814-472-5302
STENBERG, MD, ROBERT G CD
1127 FRANKLIN ST
JOHNSTOWN PA 15905
814-535-3561
STOVER, MD, DONALD L EM
RR 3 BOX 8
HOLLSOPPLE PA 15935-9346
STRUNK, MD, THOMAS J * US
1301 MENOHER BLVD
JOHNSTOWN PA 15905-2003
814-255-5070
SWANSIGER, MD, ROBERT J * FP
609 SOMERSET AVE
WINDBER PA 15963-1330
814-467-3400
TAN, MD, EDWIN L P
215 VINE ST
JOHNSTOWN PA 15901-1518
814-535-1974
TAN JR, MD, RAMON N AN
1726 ELECTRA DR
JOHNSTOWN PA 15904-3208
814-467-6611
TATARKO, MD, MICHAEL FP
PO BOX 268
TWIN ROCKS PA 15960-0268
TEODORO, MD, JOSE V EM
RR 1 BOX 182
CENTRAL CITY PA 15926-9704
814-533-1907
THOMAS, DO, GARY S * FP
301 BLOOMFIELD ST STE 101
JOHNSTOWN PA 15904-3260
814-266-8393
TIMEK, MD, PATRICIA A R
512 5TH AVE
PATTON PA 16668-1604
814-674-8332
TIMENS, MD, LAWRENCE J CHP
JENNERSTOWN PA 15547
814-535-8531
TIN-U, MD, CAESAR K IM
CONEMAUGH VALLEY MEM HOSP
JOHNSTOWN PA 15905-4398
814-533-9397
TOMHAVE, MD, ROBERT H OBG
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-536-0726
TUKANOWICZ, MD,
STANISLAW A N
203 GREENE ST
JOHNSTOWN PA 15905-2239
814-539-1844
VOLKAR, MD, JUDITH K OBG
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-539-3292
VOYTKO, MD, RICHARD E * EM
608 TIOGA ST
JOHNSTOWN PA 15905-2333
814-535-1305
VYTLACIL, MD, MARK R PTH
MERCY HOSP
JOHNSTOWN PA 15905-4187
814-533-1906
WALL, MD, ROD A CD
1127 FRANKLIN ST
JOHNSTOWN PA 15905-4309
814-535-3561
WARIKOO, MD, SHIBAN K U
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-536-7851
WAY, MD, GEORGE E FP
13822 MARSH PIKE
HAGERSTOWN MD 21742-1657
301-791-0000
WEAVER, MD, JEAN M * PUD
MCCAULEY HALL
MERCY HOSP
JOHNSTOWN PA 15902
814-535-6933
WERNER, MD, JOYCE Z AN
RR 7 BOX 118
JOHNSTOWN PA 15904-9101
814-443-5086
WERTZ, MD, ROBERT R R
2124 TIMSON ST
JOHNSTOWN PA 15905-1855
WHEELING, MD, GEORGE H ORS
321 MAIN ST STE 3C
JOHNSTOWN PA 15901-1632
814-535-6521
WILLIAMS, DO, DAVID T IM
CONEMAUGH VALLEY MEM HOSP
JOHNSTOWN PA 15905-4370
814-533-9000
WINEY, MD, WILFRED H IM
545 GOUCHER ST APT 55
JOHNSTOWN PA 15905-3355
WITKES, DO, DAVID M CD
321 MAIN ST STE 4-H
JOHNSTOWN PA 15901-1632
814-535-1234
WOLFE, MD, JUDITH A OTO
PO BOX 726
JOHNSTOWN PA 15907-0728
814-535-7107
WOLFE, MD, PATRICK W DR
LEE HOSP
JOHNSTOWN PA 15901-1694
814-533-0102
WOZNIAK, MD, RICHARD S FP
RR 3 BOX 87
NEW FLORENCE PA 15944-9752
814-533-9000
WRIGHT, MD, RAYFORD E FP
27 RIVERSIDE DR
NORTH EAST MD 21901-5320
WYNERT, MD, WILLIAM R ON
568 ELKNUD LN
JOHNSTOWN PA 15905-2064
814-533-0132
YATES, MD, WILLIAM A GS
LEE HOSP
JOHNSTOWN PA 15901-1694
814-533-0181
YERGER, MD, JOHN F PTH
2250 MENOHER BLVD
JOHNSTOWN PA 15905-1629
814-533-9622

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AMBANI, MD, NARENDRA V PD
990 BLAKESLEE BLVD DR E
LEHIGHTON PA 18235-8753
215-377-3252
ASO, MD, ORLANDO A GS
PALMERTON HOSP
PALMERTON PA 18071-1596
215-826-3141
BHATTI, MD, ANJAM N IM
2145 LEHIGH PKY N
ALLENTOWN PA 18103
BHE, MD, H KWAN DR
4962 ANCINETTA DR
SCHNECKSVILLE PA 18078-2230
215-826-3141
BOBICK, MD, FRANK * OPH
RD 3 BOX 59
TAMAQUA PA 18252
717-668-6666
BOHRI, MD, JAMES D R
4866 HILTON RD
SCHNECKSVILLE PA 18078-2321
BOSCHI, MD, ALESSANDRO S OBG
1305 PIN OAK LN
SLATINGTON PA 18080-1107
215-826-7667
COPE, MD, EDWIN S IM
374 HARVARD AVE
PALMERTON PA 18071-1334
DAIT, MD, JOSE E * U
15 FAIRVIEW DR
LEHIGHTON PA 18235-9644
215-377-4322
DEVANI, MD, SHYAMSUNDER H OBG
101 PINE ST
TAMAQUA PA 18252-1433
215-826-8260
DIAZ, MD, FLORIEL P * GS
2210 MAHONING DR W
LEHIGHTON PA 18235-9522
717-386-4171
DIZON, MD, GAUDENCIO S GP
332 CENTER ST
JIM THORPE PA 18229-1404
717-325-3403
EVANS, MD, JOHN J GS
36 W CATAWISSA ST
NESQUEHONING PA 18240-1509
717-669-6133
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RR 1 BOX 168-101
LEHIGHTON PA 18235-9801
GAJULA, MD, L NARAYAN PD
12TH AND CYPRESS ST
LEHIGHTON PA 18235
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GOPLERUD, MD, ELIZABETH J OBG
821 FIRST ST
PALMERTON PA 18071
GOUW, MD, CHRISTOPHER B DR
270 SEMMELS HILL RD
LEHIGHTON PA 18235-9794
HOUSHMAND, MD, CYRUS HEM
2260 LEHIGH PKY N
ALLENTOWN PA 18103-3746
717-386-2902
KENNEDY III, MD, ARTHUR R * GS
135 LAFAYETTE AVE
PALMERTON PA 18071-1518
215-826-3141
KHAN, MD, SHAUKAT H IM
PALMERTON HOSP
PALMERTON PA 18071-1596
215-826-3141
KO, MD, YIH-SHYONG AN
174 BIRCHWOOD DR
LEHIGHTON PA 18235-8809
215-377-5290
LAIGON, MD, EUGENE E * CD
135 E RIDGE ST
COALDALE PA 18218-1220
LEE, MD, CHUNG H AN
31 WOODLAWN DR
LEHIGHTON PA 18235-9638
215-377-2081
LESHOCK, MD, LEON E IM
355 COLUMBIA AVE
PALMERTON PA 18071-1622
LIPSON, MD, CHERYL S IM
185-A DELAWARE AVE
PALMERTON PA 18071
215-826-6353
MAKHIJA, MD, KAILASH R OBG
106 GNADEN HUE
LEHIGHTON PA 18235
215-377-5959
MANZELLA, MD, EDWARD D IM
204 STATE RD
LEHIGHTON PA 18235-2827
215-377-6225
MARKSON, MD, WILLIAM M CD
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-435-5400
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336 KIDDIE LN BOX 66
WALNUTPORT PA 18088-1707
215-787-1975
MILLER, MD, EDWARD J IM
204 STATE RD
LEHIGHTON PA 18235-2827
215-377-6225
MONTES, MD, MANUEL Y GP
PALMERTON HOSP
PALMERTON PA 18071-1518
215-826-6255
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MUSA, MD, ALIMAD N IM
241 DELAWARE AVE
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215-826-2909
NOUD, MD, PATRICK J AN
1951 SUNSET DR
WHITEHALL PA 18052
215-826-3141
PENATER, MD, FRANK R * FP
824 N 24TH ST
ALLENTOWN PA 18104-3912
717-325-2705
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PALMERTON HOSP
PALMERTON PA 18071-1596
215-826-3141
SHAHID, MD, MIAN M A IM
PALMERTON HOSP
PALMERTON PA 18071-1596
215-826-6112
SLATER, MD, KENNETH C IM
237 SOUTH ST
LEHIGHTON PA 18235-2038
717-386-2443
SNYDER, MD, MARVIN C * GP
846 MAHONING ST
LEHIGHTON PA 18235-1233
215-377-3831
STEELE, MD, JOHN E * IM
PARK VIEW HOUSE
LEHIGHTON PA 18235
215-377-0172
TAN, MD, LIAN K AN
PALMERTON HOSP
PALMERTON PA 18071-1596
215-826-3141
TEY, MD, PETER H DR
3219 W WASHINGTON ST
ALLENTOWN PA 18104-3415
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1124 CIRCLE DR
PALMERTON PA 18071-1313
VISPERAS, MD, MARIO F * GS
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2817 STROHL RD
ALLENTOWN PA 18106
215-377-1300

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323 W HIGH ST
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ADAMS, MD, JONATHAN D FP
233 EASTERLY PKY
STATE COLLEGE PA 16801-6300
814-234-1175
ALLATT, MD, RICHARD D PM
NITTANY VALLEY REHAB HOSP
PLEASANT GAP PA 16823
814-359-3421
BAKER, MD, JEFFREY H * FP
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-231-4560
BAKER, MD, MARK S PD
3901 S ATHERTON ST
STATE COLLEGE PA 16801-8324
814-466-7921
BAKER, MD, ROY F * GP
PO BOX 494
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BARNES, MD, W STEPHEN GS
226 HIGHLAND AVE STE A
STATE COLLEGE PA 16801-4933
814-234-6849
BARNES, MD, WILLIAM T CDS
226 HIGHLAND AVE
STATE COLLEGE PA 16801-4934
814-234-6849
BATORY, MD, KATHERINE H PD
46 ABERDEEN PL
WOODBURY NJ 08096-2412
BECK, MD, WILLIAM R PD
2618 TALL CEDAR CIR
STATE COLLEGE PA 16803-3332
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BENSON, MD, DAVID R GP
1217 ZION RD
BELLEFONTE PA 16823
814-355-4886
BERESNY, MD, GERALD M OTO
811 UNIVERSITY DR
STATE COLLEGE PA 16801-6552
814-234-7280
BIENER, MD, ROBERT S * P
3939 S ATHERTON ST
STATE COLLEGE PA 16801-8308
814-466-6271
BISHOP, MD, WAYNE E PD
811 UNIVERSITY DR STE B
STATE COLLEGE PA 16801-6552
814-238-2863
BLEZNAK, MD, AARON D GS
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-231-4560
BURKE, MD, KEVIN W P
299 W LINN ST
BELLEFONTE PA 16823-1519
814-355-4270
CARNEY, MD, PAUL L GP
730 MCCORMICK AVE
STATE COLLEGE PA 16801-6525
CHASE, MD, WILLIAM D PD
PO BOX 837
LEMONT PA 16851-0837
814-466-7921
CHERRY, MD, KENNETH L ORS
PO BOX 125F
PORT MATILDA PA 16870-0125
814-238-9459
CHERRY, MD, MELANIE M OBG
251 EASTERLY PKY
STATE COLLEGE PA 16801-6301
814-237-3470
COLEMAN, MD, ERNEST H GP
705 SUNSET RD
STATE COLLEGE PA 16803-3452
717-737-7491
COX, MD, JAY S ORS
UNIV ORTHOPEDICS CTR
STATE COLLEGE PA 16801
814-231-2101
COX, MD, JOHN B PUD
3901 S ATHERTON ST
STATE COLLEGE PA 16801
814-466-7911
CRAMER, DO, DAVID I OBG
1206 DEERFIELD DR
STATE COLLEGE PA 16803-2206
814-237-3470
CULLEN, MD, ESKER W ABS
PO BOX 186
LEMONT PA 16851-0186
DANNEKER, MD, DALE A * GS
245 S BURROWES ST
STATE COLLEGE PA 16801-4009
814-237-4118
DAVIDOWSKI, MD, THOMAS A D
1393 N ATHERTON ST
STATE COLLEGE PA 16803-2932
814-238-6097
DENCH JR, MD, EDWARD H * AN
945 OUTER DR
STATE COLLEGE PA 16801-6236
814-466-7975
DIXON, MD, RICHARD H HEM
3901 S ATHERTON ST STE 5
STATE COLLEGE PA 16801-8324
814-466-7911
DRANOV, MD, JONATHAN NEP
3901 S ATHERTON ST STE 5
STATE COLLEGE PA 16801-8324
814-466-7911
DREIBELBIS, MD, WILLIAM H IM
113 OLIVE ST
SNOW SHOE PA 16874
814-387-6722
DUNKELBERGER, MD, JOHN A OTO
RR 1 BOX 510
CENTRE HALL PA 16828-9735
DUNNE, MD, GAY D * D
137 S PUGH ST
STATE COLLEGE PA 16801-4734
814-234-3381
DUNNE, MD, JAMES H * D
137 S PUGH ST
STATE COLLEGE PA 16801-4734
814-237-1228
DURGIN, MD, BERNICE E IM
221 N ALLEGHENY ST
BELLEFONTE PA 16823-1801
DURKIN, MD, DAVID J AN
1259 EDWARDS ST
STATE COLLEGE PA 16801-6930
814-237-7377
EGGLER, MD, BETSEY A IM
1217 ZION RD
BELLEFONTE PA 16823
717-667-2278
EVANS, DO, JOHN C * PM
1520 MARTIN ST
STATE COLLEGE PA 16803-3058
814-231-1220
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RR 3 BOX 448
PHILIPSBURG PA 16866-9314

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PO BOX 230867
ANCHORAGE AK 99523
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PO BOX 958
LEMONT PA 16851-0958
814-234-5830
FISHER, MD, JOHN T OPH
507 LOCUST LN
STATE COLLEGE PA 16801-5419
814-237-0378
FLEAGLE, MD, GENEVRA S OS
508 OUTER DR
STATE COLLEGE PA 16801-7935
FLEAGLE, MD, SAMUEL B OS
508 OUTER DR
STATE COLLEGE PA 16801-7935
FRANCO, MD, ALEXANDER OS
RR 3 BOX 355
BELLEFONTE PA 16823-9243
FREEDMAN, DO, SUSAN R * PM
NITTANY VALLEY REHAB HOSP
PLEASANT GAP PA 16823-7418
814-359-3451
GARCIA, MD, MARIAN FP
233 EASTERLY PKY
STATE COLLEGE PA 16801-6300
814-234-2573
GOOD, MD, PHILIP K IM
1217 ZION RD
BELLEFONTE PA 16823
814-355-7322
GORDEUK, MD, DANIEL S * GS
245 SOUTH BURROWES ST
STATE COLLEGE PA 16801-4009
814-237-4118
GUILLARD, MD, FRANK * IM
251 EASTERLY PKY
STATE COLLEGE PA 16801-6301
HAIGHT, MD, JOEL B IM
3901 S ATHERTON ST
STATE COLLEGE PA 16801-8324
814-466-7911
HALL, MD, ROBERT L * CD
251 EASTERLY PKY
STATE COLLEGE PA 16801-6301
HALL, MD, ROBERT M GS
226 HIGHLAND AVE STE A
STATE COLLEGE PA 16801
814-234-6849
HARGLEROAD II, MD, JOHN A GP
432 OUTER DR
STATE COLLEGE PA 16801-7959
HARRY, MD, HARRIET M FP
718 W NITTANY AVE
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814-237-3360
HARVEY, MD, JAMES S FP
369 HIDDEN VALLEY DR
NAPLES FL 33962-7821
HEIMER, MD, JEFFREY L OPH
507 LOCUST LN
STATE COLLEGE PA 16801-5419
814-237-0378
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226 HIGHLAND AVE
STATE COLLEGE PA 16801-4934
814-234-6849
HEYWOOD, MD, SUSAN E CD
3901 S ATHERTON ST STE 5
STATE COLLEGE PA 16801-8324
814-466-7911
HUFFARD, MD, ROBERT S PD
564 LANCESHIRE LN
STATE COLLEGE PA 16803-1434
814-466-7921
HUNTER, MD, ROBERT J * OTO
811 UNIVERSITY DR
STATE COLLEGE PA 16801-6552
814-234-7280
HYLBERT JR, MD, KENNETH W * P
MEADOWS PSYCH CTR
CENTRE HALL PA 16828
814-364-2181
ISHLER, MD, H RICHARD GP
712 N HOLMES ST
STATE COLLEGE PA 16803
814-237-4743
KEIL, MD, STEPHEN M CD
2651 SLEEPY HOLLOW DR
STATE COLLEGE PA 16803-2230
814-237-8811
KING, MD, DOUGLAS R GS
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-231-4560
KISH, MD, ROBERT S U
905 UNIVERSITY DR
STATE COLLEGE PA 16801-6626
814-238-8418
KNERR, MD, RICHARD A GP
118 HILL TOP TRAILER PARK
STATE COLLEGE PA 16801
KOZMINSKY, MD, MARK E D
113 WILDERNEST LN
PORT MATILDA PA 16870-9415
814-342-5402
KUNKLE JR, MD, HERBERT L ORS
911 UNIVERSITY DR
STATE COLLEGE PA 16801-6626
814-238-9459

LESCANIC, MD, MICHAEL L AN
622 SEVERN DR
STATE COLLEGE PA 16803-1374
814-234-4537
LIEBER, MD, PAUL S * PM
SHADYSIDE HOPSITAL
PITTSBURGH PA 15232
412-623-1070
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132 W CRESTVIEW AVE
BOALSBURG PA 16827-1357
LYKENS, MD, HARRY D R
109 HARRIS DR
STATE COLLEGE PA 16801-7918
MACLEAR, DO, DOUGLAS G AN
945 OUTER DR
STATE COLLEGE PA 16801-8236
814-466-7975
MANDETTA, MD, DONALD F GE
3901 S ATHERTON ST STE 5
STATE COLLEGE PA 16801-8324
814-466-7911
MATEER, MD, JOHN E N
GEISINGER MED CTR
STATE COLLEGE PA 16801-7974
814-231-4500
MAXIN, MD, CHARLES W FP
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-231-4560
MAYERS JR, MD, STANLEY P PH
648 WILTSHIRE DR
STATE COLLEGE PA 16803-1450
814-863-2426
MCCORMICK, MD, GEORGE M PD
3901 S ATHERTON ST
STATE COLLEGE PA 16801-8324
814-466-7921
MCGUIRE, MD, RICHARD J * IM
251 EASTERLY PKY
STATE COLLEGE PA 16801-6301
814-237-3122
MEBANE, MD, TOM S GP
FOXDALE VILLAGE
STATE COLLEGE PA 16801-6269
814-238-4351
MEBANE III, MD, TOM S OBG
1347 SANDPIPER DR
STATE COLLEGE PA 16801-7714
814-237-3470
MENTYKA, MD, ROBERT A AI
1265 EDWARD ST
STATE COLLEGE PA 16801
814-231-4560
MIKESELL, MD, JERRY F D
1393 N ATHERTON ST
STATE COLLEGE PA 16803-2932
814-238-6097
MONTALBO, MD, ANTONIO A OPH
253 EASTERLY PKY
STATE COLLEGE PA 16801-6301
814-234-5856
MULHATTEN, MD, DONALD E GP
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-238-3441
MURPHY, MD, TERRANCE P PD
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-231-5562
NABAVI, MD, ABDOLLAH * P
315 S ALLEN ST STE 223
STATE COLLEGE PA 16801-4850
814-237-5411
NEWKIRK, MD, JOHN D * PS
100 SCENERY DR
STATE COLLEGE PA 16801-7941
814-234-1252
NICOLAS, MD, RUDY J * DR
811 UNIVERSITY DR
STATE COLLEGE PA 16801-6552
814-234-4774
OLNEY, MD, FRANKLIN B * DR
811 UNIVERSITY DR
STATE COLLEGE PA 16801-6552
814-234-4774
PALMER JR, MD, DALE H P
1651 GLENWOOD CIR
STATE COLLEGE PA 16803-3230
PARAGAS SR, MD, LAMBERTO S EM
818 BAYBERRY DR
STATE COLLEGE PA 16801-4201
814-234-0110
PARKS JR, MD, LYTLE R GP
1133 S ALLEN ST
STATE COLLEGE PA 16801-6046
814-237-3866
PEPE, MD, PETER F RHU
3901 S ATHERTON ST STE 5
STATE COLLEGE PA 16801-8324
814-466-7911
PERSIC JR, MD, LOUIS A * DR
222 HUNTER AVE
STATE COLLEGE PA 16801-6947
814-234-6135
PIATT III, MD, JOHN E FP
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-231-4560
POWERS, MD, DANAE M AN
965 CRABAPPLE DR
STATE COLLEGE PA 16801
814-234-6122

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CENTRE COMMUNITY HOSP
STATE COLLEGE PA 16801
814-238-4351
REICHARD, MD, JAMES L FP
KYLERTOWN PA 16847
REIDELL, MD, JOHN S GS
3901 S ATHERTON ST STE 8
STATE COLLEGE PA 16801-8324
814-466-7931
ROBERTB JR, MD, PHILIP G ORS
911 UNIVERSITY DR
STATE COLLEGE PA 16801-6626
814-238-9459
ROCKOWER, MD, ROGER A * DR
817 W FAIRMOUNT AVE
STATE COLLEGE PA 16801-4127
814-234-6137
ROESHOT, MD, DOUGLAS E * ORS
1120 MAYBERRY LN
STATE COLLEGE PA 16801-6952
814-231-2101
ROGERS, MD, KENNETH J * R
953 ROBIN ROAD
STATE COLLEGE PA 16801-4139
814-234-4774
ROGUSKY, MD, EDWIN J * ORS
UNIV ORTHOPEDICS CTR
STATE COLLEGE PA 16801-7969
814-231-2101
ROHRBECK, MD, CHARLES W OBG
251 EASTERLY PKY
STATE COLLEGE PA 16801-6301
814-237-3470
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814-466-7911
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3901 S ATHERTON ST STE 5
STATE COLLEGE PA 16801-8324
814-466-7911
SEVICK, MD, MYRON E ORS
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STATE COLLEGE PA 16801-6626
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3901 S ATHERTON ST
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STATE COLLEGE PA 16801-8324
814-466-7911
TRUSKY, MD, JEANETTE I OBG
251 EASTERLY PKY
STATE COLLEGE PA 16801-6301
814-237-3470
ULBRECHT, MD, JAN S END
3901 S ATHERTON ST STE 5
STATE COLLEGE PA 16801-8324
814-466-7911
VORE, MD, STEVEN B PD
3901 S ATHERTON ST
STATE COLLEGE PA 16801-8324
814-466-7921
WALKER, MD, BRIAN K ON
3901 S ATHERTON ST
STATE COLLEGE PA 16801-8324
814-466-7911
WEAVER, MD, AMY LU FP
1160 SHAMROCK AVE
STATE COLLEGE PA 16801-8967
717-242-7179
WEIMER, MD, GREGORY R * R
1600 EAST PARK AVE
STATE COLLEGE PA 16803
814-238-4351
WENGROVITZ, MD, PAUL H OBG
327 E OUTER DR
STATE COLLEGE PA 16801-8202
WERNER, MD, DAVID B OPH
507 LOCUST LN
STATE COLLEGE PA 16801-5419
814-237-0378
WEST, MD, EDWARD GP
511 N BURROWES ST
STATE COLLEGE PA 16803-3507
814-237-2136
WEST, MD, LESLEY S IM
RR 1 BOX 179A
CENTRE HALL PA 16828
WHEELER, MD, LEIGH D FP
2520 GREENTECH DR STE D
STATE COLLEGE PA 16803
814-234-5021
WHITE, MD, GEORGE S * GP
140 W HIGH ST
BELLEFONTE PA 16823-1637
814-355-9141
WILD JR, MD, ROBERT M U
905 UNIVERSITY DR
STATE COLLEGE PA 16801-6626
814-238-8418
WILLENBORG, MD, ANNE PD
711 BOALSBURG PIKE
BOALSBURG PA 16827-1133
814-466-7921

WINGERT JR, MD, CHARLES H D
896 E COLLEGE AVE
BELLEFONTE PA 16823-7500
WONG, MD, LING G * PD
728 WESHERLY PKY
STATE COLLEGE PA 16801
YODER, MD, STANLEY J ORS
911 UNIVERSITY DR
STATE COLLEGE PA 16801-6626
814-238-9459
YOUNG, DO, WILLIAM E GP
PENNS VALLEY AREA CENTER
SPRING MILLS PA 16875-9602
814-422-8873
ZEIGLER, MD, DAVID C OPH
811 UNIVERSITY DR
STATE COLLEGE PA 16801-6552
814-234-2002

CHESTER

ABBOTT, MD, JOSEPH L GYN
CHESTER COUNTY HOSP
WEST CHESTER PA 19380-4443
215-692-3434
ABERNETHY, MD, HUGH C PD
511 N HIGH ST
WEST CHESTER PA 19380-2335
ALARCON, MD, J EDGAR IM
MAPLE AVE MED BLDG
WEST CHESTER PA 19380-4434
215-436-8080
ALDERFER, MD, HAROLD H PD
220 E ASHBRIDGE ST
WEST CHESTER PA 19380-2323
215-696-4638
ALLAN, MD, MARY B CD
SWALLOWTAIL FARM
WESTTOWN PA 19395-0119
215-436-5822
ANDERSON, MD, KENNETH F * OM
32 CHETWYND RD
PAOLI PA 19301-1818
215-897-6850
ARDITO, MD, JOSEPH M * OTO
250 W LANCASTER AVE STE 240
PAOLI PA 19301-1751
215-446-6900
ASKINAS, MD, ALAN M OBG
600 E MARSHALL ST
WEST CHESTER PA 19380-4454
215-692-3434
ASTROFF, MD, MATTHEW R * GE
PAOLI MEM MED BLDG STE 10
PAOLI PA 19301
215-644-8755
ATKINS, MD, WILLIAM R OBG
600 E MARSHALL ST STE 305
WEST CHESTER PA 19380-4454
215-692-3434
AUERBACH, DO, BENJAMIN H PM
201 FALCON DR
KENNETT SQUARE PA 19348-2656
215-893-2000
AVELLA, MD, DAVID P AN
327A PRINCETON RD
HADDONFIELD NJ 08033-3955
AYLWARD, MD, JOHN J * IM
600 CHURCH ST
ROYERSFORD PA 19468-2156
215-948-4296
BABINECZ, MD, JOHN M PD
PAOLI MEM MED BLDG STE 330
PAOLI PA 19301
215-644-9233
BACKUP, MD, DUDLEY C EM
1167 DUNSINANE HILL
CHESTER SPRINGS PA 19425-1310
215-431-5150
BAINBRIDGE, MD, WILLIAM J GP
250 W LANCASTER AVE STE 120
PAOLI PA 19301-1729
215-644-8069
BAMBERGER, MD, GRANT W FP
110 LINDEN ST
COOPERSBURG PA 18036-2018
BARCH, MD, FRANK J PUD
750 S MAIN ST STE 302
PHOENIXVILLE PA 19460-4460
215-935-2707
BARENBERG, MD, PAUL A P
12 FOX CHASE RD
MALVERN PA 19355-3441
BARONE, DO, PAUL F FP
1001 EVESHAM CT
WEST CHESTER PA 19382
BARRY, MD, WILLIAM J R
CHESTER COUNTY HOSP
WEST CHESTER PA 19380-4421
215-431-5032
BATTAFARANO, MD,
NICHOLAS C * IM
500 CHESTERBROOK BLVD
WAYNE PA 19087-5603
215-296-2668
BEAUGARD, MD, MARK E OTO
9 N FIVE POINTS RD
WEST CHESTER PA 19380-4739
215-696-8800
BELL, MD, ROBERT L NS
51 S 12TH AVE
COATESVILLE PA 19320-3529

BELSON, MD, ARTHUR B OPH
1011 W BALTIMORE PIKE STE 203
WEST GROVE PA 19390-9447
215-869-1371
BENINATI, MD, DANIEL D OBG
508 E LANCASTER AVE
DOWNINGTOWN PA 19335-2776
215-269-9010
BENNER IV, MD, JOHN H ORS
531 MAPLE AVE
WEST CHESTER PA 19380-4416
215-692-6280
BENNETT IV, MD, JOSEPH S IM
PO BOX 189
PAOLI PA 19301-0189
215-644-9456
BENTLEY, MD, EUGENE A CLP
CHESTER COUNTY HOSP
WEST CHESTER PA 19380-4421
215-431-5182
BERKWITS, MD, LELAND PM
414 PAOLI PIKE
MALVERN PA 19355-3311
215-251-5450
BLYDENBURGH, MD, SUSAN M FP
915 BRINTONS BRIDGE RD
WEST CHESTER PA 19382-8109
215-431-2262
BOCHER, MD, JACK ORS
MONTGOMERY AND MAPLE AVES
WEST CHESTER PA 19380
215-692-6280
BOK, MD, JOHN B P
414 ORCHARD WAY
ST DAVIDS PA 19087-4835
BOLLINGER, MD, JAMES R U
21 INDUSTRIAL BLVD STE 101
PAOLI PA 19301-1810
296-081-0
BOMALASKI, MD, JOHN S * RHU
115 JOHN ROBERT TOMAS DR
EXTON PA 19341
215-524-7710
BONANNI, MD, LORETTA D PD
805 HAWTHORNE ST
DOWNINGTOWN PA 19335-1694
BONFIGLIO, MD, RICHARD P PM
BRYN MAWR REHAB
MALVERN PA 19355-3300
215-251-5558
BOWEN, MD, ANNE C IM
109 N FAIRFIELD RD
DEVON PA 19333-1448
215-696-3431
BOYEK, MD, TIMOTHY J CD
600 E MARSHALL ST STE 203
WEST CHESTER PA 19380-4443
215-696-2850
BRADFORD, MD, JOHN D GS
36 W LANCASTER AVE
DOWNINGTOWN PA 19335-2825
BREARLY, MD, WAYNE R GS
127 KNOXLYN FARM DR
KENNETT SQUARE PA 19348-2738
215-869-1240
BREE, DO, STANTON A PM
319 N POTTSTOWN PKE 201
EXTON PA 19341
215-594-9101
BRIGHAM, MD, MARK P ORS
845 W CHESTER PIKE
WEST CHESTER PA 19382-4878
215-692-2065
BROWN, MD, NATHAN GP
407 CITY LINE AVE
PHOENIXVILLE PA 19460-4312
BUDEIR, MD, MOHAMMED H GS
1 WOODSWORTH CT
WAYNE PA 19087-3438
215-383-5610
BURGESS, MD, GEOFFREY M FP
110 HOPEWELL RD
DOWNINGTOWN PA 19335-1067
BURGET JR, MD, DEAN E PS
1812 4TH AVE S APT 313
BIRMINGHAM AL 35233-1937
BUTLER, MD, CHARLES H GP
134 N 4TH AVE
COATESVILLE PA 19320-3289
BYLER, MD, ARTHUR B GP
PO BOX 259
DOWNINGTOWN PA 19335-0259
CAGGIANO, MD, JOHN D * ORS
RR 4
WEST CHESTER PA 19382-9604
215-524-6470
CARLOW, MD, JOSEPH F GP
935 PARKERVILLE RD
WEST CHESTER PA 19382-7034
CATTON, MD, RAYMOND M * P
45 RIDGE RD
PHOENIXVILLE PA 19460-1915
CERVONE, MD, PAUL N OBG
307 TAPESTRY CIR
EXTON PA 19341-2067
CHILDS, MD, MARION C * IM
500 GAY ST
PHOENIXVILLE PA 19460-3618
215-935-7500
CHRISTIE, MD, THOMAS US
328 ST DAVIDS RD
WAYNE PA 19087-4307
215-971-2699

CIACCI, MD, VINCENT W EM
CHESTERBROOK
WAYNE PA 19087-5841
215-296-5473
CILIBERTI, MD, MICHAEL D AI
425 DRUMMER'S LN
WAYNE PA 19087
215-662-2775
CLAUHS, MD, RONALD P OBG
795 E MARSHALL ST STE 304
WEST CHESTER PA 19380-4400
215-436-5610
CLAY, MD, BETTIE W IM
G5 BLACK HAWK APTS
DOWNINGTOWN PA 19335
CLAYTON, DO, JOHN S * P
542 WOODSIDE AVE
BERWYN PA 19312-1619
215-647-0253
CLAYTON, MD, RICHARD J OM
300 N NEW ST
WEST CHESTER PA 19380-2535
302-999-2834
CLAYTON, MD, THOMAS D GP
563 OLIVE ST
COATESVILLE PA 19320-3611
COADY, MD, PAUL M * CD
SUITE 430
WYNNWWOOD PA 19096
215-649-8599
COATES JR, MD, JOHN B PH
933 VALLEY FORGE RD
PHOENIXVILLE PA 19460-2625
COHEN, MD, FREDRIC L OBG
VALLEY FORGE OB/GYN
PHOENIXVILLE PA 19460
215-935-1551
COLDREN, MD, CAROL L OBG
20 CRESTVIEW DR
PARKESBURG PA 19365
215-383-9400
COLLINS, MD, KENNETH P * CDS
213 REECEVILLE RD STE 32
COATESVILLE PA 19320-1533
215-696-5227
CONNAUGHTON, MD, JAMES F OBG
VALLEY FORGE OB/GYN
PHOENIXVILLE PA 19460-4456
215-933-2440
CONNELL, MD, JANET T * P
PAOLI PSYCHIATRIC ASSOC
PAOLI PA 19301
215-296-0142
CONNER, MD, J HUBERT * ORS
BRANDYWINE HOSP
CALN TOWNSHIP PA 19320-1528
CONROY, DO, ELLEN D FP
12 ORCHARD LN
WALLINGFORD PA 19086-6707
CONTI, MD, JOSEPH D * U
250 W LANCASTER AVE #300
PAOLI PA 19301
215-296-8240
COOK, MD, DONALD H * PTH
PHOENIXVILLE HOSP
PHOENIXVILLE PA 19460-0809
215-983-1166
COOPER, MD, DAVID J PD
479 THOMAS JONES WAY
EXTON PA 19341-2552
215-524-5437
COX, DO, FRED A PD
928 BENGE RD
HOCKESSIN DE 19707-8507
215-869-0680
CUTLER, MD, ROBERT S * OPH
606 E MARSHALL ST STE 104
WEST CHESTER PA 19380-4440
215-696-1230
D'URSO, MD, FRANCESCO PD
1703 MARSHA LN
DOWNINGTOWN PA 19338
215-269-9966
DABBACK, MD, DEWITT T FP
17 N 4TH AVE
ROYERSFORD PA 19468-1911
215-948-3230
DAGHIR, MD, JOHN N FP
1422 FLINT HILL RD
LANDENBERG PA 19350-1142
215-932-8141
DAMIANO, MD, ROBERT E PA
216 CHURCH RD
DEVON PA 19333-1820
DEMPSHER, MD, JOHN GP
29 MANCHESTER CT
BERWYN PA 19312-1863
DEUTSCH JR, MD, E THOMAS * FP
122 LANCASTER PIKE
MALVERN PA 19355-2123
215-647-2440
DEWIS, MD, LESTER S PM
BRYN MAWR REHAB HOSP
MALVERN PA 19355-3300
215-251-5450
DICKTER, MD, STEVEN J FP
404 WEST UNION STREET
WEST CHESTER PA 19382
215-696-0127
DIGERGORIO, MD, GUERINO J * IM
1421 LINDEN LN
WEST CHESTER PA 19380-5946
215-436-0717

DIMONTE, MD, DIANE K * PTH
13 LYNN BLVD
DOWNINGTOWN PA 19335-2129
DONOVAN, MD, ALTHEA A P
344 OVERLOOK LN
GULPH MILLS PA 19428
215-383-0260
DORRELL, MD, SEAN G * IM
410 E LANCASTER AVE
EXTON PA 19341-2731
215-524-3703
DOTTS, CAROL A EXEC
580 LANCASTER AVE
BERWYN PA 19312-1664
215-644-8120
DOYLE, MD, FAYE R FP
133 LOCUST ST
OXFORD PA 19363-1371
215-932-9376
DOYLE, MD, RUSSELL G GP
215 E MT VERNON ST
OXFORD PA 19363
DUFFY, MD, RUTH E GP
57 MARLYN LN
EXTON PA 19341-1667
DVORKIN, MD, DANIEL D
797-0 E LANCASTER AVE
DOWNINGTOWN PA 19335
215-269-5612
EFFAT, MD, MAHMOUD K AI
802 ROBERT DEAN DR
DOWNINGTOWN PA 19335
EISNER, MD, JOEL W IM
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
215-933-8484
ELLIS, MD, CHRISTINA E OBG
1008 BALA FARMS
WEST CHESTER PA 19382-2345
215-692-3434
ESTONILO, MD, RODRIGO M NS
154 PIPER DR
PITTSBURGH PA 15234
EWING, MD, AGNEW R GP
2166 AVALON AVE
AVALON NJ 08202-2049
FABER, MD, MARK R PD
475 LYNETREE DR
WEST CHESTER PA 19380-1706
215-524-5437
FAHMY, MD, WASFY F PVD
750 S MAIN ST #300
PHOENIXVILLE PA 19460-4444
215-935-7772
FAUST, MD, HERBERT A N
16 FOX CHASE RD
MALVERN PA 19355-9802
FISCHETTI, MD, JOHN L IM
508 BEECHWOOD DR
KENNETT SQUARE PA 19348-1804
302-751-6221
FORMAN, MD, BRUCE H R
2 WATERVIEW RD APT O-10
WEST CHESTER PA 19380-6365
215-782-4716
FOSTER, MD, JOHN S EM
RR 2 BOX 418
PHOENIXVILLE PA 19460-2805
215-431-5150
FOX, MD, STEPHEN C ON
PAOLI MEM MED BLDG STE 210
PAOLI PA 19301
215-647-2747
FOXX, MD, WILLIAM F DR
1417 CARROLL BROWN WAY
WEST CHESTER PA 19382-7757
215-431-5130
FRANCIS, DO, MARLOWE S FP
317 PAOLI WOODS
PAOLI PA 19301
FRENCH, MD, ELIZABETH G AN
PO BOX 429
UNIONVILLE PA 19375-0429
FRENCH, MD, GORDON N IM
PO BOX 429
UNIONVILLE PA 19375-0429
FRIED, MD, ROBERT C GS
PAOLI MEDICAL BLDG STE 207
PAOLI PA 19301
215-647-3078
FRIEDMAN, MD, CARL J IM
639 COLONEL DEWEES RD
WAYNE PA 19087-1305
215-832-3084
FRIEDMANN, DO, DANIEL V GP
1190 CARRIE LN
WEST CHESTER PA 19382
FUKUI, MD, PAUL T N
CHESTER CO MED BLDG STE 214
WEST CHESTER PA 19380
215-436-8632
FURMAN, MD, FRANK H FP
139 BERKLEY RD
DEVON PA 19333
215-687-0715
GALIB, MD, SAMUEL H OPH
PAOLI WEST PROF PARK
PAOLI PA 19301
215-644-0600
GARCIA, MD, DOMINADOR I EM
15 WOODRIDGE RD
THORNTON PA 19373-1039

GARDNER, MD, ALAN M P
CHESTER COUNTY HOSP
WEST CHESTER PA 19380-4452
215-431-3032
GEDDES, MD, GISELLE J IM
1623 ROSE GLEN RD
HAVERTOWN PA 19083
215-449-1014
GEMIL, MD, CORAZON G OBG
NORTH HILLS MEDICAL BLDG
WEST CHESTER PA 19380-4400
215-692-9700
GEMIL-CORRAL, MD,
ANGELITA G GYN
795 E MARSHALL ST
STE 302
WEST CHESTER PA 19380-4400
215-692-9700
GERSON, MD, BENJAMIN PTH
200 TEMPLE ST
NEWTON MA 02165-2316
215-743-4200
GERSON, MD, IRVIN M N
ARSENAL BUSINESS CTR
PHILADELPHIA PA 19137-2308
215-743-4200
GIANNOPOULOS, MD, PETER H * GP
750 S MAIN ST
PHOENIXVILLE PA 19460-4459
215-933-6064
GOEBERT, MD, HERBERT W FP
915 OAK HARBOUR DR
JUNO BEACH FL 33408-2174
GOLD, MD, MORRIE G OBG
600 E MARSHALL ST
WEST CHESTER PA 19380-4454
215-692-3434
GOLDBLUM, MD, KENNETH D IM
BRANDYWINE PROF BLDG
COATESVILLE PA 19320-1531
215-384-5110
GOLDEN, MD, MICHAEL F P
415 E LINCOLN HWY
COATESVILLE PA 19320-3411
215-383-1955
GOLDFINE, MD, ALAN OBG
1601 ROBIN RD
COATESVILLE PA 19320-4514
215-383-7800
GOLDSMITH, MD, KATHLEEN M OBG
VALLEY FORGE OB/GYN
PHOENIXVILLE PA 19460-4456
215-933-2440
GOLDSTEIN, MD, NEIL H IM
346 S BALDERSTON DR
EXTON PA 19341-2004
215-889-6657
GOLDSTEIN, MD, NORMAN A * OTO
206 GAY ST
PHOENIXVILLE PA 19460-3721
215-933-8896
GORDON, MD, ISADORE IM
603 S MAIN ST
PHOENIXVILLE PA 19460-3855
215-933-2065
GORMAN-CATTON, MD,
JOHANNA H * P
45 RIDGE RD
PHOENIXVILLE PA 19460-1915
215-933-7749
GRAHAM, MD, THOMAS H N
4 JOANNA DR
MALVERN PA 19355-3313
215-527-3366
GRANT, MD, HOWARD R PD
533 SCOTT RD
GLADWYNE PA 19035-1441
215-431-5480
GROSSMAN, MD, PERRY PD
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
215-935-1330
GUNNING, MD, MARY LISA FP
24 STIRLING CT
WAYNE PA 19087
215-696-6655
HAHN, MD, JEANNINE R IM
BUCKTOWN MEDICAL ASSOC
SPRING CITY PA 19475-9685
215-495-5944
HALL, MD, EDGAR M IM
7 ROBINS LN
BERWYN PA 19312-1229
HANNA, MD, ROBERT H GP
146 W BARNARD STREET
WEST CHESTER PA 19382-3229
HANSPAL, MD, NAVJOT S N
1011 W BALTIMORE PIKE STE 210
WEST GROVE PA 19390-9402
215-869-3933
HANSPAL, MD, REENA K PM
1011 SABER RD
WEST CHESTER PA 19382-8071
HARKNESS, MD, MICHAEL J PD
1330 THOMAS RD
WAYNE PA 19087-1316
215-644-9233
HARROP, MD, DONALD E * GP
124 E DUNE LANE
BEACH HAVEN NJ 08008
609-492-1656

HAYMAN, MD, HARRIS R FP
PAOLI MEDICAL ARTS BLDG
PAOLI PA 19301-1610
215-647-4848
HENWOOD, DO, CAROL L FP
COVENTRY FAMILY PRACTICE
POTTSTOWN PA 19464-7520
215-323-6835
HERNZ, MD, WILLIAM J * P
5 OAKHILL CIR
MALVERN PA 19555
215-339-3385
HERTZ, MD, BARRY C PUD
520 MAPLE AVE STE 3
WEST CHESTER PA 19380-4434
215-692-6300
HESTER, MD, GLORIA E PD
1740 LEWAPE RD
WEST CHESTER PA 19382
HEWSON, MD, WILLIAM C LM
101 E ASHBRIDGE ST
WEST CHESTER PA 19380-2320
HILLYER, MD, PETER N IM
PAOLI MEML MED BLDG
PAOLI PA 19301
215-647-8885
HLAVAC, MD, CHERYL A * FP
704 MEREDITH ST
KENNETT SQUARE PA 19348-3504
215-444-5676
HNELESKI JR, MD, IGNATIUS S OPH
845 W CHESTER PIKE
WEST CHESTER PA 19382-4878
215-692-8100
HOBERMAN, MD, MAURY OTO
9 N 5 POINTS RD
WEST CHESTER PA 19380-4739
215-696-8800
HODESS, MD, ARTHUR B * CD
3456 E LINCOLN HWY
THORNDALE PA 19372-1008
215-384-2211
HOFF, MD, WILLIAM S * GS
BRANDYWINE PROF BLDG STE 34
COATESVILLE PA 19320
215-383-5610
HORNSTEIN, MD, LUCY E FP
551 SARATOGA RD
KNG OF PRUSSA PA 19406-1584
215-983-9299
HOTMER, MD, DIANNE D OBG
817 KIMBERLY LN
WEST CHESTER PA 19382-7107
HUTCHINSON III, DO, HARRY J IM
602 E MARSHALL ST
WEST CHESTER PA 19380-4452
215-692-5582
HUXSTER, MD, ROBERT H ORS
845 W CHESTER PIKE
WEST CHESTER PA 19382-4878
215-692-2005
JACOBS, MD, FRANCIS PD
200 E BIDDLE ST
WEST CHESTER PA 19380-2750
JAHROMI, MD, HEIDAR K N
213 REECEVILLE RD STE 13
COATESVILLE PA 19320-1530
215-383-1355
JAWAD, MD, BASIL S IM
INGELSIDE PROF BLDG
THORNDALE PA 19372-1129
215-383-1100
JEWELLS, DO, VALERIE L TR
26 MARY JANE LN
NEWTOWN SQUARE PA 19073-4007
JOHNSON, MD, LISA B IM
600 E MARSHALL ST STE 102
WEST CHESTER PA 19380-4443
215-696-3431
JONES, MD, RAYMOND R OPH
845 W CHESTER PIKE
WEST CHESTER PA 19382-4876
215-435-0956
JUDGE III, MD, JAMES W OPH
213 REECEVILLE RD STE 28
COATESVILLE PA 19320-1533
215-384-1601
JUNCOS, MD, GUILLERMO R * A
LIONVILLE MEDICAL CENTER
LIONVILLE PA 19353
KARCSH, DO, HENRY J PD
WILLOWDALE PROF BLDG STE 2
KENNETT SQUARE PA 19348-1736
215-444-0113
KATZMAN, MD, JEFFREY I * OPH
PAOLI MEM MED BLDG STE 109
PAOLI PA 19301
215-265-1188
KELLY JR, MD, EDWARD A FP
101 MANOR AVE
DOWNINGTOWN PA 19335-2601
215-269-4449
KENNEDY, DO, SUSAN M FP
101 MANOR AVE
DOWNINGTOWN PA 19335
KENNEY, MD, NANCY T * IM
2 JOSEPH PYLE DR
WEST GROVE PA 19390-1000
215-444-5678
KENT, MD, RICHARD B OPH
845 W CHESTER PIKE
WEST CHESTER PA 19382-4876
215-696-8100

KESSLER, MD, DEBRA B P
EMPRESS BLDG
PHILADELPHIA PA 19144-5303
KESTER, MD, WALTER L GP
521 LOCUST LN N
WEST CHESTER PA 19380-2251
KESZELI, MD, ALEXANDER AN
P O BOX 533
HAVERFORD PA 19041
KIM, MD, PAUL S * PS
480 CREAMERY WAY STE 110
EXTON PA 19341-2533
215-524-8244
KIM, MD, YOUNG B DR
540 HOFFMAN DR
BRYN MAWR PA 19010-1745
KISTLER, MD, PHILIP E * FP
330 N HIGH ST 1ST FL
WEST CHESTER PA 19380-2663
215-696-4715
KLEIN, MD, JOSEPH F PD
PO BOX 189
WEST GROVE PA 19390-0189
215-869-3593
KLUFAS, MD, ALEXANDER J IM
423 E CHESTNUT ST
COATESVILLE PA 19320-3234
215-383-1230
KNOX JR, MD, JAMES D FP
15 RED OAK DR
LINCOLN UNIV PA 19352-8919
215-932-8141
KOEPSELL, MD, DON G OPH
COMMONS AT VALLEY FORGE
VALLEY FORGE PA 19481
215-935-1211
KOLTER, MD, JAMES S OBG
750 S MAIN ST STE 304
PHOENIXVILLE PA 19460-4460
215-983-3700
KORBONITS, MD, CHARLES W OBG
HILLSDALE RD
WEST CHESTER PA 19382
215-696-4130
KOVALSKI, MD, RAYMOND PUD
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
215-933-8484
KRAUS, MD, JOHN J PM
BRYN MAWR REHAB HOSP
MALVERN PA 19355-3300
215-251-5450
KRAUSER, MD, RONALD E RHU
PAOLI MEM MED BLDG
PAOLI PA 19301
215-647-2398
KRIPKE, MD, SCOTT A GS
PAOLI MEDICAL BLDG STE 327
PAOLI PA 19301
215-647-3077
KRISHNA, MD, BHUPENDRA A
1011 W BALT PIKE
STE 202
WEST GROVE PA 19390
215-869-1221
KRISHNA, MD, NARENDRA OPH
1102 N NEW ST
WEST CHESTER PA 19380-3838
KRISHNAN, MD, SHANTI * PD
1775 W CHESTER PIKE
HAVERTOWN PA 19083-2934
215-431-2610
KURTZ, MD, JAMES W P
564 CONESTOGA RD
BERWYN PA 19312-1363
LAFFEY, MD, PATRICIA A DR
429 OLD EAGLE SCHOOL RD
WAYNE PA 19087-2006
215-431-5130
LANGRALL, MD, HARRISON M IM
1857 BLACK ROCK LN
PAOLI PA 19301-1055
215-640-1884
LANSING, MD, DOROTHY I GYN
20 OLD PAOLI PIKE BOX 537
PAOLI PA 19301
LANZA, MD, RALPH A IM
PO BOX 189
PAOLI PA 19301-0189
215-644-9456
LAPORTE, MD, STEVEN M CD
PAOLI MEM MED BLDG
PAOLI PA 19301
215-647-4260
LATOFF, MD, THOMAS J * GP
533 E LINCOLN HWY
COATESVILLE PA 19320-3433
215-384-2484
LEE, MD, DANIEL * IM
723 MERCHANT ST
COATESVILLE PA 19320-3339
215-384-4303
LEMERT, MD, MICHAEL R OBG
VALLEY FORGE OB/GYN
PHOENIXVILLE PA 19460-4456
215-933-2440
LEVIN, MD, GARY J OPH
1500 CARDINAL DR
COATESVILLE PA 19320-4506
215-384-9100
LEWIS, MD, EARL T PA
1232 PRINCETON LN
WEST CHESTER PA 19380-5722

LEWIS, MD, L CLIFFORD GP
421 MONUMENT AVE
MALVERN PA 19355-2832
215-644-4744
LIMBERGER, MD, WILLIAM A IM
595 S BIRMINGHAM RD
WEST CHESTER PA 19382-2163
215-696-6927
LINDNER, MD, MARIE A NTR
631 HOLLOW RD
RADNOR PA 19087-2632
215-662-7310
LISS, MD, GILBERT A OBG
335 WHITEHORSE RD
PHOENIXVILLE PA 19460
LISS, MD, ROBERT P * OPH
606 E MARSHALL ST
WEST CHESTER PA 19380-4455
215-696-1230
LONG, MD, DAVID F N
414 PAOLI PIKE
MALVERN PA 19355-3311
215-251-5450
LONGACRE, MD, HELENE C OBG
VALLEY FORGE OB/GYN
PHOENIXVILLE PA 19460
215-933-2440
LOOMIS, MD, MARIO G * PS
460 CREAMERY WAY STE 110
EXTON PA 19341-2533
215-524-8244
LOTZ, MD, ANDREW J GP
PO BOX 241
PAOLI PA 19301-0241
LOVRINIC, MD, WILLIAM S OTO
9 N FIVE POINTS RD
WEST CHESTER PA 19380-4739
215-696-8800
LUCINE JR, MD, ALBERT A * OBG
795 E MARSHALL ST STE 304
WEST CHESTER PA 19380-4400
215-696-2570
LYONS, MD, CHRISTINE W * OBG
213 REECEVILLE RD STE 17
COATESVILLE PA 19320-1540
215-383-9400
LYONS, MD, CHRISTOPHER J * ORS
282 GLENNRIDGE RD
GLENMORE PA 19343
215-524-8670
MACKENZIE, MD, NORMAN D GP
441 E LANCASTER AVE
DOWNINGTOWN PA 19335-2722
MAGEE, MD, JOAN M PD
500 HADFIELD RD
DOWNINGTOWN PA 19335-1138
215-269-9966
MAGGITTI, MD, MICHAEL J * ORS
486 THOMAS JONES WAY STE 110
EXTON PA 19341
215-524-8670
MAGNESS, MD, KATHLEEN E CD
151 LARCHWOOD CT
COLLEGEVILLE PA 19426-2903
215-933-8484
MAGUIRE, DO, F WILLIAM * IM
S CHESTER CTY MED BLDG
WEST GROVE PA 19390
215-869-3620
MAHER, MD, JOHN P GPM
801 WESTTOWN RD
WEST CHESTER PA 19382-4542
215-344-6230
MANSFIELD, MD, RICHARD J OBG
795 E MARSHALL ST STE 304
WEST CHESTER PA 19380
215-436-5610
MARCUS, MD, DONALD J N
VA MEDICAL CENTER
COATESVILLE PA 19320
215-384-7711
MARINO, MD, MARK * OBG
BRANDYWINE WOMEN'S ASSOC
DOWNINGTOWN PA 19335
215-269-8400
MARINO, DO, THOMAS N FP
1438 POTTSTOWN PIKE
WEST CHESTER PA 19380-1103
215-431-9606
MARK, MD, WILLIAM S IM
PO BOX 189
PAOLI PA 19301-0189
215-644-9456
MARSH, MD, CAROL L PD
630 COPE RD
KENNETT SQUARE PA 19348-2438
215-444-5573
MCCHESNEY JR, MD,
CHARLES T HS
3500 LINCOLN HWY
THORNDALE PA 19372-1017
215-384-2420
MCGEEHAN, MD, JOHN T R
50 BLUE STONE DR
CHADDS FORD PA 19317-9311
MCKINSTRY, MD, ROBERT B FP
548 SCHOOL HOUSE RD
KENNETT SQUARE PA 19348-1742
MCLAUGHLIN, MD, RAYMOND S FP
701 E BALTIMORE PIKE
KENNETT SQ PA 19348-2429
215-444-4060

MERSON, MD, ERICH R * GP
134 W CHESTNUT ST
WEST CHESTER PA 19380-2557
215-696-3606
METRY, MD, NAWAL G PD
1558 MCDANIEL DR
WEST CHESTER PA 19380-7036
215-431-1818
MEYERS, MD, FREDERIC A * GE
213 REECEVILLE RD STE 38
COATESVILLE PA 19320-1538
215-384-8076
MICHAELSON, MD, THOMAS C IM
750 S MAIN ST
PHOENIXVILLE PA 19460-4462
215-933-8484
MINEO, MD, CYRUS L OPH
266 GRIFFIN ST
PHOENIXVILLE PA 19460-4448
215-933-1144
MONASTERIO, MD, JOSE R GS
3500 LINCOLN HWY
THORNDALE PA 19372-1017
215-384-2420
MONTE, MD, D MARIE GP
4405 FOX POINTE COURT
GLEN MILLS PA 19342
NAEGLE, MD, MATTHEW B * IM
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
215-933-8484
NAGLE, MD, WILLARD F IM
BELLINGHAM RETIREMENT CTR
WEST CHESTER PA 19380
215-692-7766
NEEFE, MD, D LYNNE * ID
562 BERWYN BAPTIST RD
DEVON PA 19333-1002
NICHINI, MD, FRANCO M TR
24 RABBIT RUN
MALVERN PA 19355-3436
NICKLAS, MD, DONALD A PTH
2865 RINGNECK RD
AUDUBON PA 19403-1812
215-383-8088
NYPAVER, MD, ANNETTE L PD
104 BROOKHOLLOW DR
DOWNINGTOWN PA 19335-4709
O'HARA JR, MD, JOHN J * CD
PAOLI MEM MED BLDG
PAOLI PA 19301
215-647-4260
O'MALLEY, MD, JOHN E * CHP
DEVEREUX FOUNDATION
DEVON PA 19333
215-964-3059
ORDIWAY, MD, LESTER C CDS
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-448-7802
OST, MD, MARY A * FP
402 MC FARLAND RD
KENNETT SQUARE PA 19348
215-444-5678
PARKER, MD, ALBERT F GS
368 ST JONS CIR
PHOENIXVILLE PA 19460-2553
PATANKAR, MD, KALPANA U PD
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
PATUKAS, MD, PETER C FP
7 DOWNING RD
DOWNINGTOWN PA 19335-3324
215-383-3309
PENMAN, MD, WILLIAM R OBG
20 OLD PAOLI PIKE BOX 537
PAOLI PA 19301
PENNINGTON, MD, NEIL D PD
795 E MARSHALL ST STE 203
WEST CHESTER PA 19380-4400
PENROD, MD, MARY C PD
146 CLOVER HILL LN
STRAFFORD PA 19087-2619
PICARIELLO, MD, MICHAEL A OTO
602 E MARSHALL ST STE 11
WEST CHESTER PA 19380-4452
215-696-4628
PLUMMER III, MD, WILLIAM DIA
115 BIRMINGHAM RD
WEST CHESTER PA 19382
215-696-3431
PODOLSKY, MD, LEO A CD
323 PAOLI WOODS
PAOLI PA 19301-1541
215-647-4260
POOLE, MD, ROBERT FP
419 N FRANKLIN ST
WEST CHESTER PA 19380-2400
215-696-8655
PORTER, MD, EDGAR L P
350 WALNUT AVE
WAYNE PA 19087-3624
215-688-2955
PORTER, MD, ROBERT S EM
258 FAGAN'S LN
WEST GROVE PA 19390-9245
POTTER JR, MD, HOWARD P GE
208 IVY LN
HAVERFORD PA 19041-1721
POTTS, MD, ASA W IM
966 E PENN DR
WEST CHESTER PA 19380-4341

PRASAD, MD, AJIT K ORS
PO BOX 412
KENNETT SQUARE PA 19348-0412
215-444-6409
PRESSMAN, MD, EDMUND N AN
1256 LAKEMONT RD
VILLANOVA PA 19085-2104
215-687-5390
PRIEM, MD, ROBERT W FP
13 BERKLEY RD & DEVON BLVD
DEVON PA 19333-1310
215-687-0715
PUSHKAREWICZ, MD,
MICHAEL J ORS
879 EWING RD
WEST GROVE PA 19390-9161
215-869-1266
RABIN, MD, SIDNEY C GYN
600 E MARSHALL ST
WEST CHESTER PA 19380-4454
215-692-3434
RAJAN, MD, SANDA GS
31 REECEVILLE RD
COATESVILLE PA 19320-2160
215-383-7075
RAO, MD, BRINDA E PD
305 OXFORD PROF CTR
OXFORD PA 19363
215-932-9118
REAL, MD, MARK B * IM
405 HIGHLAND AVE
OAKS PA 19456
215-933-8484
REED, MD, LOLA S PD
750 S MAIN ST
PHOENIXVILLE PA 19460-4459
REILLY, MD, ANN E IM
145 EATON DR
WAYNE PA 19087-3859
ROACHE, MD, MARTIN J GP
17 GRUBB RD
MALVERN PA 19355-3068
ROBERTS, MD, JOHN H PUD
520 MAPLE AVE STE 3
WEST CHESTER PA 19380-4434
215-692-6330
ROBISON, MD, ELIZABETH A * GS
BRANDYWINE PROF BLDG
COATESVILLE PA 19320-1533
215-384-0580
ROFSKY, MD, HOWARD E US
1425 TULLAMORE LN
PHOENIXVILLE PA 19460-2787
215-971-5502
ROGERS, MD, PAUL H CD
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
215-933-8484
ROGOWSKI, MD, RAYMOND A PTH
S CHESTER CTY MED CTR
WEST GROVE PA 19390-9426
215-869-1084
ROITMAN, MD, SUSAN OBG
421 JUG HOLLOW RD
PHOENIXVILLE PA 19460-2709
215-933-2440
ROMINGER, MD, C JULES RO
320 STRATHMORE ROAD
ROSEMONT PA 19010
215-748-9355
RONKIN, MD, SHEILA L MFM
300 CHERRY BEND
MERION PA 19066
ROONEY, MD, DAVID G FP
57 N 4TH STREET
OXFORD PA 19363
215-932-8141
RORKE III, MD, JOHN H DR
795 E MARSHALL ST
WEST CHESTER PA 19380-4400
215-431-5457
ROSA, MD, DEBORAH M GS
750 S MAIN ST STE 300
PHOENIXVILLE PA 19460-4460
201-935-7772
ROSATO, MD, DONALD J * FP
178 E CONESTOGA RD
DEVON PA 19333-1211
215-688-0822
ROSS, MD, PATRICIA E PD
356 FORREST MANOR RD
LINCOLN UNIV PA 19352-9610
215-384-5437
ROSSI JR, MD, RALPH A DR
1204 UPTON CIR
WEST CHESTER PA 19380-5860
ROWLEY, MD, RICHARD S OPH
720 S MAIN ST
PHOENIXVILLE PA 19460-3844
215-933-3498
RUBENSTONE, MD, JEANNE C EM
1490 ART SCHOOL RD
CHESTER SPRINGS PA 19425-1000
215-431-5150
RUGGIERO, MD, ROBERT A * ORS
21 INDUSTRIAL BLVD STE 100
PAOLI PA 19301-1810
215-644-6900
RUGGIERO JR, MD, ROBERT A GS
146 CLOVER HILL LN
STRAFFORD PA 19087-2619
RUSSELL JR, MD, BERTRAM R R
520 ROSE LN
HAVERFORD PA 19041-1623

SACKS, MD, EDMOND J PDC
8 TIVERTON CIR
RADNOR PA 19087-2815
215-640-9966
SALAM, MD, MAHI PD
106 SCHUBERT DR
DOWNINGTOWN PA 19335-3382
215-873-8882
SANDLER, MD, KENNETH R P
561 FAIRTHORNE AVE
PHILADELPHIA PA 19128-2412
215-487-4032
SANT RAM, MD, DEEPAK CD
S CHESTER CTY MED CTR
WEST GROVE PA 19390-9426
215-869-1372
SARUK, MD, MICHAEL L PTH
PAOLI MEM MED BLDG
PAOLI PA 19301
215-296-8844
SATRIALE, MD, ROBERT O PUD
319 N WOODMONT DR
DOWNINGTOWN PA 19335-3253
215-667-9080
SCHAAF, MD, HOMER D PTH
1232 N GATE RD
WEST CHESTER PA 19382
SCHEER, MD, R SCOTT R
80 W WELSH POOL RD STE 101
EXTON PA 19341-1233
215-363-2409
SCHINDLER, MD, PETER D CHP
814 DENTON HOLLOW RD
WEST CHESTER PA 19382-7023
215-793-1979
SCHLESS, MD, ARTHUR P * P
560 PUGH RD
STRAFFORD PA 19087-1907
SCHROGIE JR, MD, JOHN J IM
1763 HAMILTON DR
VALLEY FORGE PA 19481
215-783-5211
SCHUSTER, MD, ROBERT T IM
PO BOX 189
PAOLI PA 19301-0189
215-644-9456
SCHWARTZ, MD, DONALD S PD
1570 POORHOUSE RD
DOWNINGTOWN PA 19335
SCOTT, MD, J CLIFFORD * P
297 S COUNTY LANE RD
WAYNE PA 19087
SERKES, MD, CONSTANTINE A PD
39 MAY APPLE DR
DOWNINGTOWN PA 19335-3442
215-524-5437
SHIREY, MD, ELAINE D AN
510 WILLIAMS RD
WYNNEWOOD PA 19096-2004
215-667-5413
SIEPSER, MD, STEVEN B * OPH
91 CHESTNUT RD
PAOLI PA 19301-1502
215-296-3333
SILVERBERG, MD, ALAN OBG
VALLEY FORGE OB/GYN
PHOENIXVILLE PA 19460-4456
215-933-2440
SILVERIO, MD, JOHN NTR
PO BOX 465
KEY BISCAYNE FL 33149
SITKOFF, DO, ANDREW D IM
795 E MARSHALL ST STE 303
WEST CHESTER PA 19380-4400
215-431-9688
SMITH, MD, RUSSELL C AM
17 WOODLAND CIR
DOWNINGTOWN PA 19335-3346
SNYDER, MD, ROBERT D * EM
814 MALLARD TER
WAYNE PA 19087-2326
215-383-8518
SORARUF IV, MD, LOUIS P * FP
KENNETT MEDICAL CENTER
KENNETT SQUARE PA 19348-2453
215-444-5678
SORKIN, MD, HARDY L * NEP
710 E LANCASTER AVE
EXTON PA 19341-2801
215-524-3703
SPECTOR, MD, GUS * U
750 S MAIN ST STE 203
PHOENIXVILLE PA 19460-4461
215-933-1133
SPENCER, MD, DONALD LYNN AN
PO BOX 401
KENNETT SQUARE PA 19348-0401
215-327-7166
STARK, MD, BRUCE I * OPH
606 E MARSHALL ST
WEST CHESTER PA 19380-4455
215-696-1230
STEPHENSON, MD, JAMES B GS
213 REECEVILLE RD STE 34
CALN TOWNSHIP PA 19320-1538
215-383-5610
STOKES, MD, LOUIS C FP
345 E CHESTNUT ST
COATESVILLE PA 19320-3202
215-384-0250
TADDONIO, MD, WILLIAM S FP
RR 1 2008 BLACKBIRD CIR
NORRISTOWN PA 19403
215-323-6835

TEMPLE, MD, ANTHONY R PED
MCNEIL CONSUMER PROD CO
FT WASHINGTON PA 19034
215-233-7763
THAKARAR, MD, PUSHPA US
1230 VICTORIA LN
WEST CHESTER PA 19380-4047
THAL, MD, IRA M IM
724 HOMESTEAD AVE
HAVERTOWN PA 19083
THEURKAUF JR, MD, EDWARD A IM
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
215-525-0200
THOMPSON, MD, GREGORY M U
PAOLI MEM MED BLDG
PAOLI PA 19301
215-644-9600
TILTON, DO, BRUCE R PD
BRANDYWINE PRO BLDG
COATESVILLE PA 19320-1531
215-384-9500
TOWNEND, MD, STEPHEN C PD
PAOLI MEM MED BLDG
PAOLI PA 19301
215-644-9233
TRAIMAN, MD, RICHARD G ORS
600 E MARSHALL ST STE 302
WEST CHESTER PA 19380-4454
215-696-0157
TRAJTENBERG, MD, GEORGE A * GS
520 MAPLE AVE NO 4
WEST CHESTER PA 19380-4434
215-436-6696
TREZZA, MD, SCOTT A * AN
8660 BURTON WAY
LOS ANGELES CA 90048-3969
310-855-5841
TRUGLIA, MD, JOSEPH A DIA
16-BC ATWATER RD
CHADDS FORD PA 19317
302-888-2284
TRUITT, MD, GEORGE W AI
PO BOX 197
CHADDS FORD PA 19317-0197
TUCKER, MD, THOMAS W GP
777 ARCH ST
SPRING CITY PA 19475-1813
UHLMAN, MD, ERIC J U
1200 YORK RD
ABINGTON PA 19001
215-221-4545
UHLMAN, MD, RICHARD C * U
606 E MARSHALL ST STE 207
WEST CHESTER PA 19380-4455
215-696-5227
URBAN, MD, CLIFFORD H PTH
140 NUTT RD
PHOENIXVILLE PA 19460-3906
VAGANOS, MD, NICHOLAS A CD
CHESTER CO MED CTR
WEST CHESTER PA 19380-4443
215-696-2850
VIVIAN, MD, GAIL M GS
RR 7 BOX 197
COATESVILLE PA 19320-1229
215-383-0888
WADE, MD, GEORGE R PD
BOX 358 LE BOUTILLIER RD
PAOLI PA 19301
WAGENFUHR, MD, TIMM DR
GLEN RD
LANDENBERG PA 19350
WAHL, MD, JEFFREY M CD
600 E MARSHALL ST STE 203
WEST CHESTER PA 19380-4453
215-696-2850
WALDOR, MD, PHILIP A GS
750 S MAIN ST STE 201
PHOENIXVILLE PA 19460-4461
215-933-5852
WARD, MD, MICHAEL J A ORS
MONTGOMERY & MAPLE AVES
WEST CHESTER PA 19380
215-692-6280
WARD JR, MD, MAURICE J R
821 BROOKE LN
GLEN MILLS PA 19342-8824
215-383-8108
WARNER, MD, MICHAEL A * FP
1450 BOOT RD
BLDG 300A
WEST CHESTER PA 19380
215-692-4700
WARNER, MD, NORMAN M * FP
PARKESBURG HEALTH CTR
PARKESBURG PA 19365
215-857-5300
WARREN, MD, WILLIAM L D
135 PUTNEY LN
MALVERN PA 19355-3210
WEDEEN, MD, ROBERT S ORS
RR 3 BOX 411
COATESVILLE PA 19320-4936
215-384-7272
WEINBLATT, MD, FRED M * N
250 W LANCASTER AVE
PAOLI PA 19301-1743
215-296-4219
WEISMAN, MD, HARLAN F * IM
200 GREAT VALLEY PKY
MALVERN PA 19355-1307
215-889-4529

WERRIN, MD, MARGUERITE W ID
520 MAPLE AVE STE 7
WEST CHESTER PA 19380-4434
215-436-0474

WERRIN, MD, RONALD J IM
520 MAPLE AVE STE 7
WEST CHESTER PA 19380-4434
215-436-0474

WHITE, MD, JACK C GS
PAOLI MEM MED BLDG
PAOLI PA 19301

WHITE, MD, JOSEPH G * U
S CHESTER CO MED CTR
WEST CHESTER PA 19380-4455
215-696-5227

WILLIAMS, MD, ANDRE O * AN
201 REECEVILLE RD
COATESVILLE PA 19320-1519
215-383-8144

WILLNER, MD, DAVID L ORS
601 S MAIN ST
PHOENIXVILLE PA 19460-3861
215-933-2404

WILSON, MD, DONALD F * OBG
RR 3 BOX 354E
COATESVILLE PA 19320
215-383-9400

WILSON, MD, LINDA C * OBG
213 REECEVILLE RD STE 17
COATESVILLE PA 19320-1540

WINGATE, MD, GARY F PS
460 CREAMERY WAY STE 110
EXTON PA 19341-2533
215-524-8244

WIRSHUP, MD, MARY B FP
COLONIAL FAMILY PRACTICE
DOWNINGOWN PA 19343
215-269-9448

WITTERHOLT, MD, KENNETH A * GS
520 MAPLE AVE STE 4
WEST CHESTER PA 19380-4434
215-436-6696

WOLF, MD, CHARLES R ORS
845 W CHESTER PIKE
WEST CHESTER PA 19382-4878
215-692-2065

WUSHENSKY, MD, CURTIS A R
1659 WATERGLEN DR
WEST CHESTER PA 19382-6955
215-431-5130

YOXTHEIMER, MD, ROBERT L GS
750 S MAIN ST STE 201
PHOENIXVILLE PA 19460-4461
215-933-5852

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PO BOX 108
NEWTOWN SQ PA 19073-0106
215-359-9562

ZELLER, MD, ERWIN R R
VA MEDICAL CENTER
COATESVILLE PA 19320
215-383-0262

ZIEGLER, MD, RICHARD W ORS
MONTGOMERY & MAPLE AVES
WEST CHESTER PA 19380
215-692-6280

ZISELMAN, MD, ETHEL M * DMP
2 CASTLEBAR LN
MALVERN PA 19355-3403
215-337-0950

CLARION

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75 PICKERING ST
BROOKVILLE PA 15825-1245
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LEEPER PA 16233
814-744-8525

BROOKS, DO, TIMOTHY S GP
180 GREENVILLE AVE
CLARION PA 16214-1645
814-226-7851

CHAPA, MD, SUKUMAR M GS
230 ALLEGHENY BLVD STE D
BROOKVILLE PA 15825
814-849-5151

CLARK, MD, LAWRENCE M GS
1002 W SAN MARTIN DR
TUCSON AZ 85704-3143

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240 ALLEGHENY BLVD
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814-849-3033

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412-399-2661

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248 ALLEGHENY BLVD
BROOKVILLE PA 15825
814-849-6787

DIMAIO, MD, F H PAUL * OTO
CHARLES MED CENTER
BROOKVILLE PA 15825
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GILFORD, MD, LAWRENCE M ADL
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BROOKVILLE PA 15825-8937
814-849-5066

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MAIN ST
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814-797-1278

KOENIG, MD, THEODORE R GP
PO BOX T
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814-797-1304

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48 OAK ST
BROOKVILLE PA 15825-1133

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127 FRANKLIN AVE
BROOKVILLE PA 15825-1121

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RIMERSBURG PA 16248
814-473-3191

MCKINLEY, MD, WILLIAM M GS
395 MAIN ST
BROOKVILLE PA 15825-1221
814-849-7388

MILLER, MD, DAVID L * GP
BROOKVILLE HOSP
BROOKVILLE PA 15825-1363
814-843-2312

NABATCHI, MD, AHMAD IM
248 ALLEGHENY BLVD
BROOKVILLE PA 15825
814-849-6787

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370 CHESTNUT ST
MEADVILLE PA 16335-3213
814-724-8153
MOYERS, MD, ROBERT N * FP
764 KENNEDY ST
MEADVILLE PA 16335-2209
814-336-5995
NESBITT, MD, JOHN B * IM
279 WALNUT ST
MEADVILLE PA 16335-2626
ORDINARIO JR, MD, VICENTE R R
PO BOX 357
CONNEAUT LAKE PA 16316-0357
OWENS, DO, EDWARD J FP
118 RAILROAD ST
CAMBRIDGE SPRINGS PA 16403-1060
814-398-4313
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508 N MAIN STREET EXT
MEADVILLE PA 16335-1145
PLESS, MD, PETER R * D
505 POPLAR ST
MEADVILLE PA 16335-3057
814-333-5875
PULITO, MD, JOHN M OPH
505 POPLAR ST
MEADVILLE PA 16335-3057
814-333-5878
RAMIREZ, MD, RENATO P IM
225 W GRANDVIEW BLVD
ERIE PA 16508-3039
SAAVEDRA, MD, DIOGENES A GS
664 HIGHLAND AVE
MEADVILLE PA 16335-1938
814-336-2990
SANTORA, MD, ROBERT A OPH
505 POPLAR ST
MEADVILLE PA 16335-3057
814-724-5122
SCHROECKENSTEIN, MD,
RICHARD F PTH
1034 GROVE ST
MEADVILLE PA 16335-2945
814-333-5869
SMART, MD, LAWSON C ORS
640 ALDEN ST
MEADVILLE PA 16335-2348
814-724-1252
SNEERINGER, DO, THOMAS D FP
119 E MECHANIC ST
TITUSVILLE PA 16354-2161
814-463-4615
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3208 PRANGE DR
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RR 10 BOX 142
MEADVILLE PA 16335-8669
406-638-2626
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667 TAMARACK RD
MEADVILLE PA 16335
THOMAS, MD, CHRISTOPHER W IM
764 KENNEDY ST
MEADVILLE PA 16335-2209
814-724-8331
VUKMER JR, MD, GEORGE J * OPH
899 GROVE ST
MEADVILLE PA 16335
814-336-1555
WHITE, MD, PETER F OTO
505 POPLAR ST
MEADVILLE PA 16335-3057
814-724-2981
ZEHNER, MD, LUTHER R GP
889 MAPLE LN
MEADVILLE PA 16335-1140
ZELEN, MD, RANDY S * NEP
139 LINDA LN
MEADVILLE PA 16335-1110
814-337-1231

ZINNAMOSCA, DO, JOHN B FP
1015 GROVE ST
MEADVILLE PA 16335-2944
814-724-8024

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BELVEDERE MEDICAL CORP
CARLISLE PA 17013-3698
717-243-3944
ALFANO, MD, SALVATORE N EM
115 PELHAM RD
CAMP HILL PA 17011-1353
717-781-4357
ALSTER, MD, HOWARD L AN
1111 SHERWOOD DR
CARLISLE PA 17013-3585
717-245-5300
ARORA, MD, RAMESH EM
684 ST JOHNS DR
CAMP HILL PA 17011-1337
717-763-2318
BAUMGART, MD, JUDY R AN
246 PARKER ST
CARLISLE PA 17013
717-245-5311
BEACHY, MD, IVAN E OBG
8 BROOKWOOD AVE
CARLISLE PA 17013-9173
717-243-1180
BEACHY, MD, STANLEY C * OBG
8 BROOKWOOD AVE
CARLISLE PA 17013-9173
717-243-1180
BERK, MD, THEODORE F * GE
1106 STRATFORD DR
CARLISLE PA 17013-3541
717-245-2228
BERTSCH, MD, DAVID J GS
850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-2244
BJORKLUND, MD, MARK D FP
436 CROGHAN DR
CARLISLE PA 17013-1712
717-534-8181
BLACKSMITH JR, MD, GARY L FP
220 WILSON ST STE 204
CARLISLE PA 17013-3697
717-243-4112
BOWER, MD, DOUGLAS J IM
220 WILSON ST STE 109
CARLISLE PA 17013
717-249-1929
BRANSCUM, MD, GEORGE P GP
850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-245-2353
BRAZEL, MD, JOSEPH F IM
220 WILSON ST
CARLISLE PA 17013-3697
BROPHY, MD, DOW E FP
SHERMANSDALE FAM PRAC
SHERMANSDALE PA 17090-0276
717-582-8695
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850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-9010
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CARLISLE PA 17013-3632
717-243-2244
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CARLISLE PA 17013-3698
717-243-2244
CAREY, MD, PHILIP D PUD
626 WILSON ST
CARLISLE PA 17013-3638
717-243-6557
CASTRINA JR, MD, FRANK P IM
ONE PHICO DRIVE
MECHANICSBURG PA 17055-0085
717-766-1122
CHANG, MD, DUCK-KYU PTH
CARLISLE HOSP
CARLISLE PA 17013-0310
717-245-5365
CHERRY, MD, STEVEN B OBG
8 BROOKWOOD AVE
CARLISLE PA 17013-9173
717-243-1180
COX, MD, PAUL A OPH
905 GLENDALE CT
CARLISLE PA 17013-3515
717-243-2171
CRIST, MD, HENRY S PTH
CARLISLE HOSP
CARLISLE PA 17013-3618
717-245-5371
CUTHBERTSON, MD, RAND J DR
246 PARKER ST
CARLISLE PA 17013-3618
717-243-2040

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9 BROOKWOOD AVE
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717-245-0131
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1463 GOODYEAR RD
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717-258-3812
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717-258-3812
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101 S RIDGE RD
BOILING SPRINGS PA 17007-9712
717-258-3812
DELLINGER, MD, KAY A FP
SEIDLE MEMORIAL HOSP
MECHANICSBURG PA 17055-6539
717-975-9600
DEMUTH JR, MD, WILLIAM E GS
1884 HOLLY PIKE
CARLISLE PA 17013-9116
DITLOW JR, MD, RICHARD J * RO
7 FORGE RD
BOILING SPRINGS PA 17007-9746
717-691-3235
EHLY, MD, GEORGE W EM
444 LAKE MEADE DR
EAST BERLIN PA 17316-8363
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717-249-2811
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717-243-2244
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30 E SHADY LN
ENOLA PA 17025-2325
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CARLISLE PA 17013-3516
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1225 SADLER DR
CARLISLE PA 17013-4262
717-243-1516
HALL II, MD, ROBERT F R
161 CANDLELITE DR
CARLISLE PA 17013-2102
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220 WILSON ST
CARLISLE PA 17013-3697
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717-243-9634
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717-243-9634
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850 WALNUT BOTTOM RD
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LINE, MD, DENNIS E CD
977 WALNUT BOTTOM RD
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16 STRAWBERRY DR
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205 HEISERS LN
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220 WILSON ST STE 212
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281 OLD STONEHOUSE RD
CARLISLE PA 17013
717-249-1929
ONG, MD, GEORGE P D
850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-245-0272
OSBORN, DO, VALENTINE M FP
4223 NANTUCKET DR
MECHANICSBURG PA 17055-7649
717-731-8223
PARK, MD, HONG S PM
5124 E TRINDLE RD
MECHANICSBURG PA 17055-3623
717-795-7943
PERLMAN, MD, HERBERT C * DR
1104 FLEETWOOD DR
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717-245-5400
PHELAN, MD, WILLIAM J FP
17 S WEST ST
CARLISLE PA 17013-2839
717-243-8000
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100 S HIGH ST
NEWVILLE PA 17241-1409
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1920 MARKET ST
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220 WILSON ST
CARLISLE PA 17013-3697
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717-697-5555
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850 WALNUT BOTTOM RD
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717-243-1515
ROBISON, DO, TERRY A IM
220 WILSON ST
CARLISLE PA 17013-3697
717-249-1929
ROEDER, MD, DONALD K TS
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7271 VALLEY AVE
PHILADELPHIA PA 19128-3224
215-842-6000
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1301 STRATFORD DR
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510 S COLLEGE ST
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513 THOMAS RD
CAMP HILL PA 17011-1261
SCHLANSKY, MD, RONALD M RHU
220 WILSON ST
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SHELLEY, MD, WILLIAM L GS
609 DEVONSHIRE DR
CARLISLE PA 17013-3605
SMITH, MD, JAMES M PTH
66 HILLSIDE DR
CARLISLE PA 17013-3646
SOLA, MD, JULIO I AN
247 PARKER ST
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338 ALEXANDER SPRING RD
CARLISLE PA 17013-9129
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977 WALNUT BOTTOM RD
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3375 CARLISLE RD
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850 WALNUT BOTTOM RD
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1120 STRATFORD DR
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1111 FLEETWOOD DR
CARLISLE PA 17013-3513
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WITHERSPOON, MD, MYRA A FP
120 CHESTNUT FLAT RD
SHELOCTA PA 15774
412-357-7458
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CARLISLE PA 17013
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503 N 21ST ST
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ALLEN, MD, RICHARD PD
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HARRISBURG PA 17109-1547
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856 CENTURY DR
MECHANICSBURG PA 17055-8405
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ALVEAR, MD, DOMINGO T * PDS
60 PLEASANT GROVE RD
MECHANICSBURG PA 17055-1526
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HARRISBURG PA 17101-2516
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CAMP HILL PA 17011-8427
BERKHEIMER, MD, GEORGE A ORS
925 N FRONT ST APT A-4
HARRISBURG PA 17102-3417
BERKHEISER, MD, SAMUEL W PTH
2851 RUSSELL RD
CAMP HILL PA 17011-2141
717-782-4285
BESSELMAN, MD, DAVID M PD
4601 DEVONSHIRE RD
HARRISBURG PA 17109-1547
717-652-1211
BEUTLER, MD, WILLIAM J * NS
920 CENTURY DR
MECHANICSBURG PA 17055-4351
717-697-5800
BHARUCHA, MD, SHERNAVAZ D AN
100 CHESTNUT ST STE 100
HARRISBURG PA 17101-2516
717-233-3225
BIEBUYCK, MD, JULIEN F AN
HMC PO BOX 850
HERSHEY PA 17033-0850
BIERI, MD, JOHN W AN
809 CONODOGUINET DR
CAMP HILL PA 17011-1611
BITNER, MD, WALTER P P
RR 3 BOX 76
HONEY BROOK PA 19344-8620
BLACKSMITH, DO, JAMES E GP
110 N 7TH ST
LEMOYNE PA 17043-1501
717-763-7422
BLACKSMITH, DO, WILLIAM A US
304-A ST JOHNS RD
CAMP HILL PA 17011
717-737-4184
BLEACHER, MD, JOHN C GS
5143 JODI CT
HARRISBURG PA 17111-5648
717-531-8557
BOHONYI, MD, WILLIAM A * OBG
1100 TUNBRIDGE LN
MECHANICSBURG PA 17055
717-852-6605
BONNEAU, MD, AMY J * PD
887 S ARLINGTON AVE
HARRISBURG PA 17109-5004
BORROR, MD, MEGAN J * FP
4813 JONESTOWN RD
HARRISBURG PA 17109-1748
717-657-3030
BOUR, MD, ERIC S GS
PENN STATE UNIV HOSP
HERSHEY PA 17033-2360
717-531-8521
BOWER, MD, HARRY B GP
3330 N 3RD ST
HARRISBURG PA 17110-1407
BOWER, MD, JAMES H IM
614 MAIN ST
LYKENS PA 17048-1309
717-453-7135
BOWMAN, MD, HERBERT S HEM
504 OHIO AVE
LEMOYNE PA 17043-1524
717-782-5214
BOYD, MD, WILLIAM J * IM
131 STATE ST
HARRISBURG PA 17101-1027
717-234-4167
BOYLSTON, MD, BEDFORD F CDS
650 N 12TH ST
LEMOYNE PA 17043-1220
717-763-7551
BRAY, MD, JOHN S CD
1409 LIMERICK CT
HUMMELSTOWN PA 17036-9161
BRENKER, MD, HOWARD J NPM
2414 HIGHLAND CIR
HARRISBURG PA 17112-8012
717-782-3172
BRENNAN, DO, EDWARD C CD
845 SIR THOMAS CT STE 2
HARRISBURG PA 17109-4840
717-652-7300
BRENNAN, MD, ROBERT W N
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HERSHEY PA 17033-0850
BRENNER, MD, LOUIS O END
1813 CORTLAND RD
HARRISBURG PA 17110-3307
717-236-5975
BRICKNELL, MD, PAUL P AN
48 BOXWOOD DR
HERSHEY PA 17033-2611
717-737-3007

BRIDGES, MD, BRYAN C AN
11 BRANDYWINE
HERSHEY PA 17033
717-531-6176
BRIER, MD, PETER M IM
108 LOWTHER ST
LEMOYNE PA 17043-2012
717-774-1366
BRITTON, MD, L LYNNE IM
108 LOWTHER ST
LEMOYNE PA 17043-2012
717-774-1366
BROCK, MD, RICHARD R R
POLYCLINIC MEDICAL CENTER
HARRISBURG PA 17105
BROCKMOLE, MD, DEAN M DR
370 MOUNTAIN RD
DAUPHIN PA 17018-9701
717-852-6107
BRONFMAN, MD, HOWARD J R
1501 N FRONT ST
HARRISBURG PA 17102-2523
717-761-7470
BRONITSKY, MD, CARL N * OBG
1740 CRISSWELL PL
CAMP HILL PA 17011-8465
717-737-4511
BROOKS, MD, HARRY R * GP
707 4TH ST
NEW CUMBERLAND PA 17070-1807
BRYAN, MD, THOMAS M FP
1153 POND RD
HARRISBURG PA 17111-3763
717-652-7266
BUCHER JR, MD, ROBERT W * OBG
5 WILLOW MILL PARK RD
MECHANICSBURG PA 17055-1780
717-691-0332
BUCKINGHAM, MD, ROBERT C FP
45 S HILLS DR
HERSHEY PA 17033-2022
BUCS, MD, ROGER G AN
2413 N FRONT ST
HARRISBURG PA 17110-1110
717-236-4877
BUETOW, MD, MICHAEL P DR
NAVAL HOSP GUAM
FPO AP 96540
717-531-8044
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BETHANY CT APT 3317
MECHANICSBURG PA 17055
BURNS, MD, WILLIAM T OBG
PHICO INS CO
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717-737-7424
BUSCHI, MD, MARIE * IM
692-C KAYLOR DR
HARRISBURG PA 17111
717-531-8521
BUXTON JR, MD, DONALD R DR
1501 N FRONT ST
HARRISBURG PA 17102-2523
717-238-6751
BYRNE, MD, WILLIAM E OBG
4720 MAPLE SHADE DR
HARRISBURG PA 17110-3216
CALCAGNO, MD, DAVID VS
650 N 12TH ST
LEMOYNE PA 17043-1220
717-763-0510
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PO BOX 205
KIMBERTON PA 19442-0205
717-761-7400
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MECHANICSBURG PA 17055-4351
717-766-3162
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535 BEECH AVE
HERSHEY PA 17033
717-531-8407
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679 S ARLINGTON AVE
HARRISBURG PA 17109-5004
717-657-1424
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2401 PARK DR STE 300
HARRISBURG PA 17110-9303
717-545-4433
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4010 LINGLESTOWN RD
HARRISBURG PA 17112-1019
717-657-7025
CARR, MD, WILLIAM F OBG
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CAMP HILL PA 17011-2250
717-761-2941

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FRANKLIN PA 16323
814-437-1541
CARY, MD, GENE L * P
20 BRIARCREST SQ STE 205
HERSHEY PA 17033-2331
717-533-4797
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209 GLENSIDE LN
CAMP HILL PA 17011
717-761-6600
CASCIOTTI, DO, MICHAEL S AN
1806 SILVER PINE CIR
MECHANICSBURG PA 17055-8506
717-737-3007
CHANG, MD, CHRIS C * PDS
2645 N 3RD ST
HARRISBURG PA 17110-2001
717-233-2133
CHAPMAN, MD, ALBERT L PH
108 OCTOBER DR APT 6
CAMP HILL PA 17011-5054
CHO, MD, JAY J PM
5124 E TRINDLE ROAD
MECHANICSBURG PA 17055-4442
CHOTINER, MD, BENNETT * OPH
4100 LINGLESTOWN RD
HARRISBURG PA 17112-1071
717-657-2020
CINCOTTA, MD, JANET F FP
2140 FISHER RD
MECHANICSBURG PA 17055-5122
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CINCOTTA, MD, JOSEPH A FP
350 WELLSVILLE RD
WELLSVILLE PA 17365-9702
717-766-1795
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HUMMELSTOWN PA 17036
717-469-7169
CLAYTON JR, MD, SAMUEL T FP
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CLIFFORD, MD, GAIL L GS
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COHN, MD, BURTON H OTO
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CAMP HILL PA 17011-1703
717-761-4844
COLDREN, MD, ROBERT L PD
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HARRISBURG PA 17110-2001
717-232-9774
COLEMAN JR, MD, ERNEST H OPH
4000 MARKET ST
CAMP HILL PA 17011-4230
717-737-7491
COLLIER, MD, THOMAS F PTH
5700 COLLINS AVE APT 7A
MIAMI BEACH FL 33140-2308
717-531-8615
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428 CANDLEWYCK RD
CAMP HILL PA 17011-8425
717-761-8331
CONRAD, MD, DONALD C FP
116 SPRUCE ST
MIDDLETOWN PA 17057-1853
717-944-3552
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3912 TRINDLE RD
CAMP HILL PA 17011-4248
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HMC PO BOX 850
HERSHEY PA 17033-0850
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COWLEY, MD, ALLEN W * IM
444 N 25TH ST
CAMP HILL PA 17011-2101
717-761-7400
CRAWFORD, MD, DONALD G FP
1091 COUNTRY HILL DR
HARRISBURG PA 17111-4660
717-545-4201
CRAWFORD, MD, PAUL H AN
2900 SOCIETY HILL DR
CAMP HILL PA 17011-6114
717-975-0500
CRISPEN, MD, JAMES F * HEM
2645 N 3RD ST STE 390
HARRISBURG PA 17110-2001
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1501 N FRONT ST
HARRISBURG PA 17102-2523
717-238-6751
CUMMINGS III, MD, CARY IM
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HARRISBURG PA 17102-2414
717-236-4682
CYTRYN, MD, RICHARD A CD
856 CENTURY DR
MECHANICSBURG PA 17055-4375
DACOSTA, MD, NICOLAU IM
248 UNIVERSITY MANOR E
HERSHEY PA 17033
717-531-8390

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HARRISBURG PA 17110
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CAMP HILL PA 17011-1703
717-761-3011
DAILEY, MD, JOHN R OPH
905 CAMBRIDGE CT
PALMYRA PA 17078-9370
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2645 N 3RD ST
HARRISBURG PA 17110-2001
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HARRISBURG PA 17109-5004
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HERSHEY PA 17033-0850
717-531-8521
DAVIS, MD, CAROLINE K AN
1105 LIMERICK CT
HUMMELSTOWN PA 17036-9024
717-531-8521
DAVIS, MD, RICHARD L FP
39 TIMBER LN
NEW CUMBERLAND PA 17070
717-732-6883
DAVIS, MD, ROBERT H P
6125 STEPHENS XING
MECHANICSBURG PA 17055-2371
717-766-6537
DAVIS, MD, THOMAS S * PS
339 GOVERNOR RD
HERSHEY PA 17033-2074
717-533-2099
DAVIS, MD, WILLIAM S GS
890 POPLAR CHURCH RD APT 3C
CAMP HILL PA 17011-2250
DELACRUZ, MD, SILVESTRE S P
HOLY SPIRIT HOSP
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DELAFUENTE, MD, CARLOS F IM
6 MARKET PLAZA WAY
MECHANICSBURG PA 17055-5659
717-766-0228
DELONE, MD, CARRIE L IM
808 MANDY LN
CAMP HILL PA 17011-1535
717-761-7400
DELONE, MD, J BRET GS
890 POPLAR CHURCH RD
CAMP HILL PA 17011-2250
717-761-7244
DELONE JR, MD, CHARLES A * GYN
HOLY SPIRIT HOSP
CAMP HILL PA 17011-3806
717-763-2161
DELONG, MD, BRIAN S CRS
2626 N 3RD ST STE 2B
HARRISBURG PA 17110-2044
717-232-4112
DELROSARIO, MD, VIVENCIO G P
HOLY SPIRIT HOSP
CAMP HILL PA 17011
717-763-2257
DEMUTH, MD, CYNTHIA T * PD
1610 BROOKLINE DR
HUMMELSTOWN PA 17036-8989
DEMUTH, MD, WILLIAM W ORS
3916 TRINDLE RD
CAMP HILL PA 17011-4248
717-761-5530
DESTEFANO, MD, DENNIS M CD
100 CHESTNUT ST STE 100
HARRISBURG PA 17101
717-233-3225
DO, MD, SI V * PM
597 ORIOLE CT
HARRISBURG PA 17111-5319
717-691-3755
DORKO, MD, CARL J OBG
1400 MARKET ST STE 1
CAMP HILL PA 17011-4831
717-761-0400
DOUGHERTY III, DO, JOHN E * GP
4300 LONDONDERRY RD
HARRISBURG PA 17109-5317
717-657-7415
DOUGLASS JR, MD, WILLIAM T CRS
4411 N FRONT ST
HARRISBURG PA 17110-1709
DOWLING, MD, KEITH J U
4700 UNION DEPOSIT RD STE 110
HARRISBURG PA 17111-3774
717-545-6666
DUDEK, MD, ARKADIUSZ Z * IM
2514 N 4TH ST
HARRISBURG PA 17110-1907
717-782-4237
DUGGAN JR, MD, FRANCIS J U
4700 UNION DEPOSIT RD STE 110
HARRISBURG PA 17111-3774
717-545-6666
DUNKLE, MD, DAVID B OM
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HERSHEY PA 17033-1314
717-534-4203

DUNN, DO, LORI AN
332 REGENT RD
HARRISBURG PA 17112-3356
DURBECK, MD, DONALD C CD
856 CENTURY DR
MECHANICSBURG PA 17055-4375
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DURISEK, MD, GEORGE S DR
1501 N FRONT ST
HARRISBURG PA 17102-2523
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DYE, MD, ROBERT E GE
845 FISHBURN RD
HERSHEY PA 17033-2015
EATON, MD, EDWARD H R
5025 WOODBOX LN
MECHANICSBURG PA 17055-4856
EDMISTON, MD, ROBERT B OS
PA BLUE SHIELD
CAMP HILL PA 17011
EDMUNDOWICZ, MD,
ALPHONSE C CD
2645 N 3RD ST STE 230
HARRISBURG PA 17110-2001
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1900 BRIDGE ST
NEW CUMBERLAND PA 17070-1127
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EHGARTNER, DO, GREG R IM
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CAMP HILL PA 17011
717-761-3875
ELNOUR, MD, MOHAMED F IM
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ENTWISTLE, MD, NELSON L ABS
642 SAINT JOHNS DR
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ESHBACH, MD, TED B ORS
2800 GREEN ST
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ESPOSITO, MD, JOSEPH P GS
6338 STEPHEN CROSSING
MECHANICSBURG PA 17055
717-761-7244
ETTINGER, MD, STEVEN M CD
5502 GROUSE DRIVE
HARRISBURG PA 17111
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ETTLINGER, MD, ROBERT A FP
1000 MEDICAL RD
MILLERSBURG PA 17061-1237
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HARRISBURG PA 17111
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FACKLER, MD, EMERSON F OBG
706 APPLE DR
MECHANICSBURG PA 17055-3474
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2600 N 3RD ST
HARRISBURG PA 17110-2003
717-232-7583
FAGER, MD, JOSEPH S * P
6104 WESTOVER DR
MECHANICSBURG PA 17055-2372
717-257-7421
FAIRBROTHER, MD,
MAUREEN E AN
1369 ROUSH RD
HUMMELSTOWN PA 17036-9605
FAIRBROTHER, MD, PAUL F * OBG
2626 N 3RD ST STE 2A
HARRISBURG PA 17110-2044
717-236-5023
FAIRCLOTH, VIVIAN C ST
43 PINE ST
MIDDLETOWN PA 17057
FANELLI, MD, CLAUDE CD
1000 N FRONT ST
WORMLEYSBURG PA 17043-1034
717-731-0101
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25 FOREST DR
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711 INDIANA AVE
LEMOYNE PA 17043-1566
FARRELL, MD, TIMOTHY P DR
25 WESTWIND DR
LEMOYNE PA 17043-1234
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FEDOK, MD, FREDERICK G FPS
6258 STIRRUP CT
HARRISBURG PA 17111-6895
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100 COLONIAL RD
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56 ERFORD RD
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HERSHEY PA 17033
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130 BRYCE RD
CAMP HILL PA 17011-1324
717-238-6751
FINKELSTON, MD, MIA B FP
311 JONATHAN CT
HUMMELSTOWN PA 17036-8807
FISHER, MD, TODD R * FP
1022 N UNION ST
MIDDLETOWN PA 17057-2156
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3546 SCHOOLHOUSE LN
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215 WOOD ST
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FLORENCE, MD, DAVID W ORS
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FORSYTHE, MD, PATRICK D B AN
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APT 3313
MECHANICSBURG AP 17055-3573
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CAMP HILL PA 17011-2250
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HARRISBURG PA 17110-2001
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3028 MARKET ST
CAMP HILL PA 17011-4539
717-737-7100
FRY, MD, CHLOE O GYN
442 BETHANY DR
MECHANICSBURG PA 17055
717-766-7009

FUGATE, DO, JEFFREY S CD
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MECHANICSBURG PA 17055-4375
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FULTZ, MD, CRAIG W ORS
99 NOVEMBER DR
CAMP HILL PA 17011-5064
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GAITHER, MD, HERBERT IM
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GARCIA, MD, GUILLERMO PD
153 S 32ND ST
CAMP HILL PA 17011-5101
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GARCIA, MD, JOSE A GP
502 S BALTIMORE ST
DILLSBURG PA 17019-9601
717-432-5909
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475 W GOVERNOR RD
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GOOD HOPE FAM PHYS
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CAMP HILL PA 17011-4817
GLICK, MD, MARK R CD
4516 CARROLTON DR
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GOEDECKE, MD, JOHN B * GYN
C/O SHERMAN ASSOC
CAMP HILL PA 17011-1807
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4700 UNION DEPOSIT RD STE 120
HARRISBURG PA 17111-3774
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GOOD, MD, GARY R IM
24 S BANK ST APT 514
PHILADELPHIA PA 19106-2839
GOODALE, MD, SUSAN C PD
751 ZURICH DR
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HARRISBURG PA 17112-1208
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207 HOUSE AVE STE 101
CAMP HILL PA 17011
717-761-8331
TRAIN, MD, HENRY D OBG
1465 COLONIAL RD
HARRISBURG PA 17112-1919
717-545-8846
TRAUTLEIN, MD, JOSEPH J * IM
6430 COLCHESTER AVE
HARRISBURG PA 17111-3920
717-531-8950
TRAVISANO, MD, FRANK J CDS
423 N 21ST ST
CAMP HILL PA 17011-2207
717-975-0900
TRIANO, MD, GENE J R
1501 N FRONT ST
HARRISBURG PA 17102-2523
717-236-6751
TRUMP, MD, BRYCE E AN
247 UNIVERSITY MANOR
HERSHEY PA 17033-2831
TURSKY, MD, ROSEMARIE J PD
432 PARMER DR
HALIFAX PA 17032-9659
TYNDALL, MD, JAMES A IM
108 LOWTHER ST
LEMOYNE PA 17043-2012
717-774-1366
ULRICH, MD, SAMUEL D OS
3422 DERRY ST
HARRISBURG PA 17111-1812
717-652-4121
UNAL, MD, ABDURRAHMAN TR
775 S ARLINGTON AVE
HARRISBURG PA 17109-5002
717-541-9240
VARMA, MD, NEENA PD
4601 DEVONSHIRE RD
HARRISBURG PA 17109-1547
717-652-8001
VICKERY, MD, JON L N
108 LOWTHER ST
LEMOYNE PA 17043-2012
717-774-2202
VIOLAGO, MD, EDUARDO S PM
1008 BROOKWOOD DR
MECHANICSBURG PA 17055-6785
717-782-2341
WAGNER, MD, KRISTINA M * PD
104 WALMAR MNR
DILLSBURG PA 17019-1420
WALDHAUSEN, MD, JOHN A CDS
HMC PO BOX 850
HERSHEY PA 17033-0850
717-534-8937
WALL, MD, THOMAS J ORS
692 S 82ND ST
HARRISBURG PA 17111
717-531-8521
WALLIN, MD, THOMAS E * OBG
1 LEMOYNE SQ STE 201
LEMOYNE PA 17043-1230
717-737-4511
WALTZ, MD, PAUL K * CRS
729 INDIANA AVE
LEMOYNE PA 17043-1566
717-761-4141
WARD, MD, SAMUEL P PTH
26 PRIMROSE RD
HERSHEY PA 17033-2635
717-782-5226
WARREN, MD, JAMES W * R
4518 UNION DEPOSIT RD
HARRISBURG PA 17111-2910
717-652-5840
WASKO, MD, MARGERY L PD
1821 FULTON ST
HARRISBURG PA 17102-1522
717-232-9971
WATKIN JR, MD, WALTER B IM
2645 N 3RD ST STE 230
HARRISBURG PA 17110-2001
717-233-6791
WEAVER, MD, JEFFREY A * FP
HBG FAM PRAC CTR
HARRISBURG PA 17105-8700
717-231-8660
WEAVER, MD, MICHAEL A * AN
9 SWARTHMORE
HERSHEY PA 17033
WEBER, MD, DANIEL I OBG
661 OLDE VENTURA FARM RD
HUMMELSTOWN PA 17036-8501
717-231-8341
WEIGEL, MD, JESSE A * EM
HARRISBURG PA 17101
717-782-3120
WEINSTEIN, MD, LEE OPH
3530 GREEN STREET
HARRISBURG PA 17110
WEITEKAMP, MD, MICHAEL R IM
PENN STATE UNIV HOSP
HERSHEY PA 17033-2360
717-531-8161
WENGER, MD, ALLEN S U
890 POPLAR CHURCH RD
CAMP HILL PA 17011-2250
717-763-1174
WENGERT JR, MD, PAUL A GS
2626 N 3RD ST STE 2-B
HARRISBURG PA 17110-2044
717-232-4112
WENNER, DO, DAVID R * FP
609 REDWOOD ST
HARRISBURG PA 17109-4722
WERTIME, MD, CLARA G PD
930-A MENNONITE VLG
CHAMBERSBURG PA 17201
WETMORE, MD, STANLEY M IM
809 MARKET ST
LEMOYNE PA 17043-1518
717-737-7616
WETZEL, MD, F TODD ORS
HMC PO BOX 850
HERSHEY PA 17033-0850
717-531-8454
WHITE, MD, WAYNE D OBG
890 POPLAR CHURCH RD
CAMP HILL PA 17011-2250
717-761-2941
WHITNEY, MD, JONATHAN P IM
PLAZA 21
CAMP HILL PA 17011
717-761-7400
WIECKS, MD, MICHAEL J AN
20 HILLSIDE RD
DAUPHIN PA 17018-9511
717-236-3361
WIEGAND, MD, DAVID A OTO
HMC PO BOX 850
HERSHEY PA 17033-0850
717-531-8945
WIEST, MD, HIRAM L FP
505 ELM AVE
HERSHEY PA 17033-1754
WILLIAMS, MD, JAMES W PM
13 KENSINGTON SQ
MECHANICSBURG PA 17055-2365
717-691-3700
WILLIAMS, DO, PAUL D FP
100 S HOUCKS RD
HARRISBURG PA 17109-2827
717-545-9625
WILLIAMS, MD, RONALD J PD
228 HEATHER DR
HARRISBURG PA 17112-3208
717-531-8521
WILLIAMS, MD, VIRGINIA M PD
809 MARKET ST
LEMOYNE PA 17043-1518
717-737-7616
WILSON, MD, J EDWARD GS
2626 N 3RD ST STE 2B
HARRISBURG PA 17110-2044
717-232-4112
WISMAN, MD, CRAIG B CDS
1024 MOUNT ALEM DR
HUMMELSTOWN PA 17036-8900
717-975-0900
WOLDORF, MD, NORMAN M OTO
205 GRANDVIEW AVE STE 205
CAMP HILL PA 17011-1708
717-763-7701
WOLF, MD, ROBERT E PS
817 SOMERSET DR
HARRISBURG PA 17109
717-763-9383
WON, MD, KWAN H OTO
3810 TRINDLE RD
CAMP HILL PA 17011-4336
717-761-8877
WOODWARD, MD, EDWARD G OBG
626 FISHBURN RD
HERSHEY PA 17033-2000
717-533-9080
YANOFSKY, MD, CHARLES S N
108 LOWTHER ST
LEMOYNE PA 17043-2012
717-774-2202
YARNALL, MD, G WINFIELD * IM
30 W LAUER LN
CAMP HILL PA 17011
717-558-1048
YATES, MD, JAMES A PS
205 GRANDVIEW AVE
CAMP HILL PA 17011-1756
717-763-7814
YOUNG, MD, THOMAS A IM
203 CAYUTA ST
SAYRE PA 18840-2334
YOUNG, MD, WILLIAM W IM
1433 BRIDGE ST
NEW CUMBERLAND PA 17070-1118
717-774-7800
ZAMBARANO, MD, THOMAS J DR
1501 N FRONT ST
HARRISBURG PA 17102-2523
717-236-6751
ZEIGLER JR, MD, MAURICE L AN
760 ALLENVIEW DR
MECHANICSBURG PA 17055
ZELIGER, DO, BERNARD I ORS
450 POWERS AVE
HARRISBURG PA 17109-5926
717-558-8222
ZIEGLER, MD, PENELOPE P P
PHP PO BOX 8820
HARRISBURG PA 17105-8820
717-558-2240
ZIMMERMAN, MD, DAVID S GP
6 MARKET PLAZA WAY
MECHANICSBURG PA 17055-5659
717-766-0228
ZIMMERMAN, MD,
LAWRENCE B GER
HARRISBURG HOSP
HARRISBURG PA 17101
717-231-8340
ZIMMERMAN IV, DO, CLARK B * FP
4417B UNION DEPOSIT RD
HARRISBURG PA 17111
ZUCKERMAN, MD, ROBERT M AI
2151 LINGLESTOWN RD STE 160A
HARRISBURG PA 17110-9453
717-541-8066

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ABELLA, MD, ROMEO S * IM
2596 CRANSTON RD
PHILADELPHIA PA 19131-1604
215-743-2250
ABRAMS, MD, PEGGY L PM
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-447-6776
ABRAMSON, MD, JOHN GE
252 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-896-7360
ACETO, MD, JOSEPH N DR
100 S SHADELAND AVE APT 206
DREXEL HILL PA 19026
ADESMAN, MD, MICHAEL B CD
400 WOODWARD RD
ROSE VALLEY PA 19065
215-876-2400
ALDERFER, MD, GILL R OBG
100 E CHESTER PIKE
RIDLEY PARK PA 19078-1703
215-521-4311
ALEXANDER, MD, CHARLES M OPH
930 SPROUL RD
SPRINGFIELD PA 19064-1217
215-544-7070
ALLEN JR, MD, SAMUEL D * U
100 GRANITE DR STE 104
MEDIA PA 19063-5134
215-565-2776
ANDERSON, MD, RONALD B RHU
RIDDLE HLTH CARE CTR
MEDIA PA 19063
215-565-5062
ANDRIES, MD, RAYMOND C * AN
300 SYCAMORE MILLS RD
MEDIA PA 19063-2030
215-259-7600
ANNESLEY JR, MD, WILLIAM H OPH
256 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-649-1970
ANTHOPOULOS, MD,
ALEXANDER P OBG
115 BLOOMINGDALE AVE
WAYNE PA 19087
215-688-3744
ANTONELLO JR, MD, ANTHONY OPH
1078 W BALTIMORE PIKE STE 102
MEDIA PA 19063-5105
215-565-6780
APPLEGATE, MD, RUSSEL C * PD
RIDDLE HLTH CARE CTR II
MEDIA PA 19063
215-566-6518
ARMAO, MD, JOSEPH J * FP
557 E SPRINGFIELD RD
SPRINGFIELD PA 19064-3335
215-543-1661
ARMITAGE, MD, HARRY V GS
1032 LAFAYETTE BLVD
WEST CHESTER PA 19382
ARORA, MD, MANJU DR
667 S HEILBRON DR
MEDIA PA 19063-4549
215-284-8301
ARORA, MD, SAT P NEP
1 MED CTR BLVD STE 303
UPLAND PA 19013-3988
215-872-8501
AROUH, MD, ALBERT R
201 INDIAN CREEK RD
WYNNEWOOD PA 19096-3406
215-645-2802
ARSHT, DO, DAVID B U
510 DARBY RD
HAVERTOWN PA 19083-4630
215-449-4500
ARSHT, MD, EDWIN D * FP
3909 STATE RD
DREXEL HILL PA 19026-3213
215-449-3330
AVART, DO, HERBERT PM
DELAWARE COUNTY MED CTR
BROOMALL PA 19008
215-359-1134
AVETIAN, DO, GARO C IM
108 BRYN MAWR AVE
NEWTOWN SQUARE PA 19073
AYERS JR, MD, WILLIAM H GS
1016 WARRIOR ROAD
DREXEL HILL PA 19026
215-449-5181
BABIAK, MD, OLESH * AN
8 MINSHALL CIR
GLEN MILLA PA 19342-1235
215-447-2108
BALIN, MD, ARTHUR K D
2129 PROVIDENCE AVE
CHESTER PA 19013-5506
215-876-0200
BALIN, MD, BENJAMIN R GP
829 JEFFERSON WAY
WEST CHESTER PA 19380-6905
215-876-5595
BARR, MD, RICHARD G PD
15TH ST & UPLAND AVE
UPLAND PA 19015
215-874-7111
BASH, MD, EVAN K ORS
ONE MED CTR BLVD
UPLAND PA 19013
215-876-0347
BATCHELET, DO, RICHARD B AN
15 FIRETHORN DR
WEST CHESTER PA 19382-8149
215-874-6448
BATIPPS JR, MD, PERCY O GP
609 SUMMER ST
MEDIA PA 19063-1507
BAUM, MD, SHELDON F NM
LANKENAU HOSP
WYNNEWOOD PA 19096-3496
215-645-2426
BECKWITH, MD, WILLIAM R CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
215-259-0240
BEDROSSIAN, MD, E HOWARD * OPH
4501 STATE RD
DREXEL HILL PA 19026-4019
215-789-6565
BEDROSSIAN JR, MD,
EDWARD H OPH
4501 STATE RD
DREXEL HILL PA 19026-4019
215-789-6565
BEHBEHANIAN, MD, MAHIN D GS
216 FRENCH RD
NEWTOWN SQUARE PA 19073-2504
215-565-6625
BELL, MD, JAMES B IM
21 S GATE RD
WEST CHESTER PA 19380
215-565-6805
BENDER JR, MD, FRANK C PD
1025 BLYTHE AVE
DREXEL HILL PA 19026-4212
BENESKI, MD, DANIEL A * AN
210 SCHOOL HOUSE LN
GLEN MILLS PA 19342-1103
215-237-4280
BEPLER, MD, CHARLES R RHU
312 E SECOND ST
MEDIA PA 19063-3033
215-565-4201
BERGMAN, MD, MARTIN J RHU
8 MORTON AVE STE 304
RIDLEY PARK PA 19078-2210
215-521-1701
BERNETT, MD, GARY B IM
2245 GARRETT RD
DREXEL HILL PA 19026-1101
215-626-0940
BIALAS, MD, ROBERT F PS
609 LAKEVIEW RD
CLEARWATER FL 34616-3335
813-447-4536
BLAKE, MD, PAUL O * GP
273 N LANSDOWNE AVE
LANSDOWNE PA 19050-1245
BLANNETT, MD, JOHN D CD
MEDICAL ARTS BUILDING
DARBY PA 19023-1333
215-534-6170
BLEEDEN, MD, EDWARD M IM
2235 GARRETT RD
DREXEL HILL PA 19026-1130
BOBMAN, MD, DAVID E * IM
6 MORTON AVE STE 301
RIDLEY PARK PA 19078-2210
215-521-2008
BOGDANOFF, MD, BRUCE M N
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-874-1184
BOGUCKI, MD, EDWIN I PD
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1829
215-521-1297
BONGIOVANNI, DO, ANDREW G * IM
1272 PROVIDENCE RD
CLIFTON HEIGHTS PA 19016-2802
215-543-5700
BOOR, MD, JOHN W N
1126 DORSET DR
WEST CHESTER PA 19382-8008
215-565-7010
BOOTH, MD, KEVIN R N
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-874-1184
BOOVA, MD, ROBERT S CDS
101 S BRYN MAWR AVE STE 135
BRYN MAWR PA 19010-3120
215-527-1600
BOTTGER, MD, DAVID A PS
2100 KEYSTONE AVE STE 305
DREXEL HILL PA 19026-1129
215-259-0444
BOYD, MD, KENNETH J CRS
RIDDLE MEMORIAL HOSP
MEDIA PA 19063
215-565-3435
BOYD, MD, ROBERT L ON
2100 KEYSTONE AVE
DREXEL HILL PA 19026-1129
215-626-6316
BOYLE, MD, DENIS A PM
111 LONG LN
UPPER DARBY PA 19082-3112
215-352-7818
BOYLE JR, MD, DENIS A * PM
111 LONG LN
UPPER DARBY PA 19082-3112
BRADBURD, DO, TRINA L FP
23 CHESTER PIKE STE 300
RIDLEY PARK PA 19078-1629
215-521-2220
BRANDFASS, MD, W TAYLOR ORS
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-876-0347
BRASLOW, MD, NORMAN H PUD
1078 BALTIMORE PIKE
MEDIA PA 19063
215-565-3250
BRAUNFELD, DO, ROBERT * FP
600 DERWYN RD
DREXEL HILL PA 19026-1523
215-789-7140
BRENNAN JR, MD, EDWARD J GS
814 PENFIELD AVE
HAVERTOWN PA 19083-2604
215-645-2169
BRILL, MD, JOSEPH M US
411 E COUNTRY CLUB LN
WALLINGFORD PA 19086-6406

BRISKIN, MD, JONATHAN A * PTH
BOX 400
BRYN MAWR PA 19010-3337
215-527-0401
BROD, MD, JENNIFER S PD
23 CHESTER PIKE STE 200
RIDLEY PARK PA 19078
215-521-1297
BROD, MD, ROBERT C CD
RIDDLE HLTH CARE CTR
MEDIA PA 19063-5105
BROOKS JR, MD, CLINT E GS
2100 KEYSTONE AVE
DREXEL HILL PA 19026-1129
215-626-8112
BROWN, MD, ELIZABETH B * A
207 TURNER RD
WALLINGFORD PA 19086-6036
215-872-8678
BROWN, DO, MARION L * OBG
811 LAFAYETTE RD
BRYN MAWR PA 19010-1818
215-527-8115
BRUNNER, MD, DOUGLAS J * PM
175 E CHESTER PIKE
RIDLEY PARK PA 19078-2212
215-595-6542
BUCCO, DO, MARIA C * IM
907 CLIFTON AVE
COLLINGDALE PA 19023-3518
215-534-9200
BUDENZ, MD, DONALD L OPH
759 HUMPHREYS ST
ARDMORE PA 19003-2020
215-862-8086
BULGARELLI, DO, ROBERT J IM
212 CLAMAR AVE
HAVERTOWN PA 19083-4910
215-645-2000
BULLOCK, MD, BRIAN W FP
HAVERFORD FAMILY MEDICINE
HAVERFORD PA 19041-1139
215-649-6400
BUSILLO, MD, NICHOLAS A IM
6245 ELMWOOD AVE
PHILADELPHIA PA 19142-2907
215-729-0199
CALEB, MD, MAE H * IG
501 ELM AVENUE
SWARTHMORE PA 19081
215-543-2737
CAMP, MD, MARK O IM
642 E CHESTER PIKE
RIDLEY PARK PA 19078-1701
215-532-3622
CANAKIS, MD, JERROLD S GE
LANKENAU HOSP
PHILADELPHIA PA 19151
215-645-2000
CARBO, DO, ANTHONY P * EM
105 KELLY LN
MEDIA PA 19063-2016
215-595-6480
CARRATO, MD, ANTHONY M GS
508 FAIRMONT RD
HAVERTOWN PA 19083-1616
215-855-6664
CARROLL, MD, WILLIAM L FP
5848 W CHESTER PIKE
EDGEMONT PA 19028
215-325-9200
CARSON, MD, CHARLES P * PTH
TAYLOR HOSP
RIDLEY PARK PA 19078
215-595-6455
CARTER, MD, MICHELE IM
4312 MAIN ST APT 307
PHILADELPHIA PA 19127
215-645-2000
CASS, MD, PAUL T IM
CROZER-CHESTER MED CTR
UPLAND PA 19013-5313
215-872-5879
CELLINI, MD, L LUKE FP
4225 EDGMONT AVE
BROOKHAVEN PA 19015-2315
CHADAGA, MD, P C S R
1057 CREAMERY LN
WEST CHESTER PA 19382-7501
CHATTERJEE, MD, MINAKSHI * P
515 W CHELTEN AVE APT 1507
PHILADELPHIA PA 19144-4429
CHAUDHRI, MD, MUNAWAR S PTH
167 SPROUL RD
VILLANOVA PA 19085-1326
215-739-2591
CHEN, MD, CHUEN GS
LANKENAU MED BLDG
WYNNEWOOD PA 19096-3427
215-642-1908
CHEN, MD, SING-TSUNG PTH
153 WOODED LN
VILLANOVA PA 19085
215-955-4350
CHERNOFF, MD, ROBERT W * IM
PROF ARTS BLDG
RIDLEY PARK PA 19078-1713
215-521-3333
CHEUNG, MD, ALBERT T AN
UNIVERSITY OF PA
PHILADELPHIA PA 19104-4283
215-662-3774

CHITALE, MD, VIDYADHAR S NS
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-874-4044
CHITTIPROLU, MD, JAGAN R P
250 BEVERLY BLVD APT C109
UPPER DARBY PA 19082
215-762-6660
CHOGICH, MD, JOHN C R
419 WAYNESBROOKE RD
BERWYN PA 19312-2061
CHRISTIE, DO, PETER N FP
1215 W BALTIMORE PIKE STE 13
MEDIA PA 19063-5501
215-565-1919
CIANCIULLI, MD, FRANCIS D PUD
1088 W BALTIMORE PIKE
MEDIA PA 19063-5136
215-565-3250
CLARE, MD, HENRY E * P
1127 YELLOW SPRINGS RD
MALVERN PA 19555
215-889-7466
CLARK, MD, JAMES E NEP
5 WELLESLEY RD
SWARTHMORE PA 19081-1232
215-874-6600
CLAY, MD, STEPHEN N * IM
249 N ALDEN ST
PHILADELPHIA PA 19139-1222
215-874-6231
COHEN, DO, WILLIAM L * GP
234-A PENNELL RD
ASTON PA 19014-1853
215-497-4040
COLEMAN, MD, MARTIN R ORS
LLANERCH MEDICAL CENTER
HAVERTOWN PA 19083-4630
215-446-0560
COLEMAN-BRACKEN, DO,
BARBARA A IM
MERCY FITZGERALD MED OFF BLDG
DARBY PA 19023
215-534-8230
COLOMBO, MD, JAMES L PS
601 E BALTIMORE PIKE STE 202
MEDIA PA 19063-1734
215-565-2690
CONDON, MD, ROBERT H PM
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-447-2426
CONN, MD, ANDREW R * IM
1000 CONESTOGA RD APT A201
ROSEMONT PA 19010-1531
609-871-7070
CONSTANTINE, MD, GINGER D RHU
29 LONG LN
MALVERN PA 19355-2947
215-566-8342
CONSTANTINE, MD, JAY J END
PROVIDENCE MEDICAL CENTER
MEDIA PA 19063
215-566-8342
COOK, MD, WILLIAM L * GP
24TH & PROVIDENCE AVES
CHESTER PA 19013
215-876-6614
COOPER, MD, JOSEPH H CLP
265 E GOLF VIEW ROAD
ARDMORE PA 19003
215-645-2617
COOPER JR, MD, E NEWBOLD AN
ORCHARD LANE
WALLINGFORD PA 19086
CORNACCHIA, DO, DAMIAN J * IM
7 CHRISTINA LANE
GLENMILLS PA 19342
215-595-6480
COYLE, MD, WILLIAM A US
BOX 668
MEDIA PA 19063-1646
CRAM, MD, ROBERT H * ORS
510 DARBY RD
HAVERTOWN PA 19083-4630
215-449-8230
CRAPARO, MD, JOCELYN L OBG
234 BRYN MAWR AVE STE 100
BRYN MAWR PA 19010
215-525-6400
CRAWFORD, MD, NANCY W OPH
319 W STATE RD
MEDIA PA 19063-2615
215-566-1227
DAMIANO, MD, MICHAEL D D
435 E LANCASTER AVE
ST DAVIDS PA 19087-4229
215-688-3099
DANG, MD, HOA T IM
7140 CHESTNUT ST
UPPER DARBY PA 19082-3101
DAUM, MD, GARY S PTH
100 E LANCASTER PIKE
WYNNEWOOD PA 19096-3411
215-645-8013
DAVIS, MD, PAUL K * CDS
101 BRYN MAWR AVE STE 130
BRYN MAWR PA 19010
DE SANTIS, MD, DONALD * GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
215-521-4833

DEBAKKER, MD, CAROL J PM
445 HAMPSHIRE ROAD
DREXEL HILL PA 19026
215-645-3185
DECARO, MD, MARY M FP
62 GRADYVILLE RD
GLEN MILLS PA 19342-1701
215-328-4340
DEES-PORCH, MD, FRANCES OBG
2835 ROJO PARK PLZ
SANTE FE NM 87501
DEGUZMAN-CAM, MD, BRIGIDA * OBG
2100 KEYSTONE AVE STE 302
DREXEL HILL PA 19026-1129
215-626-7534
DELGUERCIO, MD, EDMUND T IM
1501 LANSDOWNE AVE STE 201
DARBY PA 19023-1333
215-534-6230
DELONE JR, MD, FRANCIS X PS
RIDDLE HLTH CARE CTR
MEDIA PA 19063-5105
215-566-6744
DEMEDIO, MD, WILLIAM J FP
46 GREENHILL RD
SPRINGFIELD PA 19064-2510
215-284-8444
DENNISON, MD, MARIA M OS
540 OGDEN AVE
SWARTHMORE PA 19081
215-996-5585
DERIVAN, MD, ALBERT T P
226 HARDWICKE LANE
VILLANOVA PA 19085
215-341-5782
DERKRIKORIAN, MD, HAGOP L NS
1088 W BALTIMORE PIKE
MEDIA PA 19063-5136
215-566-7787
DIGIOVANNI, MD, ALPHONSE J GS
4 MARTINS RUN
MEDIA PA 19063-1022
215-566-5260
DIGIOVANNI, MD, ANTHONY J AN
751 DUNWOODY DR
SPRINGFIELD PA 19064-1302
DILIBERTO, DO, THOMAS A R
RD 2
MALVERN PA 19355-9802
DIMAGGIO, MD, OLIVIA T PD
2500 N PROVIDENCE RD
MEDIA PA 19063-1905
215-565-1945
DIMARCO, DO, ANTHONY E * FP
127 SOLTNER DR
KENNETT SQUARE PA 19348
215-497-4040
DITARANTO, MD, MICHAEL A US
300 CHAPEL DR
HOLLAND PA 18966-1660
215-237-5090
DIWAN, MD, KANTA GP
34 SPRINGTON POINTE RD
NEWTOWN SQUARE PA 19073-3930
215-565-2754
DIWAN, MD, SATYENDRA K P
34 SPRINGTON POINTE DR
NEWTOWN SQUARE PA 19073-3930
215-565-2754
DOBKIN, MD, STEPHEN F U
2100 KEYSTONE AVE STE 307
DREXEL HILL PA 19026-1129
215-259-3000
DODDS, MD, H THOMAS * OPH
62 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-642-2099
DOHERTY, DO, JOHN M * GP
5000 CHICHESTER AVE
ASTON PA 19014-2324
215-485-0990
DOLBERG, MD, BEVERLY K US
2 JOANN CIR
HAVERTOWN PA 19083-1707
DOMBKOSKI, MD, RUTH A * AN
130 NORTH VILLAGE LANE
CHADDS FORD PA 19317
215-447-6079
DOMINGO, MD, ORVILLE H GS
772 E PROVIDENCE RD BLDG B
ALDAN PA 19018-4321
215-284-3440
DORAZIO, DO, RONALD J GP
2 CAROLINE LN
OCEAN CITY NJ 08226-2607
215-543-0100
DORFMAN, MD, MURRAY L GP
1001 CITY LINE AVENUE
WYNNEWOOD PA 19096
215-649-5667
DOUYON, MD, LISELLE END
8 MORTON AVE STE 206
RIDLEY PARK PA 19078-2210
215-521-0150
DRAGANESCU, MD, JOHN M GE
1230 BURMONT RD
DREXEL HILL PA 19026-4504
215-449-1525
DROOGAN, DO, CHRISTOPHER J IM
708 OAK WAY
HAVERTOWN PA 19083-3228
215-645-2000

DUCKETT, MD, JAMES E * AN
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8244
EBBA, MD, CELSUS I * IM
DARBY MEDICAL ASSOC
DARBY PA 19023-2193
215-461-2440
EBERLY, MD, DAVID E IM
CHESLEY OFFICE CAMPUS
MEDIA PA 19063
215-565-8600
EGBERT, MD, E WAYNE R
C/O ALAYNE E HILDITCH
GEIGERTOWN PA 19523-0185
EICHNER, MD, LAMBERT G IM
7 DAVIS AVE
BROOMALL PA 19008-2103
215-358-3327
EISEN, MD, CAROLE L IM
16 ORCHARD LN
ROSE VALLEY PA 19086-6707
215-595-6090
EISENHOWER-TURNER, MD,
EDITH S P
16 BRIARCREST DR
WALLINGFORD PA 19086-6710
215-566-6664
ELIA, MD, EUGENE A ORS
510 DARBY RD
HAVERTOWN PA 19083-4630
215-449-6499
ELKIN, MD, RODNEY M IM
1440 CONCHESTER HWY STE 5A
BOOTHWYN PA 19061
215-459-3722
ELLIS, MD, DAVID J * U
602 PORTLEDGE DR
BRYN MAWR PA 19010-1154
215-525-6580
EMANUEL, MD, E STEPHEN * OBG
DEL COUNTY MED BLDG STE 22
BROOMALL PA 19008-3504
215-358-8426
ERICKSEN, MD, JEFFERY J * PM
125 PENNSYLVANIA AVE
WAYNE PA 19087-3518
215-955-7445
ESPOSITO, MD, JOHN C A
226 E SPRINGFIELD RD
SPRINGFIELD PA 19064-3221
215-544-0404
FABIUS, MD, RAYMOND J * PD
20 STANFIELD AVENUE
BROOMALL PA 19008-2743
215-623-9080
FANNING, DO, JOHN M FP
60 TODMORDEN DR
WALLINGFORD PA 19086-6740
215-521-2220
FEDDER, MD, STEPHEN L NS
LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-662-7854
FEDERMAN, MD, JAY L OPH
100 E LANC PIKE BLDG EAST
WYNNEWOOD PA 19096-3411
215-896-0768
FELSHER, MD, JONATHAN C * CD
CCMC PROF OFF BLDG I STE 203
UPLAND PA 19015
215-874-6262
FINK JR, MD, ALBERT H IM
#5 CLUSTERS CHELSEY OFF
MEDIA PA 19063
215-565-8600
FIRPO JR, MD, JOHN J * NEP
2100 KEYSTONE AVE STE 703
DREXEL HILL PA 19026-1129
215-284-0550
FISCHER, MD, STEVEN W * OTO
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
215-874-5366
FITZMAURICE, MD, JOHN W GP
BOX 160 PENN LAKE
WHITE HAVEN PA 18661
FITZPATRICK, MD, LUCRETIA A PM
428 BEAUMONT CIR
WEST CHESTER PA 19380-6412
215-447-2755
FITZPATRICK, MD, MARCIA A PS
3 WESTBRAE LN
GREENVILLE DE 19807-2026
215-642-9050
FITZPATRICK, MD, RUTHANN P END
CROZER-CHESTER MED CTR
CHESTER PA 19013
FLANAGAN, MD, JOSEPH C PS
256 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-649-1970
FLEISCHER, MD, LEROY B IM
19 N WYOMING AVE
ARDMORE PA 19003-1406
215-353-5840
FLORES, MD, MARIA L * AN
252 PHILIP PL
PHILADELPHIA PA 19106-3902
215-237-4280
FORNASIER, MD, LOUIS S GP
10047 MAINLAND BLVD
PINELLAS PARK FL 34666

FORNWALT, MD, GEORGE R OBG
1035 KENNETT WAY
WEST CHESTER PA 19380-5730
FOULK JR, MD, MORRIS OS
20 SPRINGFIELD RD
ALDAN PA 19018-4028
FOX, MD, ROGER E IM
38 TOFT WOODS WAY
MEDIA PA 19063-4336
215-565-8600
FRANK, MD, BARBARA B GE
409 RICHARD KNOLL
HAVERFORD PA 19041-1919
215-878-1551
FREELAND, MD, GEORGE R GP
454 GLENMARY RD
ST DAVIDS PA 19087-4436
FREENOCK JR, MD, THOMAS F PM
715 MERION AVE
HAVERTOWN PA 19083-4116
215-893-2342
FREESE, MD, ANDREW NS
18 FAWN LANE
HAVERFORD PA 19041
215-662-4000
FRIEDMAN, MD, DONALD * RHU
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-876-8882
FURIA, MD, FREDERICK A * CD
21 MARPLE RD
HAVERFORD PA 19041-1025
FURIA, MD, ROBERT IM
2245 GARRETT RD
DREXEL HILL PA 19026-1101
215-623-1633
GAARY, MD, ALVIN E AN
320 CHERRY LN
WYNNEWOOD PA 19096-1719
215-335-6200
GABROY, MD, ALLEN S * GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
215-521-4833
GALATI, MD, VICTOR G PUD
2100 KEYSTONE AVE STE 407
DREXEL HILL PA 19026-1129
GARTLAND, DO, CHARLES J A IM
710 LONG LN
UPPER DARBY PA 19082-5101
215-626-3458
GARTNER, MD, WILLIAM S GP
627 BRIGHTON TER
HOLMES PA 19043-1009
215-532-1882
GARTNER JR, MD, WILLIAM S * OTO
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
215-874-5366
GERHARD, MD, WILHELM GS
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-872-2000
GEVJAN, MD, ARMEN H FP
536 DOGWOOD PL
NEWTOWN SQUARE PA 19073-4403
GIAMMATTEI, MD, FRANK P ORS
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-872-3364
GIBBONS, MD, JACQUELYN H PD
2500 N PROVIDENCE RD
MEDIA PA 19063-1905
215-565-1945
GIBSON, MD, WILLIAM B D
907 HEATHDALE ROAD
WALLINGFORD PA 19086
GILLIGAN, MD, FRANK P US
SALEM PARKE 106 OAK
CINCINNATI OH 45230-2743
GILLIS, MD, ANGUS T * AN
5 MARTINS RD
NEWTOWN SQUARE PA 19073-1915
GINSBURG, MD, DAVID S OBG
PROF ARTS BLDG
RIDLEY PARK PA 19078-1703
215-521-4311
GINSBURG, MD, LEONARD H OPH
MERCY HAVERFORD HOSP
HAVERTOWN PA 19083
215-449-0400
GIORGIO, MD, QUENTIN M * IM
907 CLIFTON AVE
COLLINGDALE PA 19023-3518
215-534-9200
GLADSTONE, MD, JULIAN L * CD
1999 SPROUL ROAD
BROOMALL PA 19008
215-353-5840
GO, MD, JOSEPHINE L AN
204 N LEXINGTON AVE
HAVERTOWN PA 19083-5006
GOESER, MD, EUGENE IM
40 DUTTON MILL RD
MALVERN PA 19355-3324
215-339-5046
GOLD, MD, HERMAN CD
510 N LEMON ST APT D9
MEDIA PA 19063-2325
GOLDMAN, MD, ARTHUR IM
135 HARNED DR
SPRINGFIELD PA 19064-1712

GOLDMAN, MD, RICHARD J IM
1410 UPLAND ST
CHESTER PA 19013-5720
215-876-7292
GOLDSCHMIDT JR, MD, JOSEPH C IM
2245 GARRETT RD
DREXEL HILL PA 19026-1101
215-626-0940
GOLDSTEIN, MD, MARK R IM
CROZER COTTAGE
UPLAND PA 19013
215-876-1800
GOLLOMP, MD, STEPHEN M * N
564 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-642-5371
GOODKIN, MD, MICHAEL B * CD
1 MED CTR BLVD
CHESTER PA 19013-3968
215-874-6263
GOODMAN, MD, LOWELL I P
WYETH AYERST RESEARCH
RADNOR PA 19087
GORDON, MD, HAROLD M PD
416 E LANCASTER AVE
WAYNE PA 19087-4310
215-687-3600
GORDON, MD, JOSEPH S * IM
4017 GARRETT RD
DREXEL HILL PA 19026-3611
215-623-0166
GOYNE, MD, RUTH G FP
110 BRANDY MILL LOOP
ETOWAH NC 28729-9786
GRANETT, MD, JEFFREY R CD
411 BOXWOOD RD
ROSEMONT PA 19010-1221
215-832-3043
GRANT, MD, B DAVID ORS
DELAWARE CO MED CTR
BROOMALL PA 19008
215-353-5565
GRAYUM, MD, BRADLEY P N
501 E LEAMY AVE
SPRINGFIELD PA 19064-3021
215-874-1184
GRECO, MD, JONATHAN P IM
6 MOORE CIR
MEDIA PA 19063-4953
215-566-8155
GREEN, MD, LAWRENCE N
315 MAPLE AVE
SWARTHMORE PA 19081-1412
215-447-2688
GREEN, MD, WILLIAM H DR
103 W COUNTRY CLUB LN
WALLINGFORD PA 19086-6506
215-447-2520
GROSSINGER, DO, BRUCE H * N
700 S CHESTER RD STE 5
SWARTHMORE PA 19081-2224
215-328-4050
GUARINI, MD, PASQUALE B GP
103 E STANTON RD
WILDWOOD CREST NJ 08260-3759
609-522-8358
GUARINO, MD, JULIUS M GE
228 HEMLOCK LN
SPRINGFIELD PA 19064-1113
GUIRGUIS, MD, MORRIS F * IM
498 RAMBLEWOOD DR
BRYN MAWR PA 19010-2064
215-259-4900
GUMINA, MD, THOMAS F IM
DELAWARE CTY MED CTR STE 15
BROOMALL PA 19008
215-353-8506
HADFIELD JR, MD, WILLIAM A IM
5244 OLEANDER RD
DREXEL HILL PA 19026-4806
HAGGERTY, MD, ROBERT W OBG
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-876-7756
HAITH JR, MD, LINWOOD R GS
POB I STE 206
UPLAND PA 19013-3995
215-872-8192
HALL, MD, ROBERT L FP
3718 GRADYVILLE RD
NEWTOWN SQUARE PA 19073-3926
HALLERMEIER JR, MD, ROBERT G IM
33 WINDING WAY
BOOTHWYN PA 19061-2939
215-874-8177
HAMILTON, MD, GERALDINE E DR
5010 DERMOND RD
DREXEL HILL PA 19026-4513
215-237-4353
HANES, MD, ROBERT B GER
2121 N RIDLEY CREEK RD
MEDIA PA 19063-1925
215-449-3500
HARKAVY, MD, SANDRA E PTH
1529 BRINTON PARK DR
WYNNEWOOD PA 19096-2626
215-237-4185
HART, DO, WILLIAM J * FP
3407 GARRETT RD
DREXEL HILL PA 19026-2320
215-284-6400

HARVEY, MD, GREGORY D DR
4456 FARM VIEW CT
BETHLEHEM PA 18017-9780
HATTI, MD, SHIVKUMAR S * P
1025 PLUMLY RD
WEST CHESTER PA 19382-7544
215-565-7585
HATTON, MD, DUNCAN S OTO
WHITE HORSE VILLAGE
NEWTOWN SQUARE PA 19073-2826
HAUPT, MD, RICHARD M PD
203 MORLYN AVE
BRYN MAWR PA 19010-3739
215-649-7042
HAUSER, MD, ADAM C AN
68 BAYBERRY CT
GLEN MILLS PA 19342
215-447-6363
HAVA, MD, MILOS * PA
126 SOUTH ST
PHILADELPHIA PA 19147-2419
215-341-2744
HAYES, MD, MERRILL B OTO
5806 ROSS NECK RD
CAMBRIDGE MD 21613
HENDRICKSON, MD, JAY A GS
BRYNWOOD APTS #F-7
WYNNEWOOD PA 19096
HENRY, MD, STEPHEN J * NEP
2100 KEYSTONE AVE STE 703
DREXEL HILL PA 19026-1129
215-284-0550
HERRERA, MD, ANIBAL F GE
51 N 39TH ST STE 310
PHILADELPHIA PA 19104-2640
215-521-0677
HESSEN, MD, MARGARET T ID
5101 TOWNSHIP LINE RD
DREXEL HILL PA 19026-4813
215-446-5550
HIBBERD, MD, ALAN E * ORS
123 S LANSDOWNE AVE
LANSDOWNE PA 19050-2855
215-284-9195
HILLS, MD, EVERETT C PM
5024 SMITHFILED RD
DREXEL HILL PA 19026
215-955-7445
HIMMELSTEIN, MD, EUGENE R
GREEN HILL
WYNNEWOOD PA 19096-3907
HIRSH, MD, LEONARD F NS
CROZER-CHESTER MED CTR
UPLAND CHESTER PA 19013-5313
HIRSH, MD, S JAY U
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-874-6580
HITCHNER, MD, LEWIS C AN
535 GRADYVILLE ROAD
NEWTOWN SQUARE PA 19073
HOLMS, DO, BARRY C IM
300 S CHESTER RD
SWARTHMORE PA 19081-1803
215-543-3444
HOLST, MD, HAZEL I PS
401 S CHESTER RD
SWARTHMORE PA 19081-2303
215-521-0233
HOLSTEIN, MD, JAMES J DR
664 W ROLLING RD
SPRINGFIELD PA 19064-1335
215-383-8120
HOROWITZ, MD, ELISABETH W END
1 MED CTR BLVD STE 424
UPLAND PA 19013
215-446-7050
HSU, MD, WEI T D
686 LAWSON AVE
HAVERTOWN PA 19083-4106
215-664-4433
HUBSHER, MD, JAY W NEP
1501 LANSDOWNE AVE STE 201
DARBY PA 19023-1333
215-534-6230
HUEBNER, MD, DENISE L AN
800 AVONDALE RD APT 5I
WALLINGFORD PA 19086-6667
HUMMER III, MD, CHARLES D ORS
20 GUERNSEY RD
SWARTHMORE PA 19081-1207
HUMMER JR, MD, CHARLES D * ORS
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-876-0347
HURLEY, MD, HARRY J D
39 COPLEY RD
UPPER DARBY PA 19082-2511
HUSHION, MD, WILLIAM F OM
120 E BISHOP HOLLOW RD
MEDIA PA 19063-1804
HUSTED, MD, JAMES W DR
134 LAKEVIEW DR
MEDIA PA 19063-1016
215-447-2633
IGIDBASHIAN, DO, VARTAN N R
41 ROBERTS RD
NEWTOWN SQUARE PA 19073-2011
215-237-4050
IMAIZUMI, MD, SHOTARO PTH
LANKENAU HOSP
WYNNEWOOD PA 19096-3498
215-645-3406

IVILL, MD, DENNIS W PM
CROZER-CHESTER MED CTR
UPLAND PA 19013
215-874-2501
IVINS, MD, JOSEPH L GS
3 ARTHUR CT
WALLINGFORD PA 19086-6609
IVINS, MD, SAMUEL P * P
19TH ST AND PROVIDENCE AVE
CHESTER PA 19013
215-872-2135
JACKSON, MD, PAUL W * PS
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
215-874-5366
JACOB JR, MD, THOMAS C PS
601 E BALTIMORE PIKE
MEDIA PA 19063
215-565-2690
JACOBS, MD, MARK GE
129 LORI LN
BROOMALL PA 19008-2639
215-789-3510
JAEGER, MD, EDWARD A OPH
240 E ROSE TREE RD
MEDIA PA 19063-1126
215-565-6780
JAHNLE, MD, RICHARD L OPH
752 CORNERSTONE LN
BRYN MAWR PA 19010-2074
215-446-8080
JAMALI, MD, ANMAR A IM
RIDDLE HLTH CARE CTR
MEDIA PA 19063-5136
215-565-0825
JENKINS, MD, DOROTHY S IM
330 CORNELL AVE
SWARTHMORE PA 19081-1902
215-874-6231
JOHN, MD, THOMAS * IM
772 PROVIDENCE RD APT 302
ALDAN PA 19016
215-237-4000
JOHNSONBAUGH, MD, ROGER E PD
5 RICHARDS RDG
NEWTOWN SQUARE PA 19073-1916
215-832-3990
JONES, MD, ANCIL A * CD
CROZER-CHESTER MED CTR
UPLAND PA 19013
215-876-2400
JONES, MD, ROBERT K NS
LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-649-4416
JURNOVOY, MD, JOEL B * D
DELAWARE CO MED CTR
BROOMALL PA 19008
215-353-6966
KAIN III, MD, THOMAS M ORS
MERCY FITZGERALD MED OFF BLDG
DARBY PA 19023-1333
215-534-6130
KALOONER, DO, DAVID R GP
23 CHESTER PIKE STE 300
RIDLEY PARK PA 19078-2003
215-521-2220
KANE, MD, WILLIAM M OBG
29 GLENDALE RD
UPPER DARBY PA 19082-2513
215-352-1235
KANNAN, MD, VAIDEHI PTH
LANKENAU HOSP
WYNNEWOOD PA 19096-3498
215-645-2629
KAPADIA, MD, DILIP L * NM
1037 N PROVIDENCE RD
MEDIA PA 19063-1404
215-566-7114
KAPLAN, MD, SUSAN G AN
A EINSTEIN MEDICAL CENTER
PHILADELPHIA PA 19141-3001
215-456-6850
KARAYANNIS, MD, BASIL N AN
1207 ORMOND AVE
DREXEL HILL PA 19026-2621
215-728-3714
KARPENOS, MD, ALEXANDER G CD
1999 SPROUL RD STE 21
BROOMALL PA 19008-3504
215-353-5840
KARPIN, MD, MAX * NS
209 ALMUR LN
WYNNEWOOD PA 19096-1712
215-665-0009
KASPER, MD, KEVIN J OTO
117 N 15TH ST #703
PHILADELPHIA PA 19102-1517
215-782-6068
KATIN, MD, LAWRENCE I OTO
335 GATES ST
PHILADELPHIA PA 19128-4618
215-446-6900
KAVJIAN, MD, EDWARD M U
56 MARPLE RD
HAVERFORD PA 19041-1026
KEAGLE, DO, DOUGLAS L * IM
1501 LANSDOWNE AVE #304
DARBY PA 19023-1333
KEATING, MD, PAUL J AN
CROZER-CHESTER MED CTR #400
CHESTER PA 19013
215-874-6448

KEISMAN, MD, ROBERT A CD
911 N 29TH ST
PHILADELPHIA PA 19130-1113
KELEMEN, MD, SYLVIA B AN
2105 N PROVIDENCE RD
MEDIA PA 19063-1841
215-447-2106
KELLY, MD, EDWARD A * FP
4713 STATE RD
DREXEL HILL PA 19026-4727
KELLY, MD, JAMES J * GP
501 WINDERMERE AVE
DREXEL HILL PA 19026-1117
215-259-5349
KELLY, MD, MARK F OTO
400 W TOWNSHIP LINE RD
HAVERTOWN PA 19083-5210
215-449-8101
KELLY, MD, PAUL O * IM
STATE ROAD & ARDINGHAM AVE
DREXEL HILL PA 19026
215-250-4000
KELSEY, MD, DAVID M U
8 GUNNING LN
GLADWYNE PA 19035-1135
215-649-6420
KENEALY, MD, SHAHIRA H OBG
PROVIDENCE MEDICAL CENTER
MEDIA PA 19063
215-565-3503
KEPLER, MD, FURMAN T FP
ISLAND ESTATES
CLEARWATER FL 34630-1802
KESSLER, MD, REX K IM
PROVIDENCE AND BEATTY RDS
MEDIA PA 19063-3888
215-566-8155
KESSLER, MD, WOODROW B IM
PROVIDENCE AND BEATTY RDS
MEDIA PA 19063-3888
215-566-8155
KHOURY, MD, JACQUES A GE
1230 BURMONT RD
DREXEL HILL PA 19026-4504
215-449-1525
KIEL, MD, STEVEN M N
2100 KEYSTONE AVE #203
DREXEL HILL PA 19026-1129
215-259-8801
KILFOIL, MD, MARY M IM
706 SAXER AVE
SPRINGFIELD PA 19064
215-237-4000
KIMLESS-GARBER, MD, DEBRA B AN
198 NOTTINGHAM CT
GLEN MILLS PA 19342-2022
KIMMEL, MD, HENRY A IM
RIO VISTA
WEEMS VA 22576
KINDER, MD, ROY R D
35 BRANDON RD
UPPER DARBY PA 19082-2504
215-352-9021
KINNARD, MD, RICHARD D ORS
25 RAMPART DR
WAYNE PA 19087-5843
215-955-6060
KIRCHHOFER, MD, LEWIS H GP
301 WYNDMOOR RD
SPRINGFIELD PA 19064-2328
KITCHEN III, MD, JAMES G CD
356 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-649-7625
KLAVAN, MD, MARSHALL OBG
PROVIDENCE MEDICAL CENTER
MEDIA PA 19063
215-872-7660
KLEIN, MD, RAYMOND A OBG
PO BOX 8299
PHILADELPHIA PA 19101
215-971-5516
KLEIN, MD, THOMAS E AI
400 W TOWNSHIP LINE RD
HAVERTOWN PA 19083-5210
215-789-1313
KLINE, MD, IRWIN K PTH
LANKENAU HOSP
WYNNEWOOD PA 19096-3498
215-645-2615
KLINE, MD, TILDE S PTH
LANKENAU HOSP
WYNNEWOOD PA 19096-3498
215-645-2623
KLINEFELTER, MD, HYLDA C OBG
264 S IVY LN
GLEN MILLS PA 19342-1322
215-565-6200
KLINOW, MD, LINDA F PD
950 HAVERFORD RD
BRYN MAWR PA 19010-3820
215-527-4715
KLINZING, MD, GERARD F FP
HAVERFORD FAMILY MEDICINE
HAVERFORD PA 19041-1139
215-649-6400
KNOWLES, MD, WILLARD E GP
7200 PINE ST
UPPER DARBY PA 19082-4807
KODUMAL, MD, LUIS E IM
1245 JEFFERSON AVE
WOODLYN PA 19094-1314
215-833-1616

KOHUTIAK, MD, VSEVOLOD IM
RIDDLE HLTH CARE CTR
MEDIA PA 19063-5105
215-565-7810
KONIGES, MD, FRANK C GS
1501 LANSDOWNE AVE STE 207
DARBY PA 19023
215-534-6394
KORNIENKO, MD, WALTER A CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
215-259-0240
KOTYO, MD, JOHN A * FP
3774 SCHOOL LN
NEWTOWN SQUARE PA 19073-3205
215-876-9000
KOZIN, MD, WILLIAM FP
1999 SPROUL ROAD
BROOMALL PA 19008-3504
215-353-5840
KRACKOW, MD, JOEL A * CD
107 BRENT DR
WALLINGFORD PA 19086-6610
215-876-2400
KRAIN, MD, RAYMOND D
417 LANKENAU MED BLDG
WYNNEWOOD PA 19096-3427
215-642-7718
KRALL, MD, J THOMAS * OPH
134 LANSDOWNE CT
LANSDOWNE PA 19050-2349
KREWSON, DO, DAVID P OBG
1243 ESSEX AVE
WOODLYN PA 19094
KURTZ, MD, ROBERT M R
4605 SIMON RD
WILMINGTON DE 19803-3927
215-284-8322
KURTZ, MD, ROSA T PM
203 RIDGEWOOD RD
MEDIA PA 19063-1724
215-339-3994
LABORDA, MD, OSCAR E * GE
8 MORTON AVE STE 301
RIDLEY PARK PA 19078-2210
215-521-2008
LACAVARO, MD, JULES A IM
1088 W BALTIMORE PIKE STE 210
MEDIA PA 19063-5136
215-565-6419
LACHMAN, MD, JOSEPH PD
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
LADOULIS, MD, CHARLES T PTH
MERCY CATHOLIC MED CTR
DARBY PA 19023
215-237-4057
LAHUE-MORDY, DO, RHONDA L GER
368 KING OF PRUSSIA RD
WAYNE PA 19087
215-456-2099
LAMMENDOLA-MELONE, DO, ANNAMARIE C PD
46 RALSTON AVE
HAVERTOWN PA 19083-2238
215-446-7000
LANGAN III, MD, E LAWRENCE OBG
1030 REMINGTON RD
WYNNEWOOD PA 19096-2326
215-896-8840
LAPORTA, MD, EDWARD W CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
215-259-0240
LASKAS, MD, JOHN J D
114 WILTON WOODS LN
MEDIA PA 19063-1846
215-874-4203
LASKAS JR, MD, JOHN J D
CROZER-CHESTER PROF BLDG
CHESTER PA 19013-5313
215-874-4203
LAWRENCE, MD, JOHN W * RHU
1078 W BALTIMORE PIKE STE 208
MEDIA PA 19063-5105
215-566-4311
LAZORIK, MD, FRANCIS C D
3309 CHATHAM PL
MEDIA PA 19063-4313
215-565-0241
LEE, MD, CHARLES Y GP
13106 BUCCANEER RD
SILVER SPRING MD 20904-3243
LEHMAN, DO, GREGORY M IM
82 SLITTING MILL RD
GLEN MILLS PA 19342-1616
215-259-7900
LEIBOWITZ, MD, ARTHUR N PD
543 OXFORD RD
BALA CYNWYD PA 19004-2205
215-283-6756
LEIGH, MD, FLORA B FP
828 SHARON CIR
WEST CHESTER PA 19382-7161
215-781-3920
LEISE, MD, ELEANOR O OBG
452 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-251-9433
LELE, MD, PRAMOD S NEP
648 HEILBRON DR
MEDIA PA 19063-4623
215-485-1178

LEMAN, MD, WILLIAM W GP
106 W 17TH ST
OCEAN CITY NJ 08226-2926
LEOPOLD, DO, NORMAN A N
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-874-1184
LEUNISSEN, MD, R L ABRAHAM * IM
RIDDLE HLTH CARE CTR
MEDIA PA 19063-5105
215-566-9122
LEUTE, MD, MILLARD S IM
15 W DUNDEE RD
OCEAN CITY NJ 08226-4615
LEVY, MD, EDWIN J D
85 N LANSDOWNE AVE
LANSDOWNE PA 19050-2003
215-623-7400
LEWBART, MD, MARVIN L OM
81 GREAT VALLEY PKY STE 700
MALVERN PA 19355-1387
215-296-3950
LEWIS, MD, ERIC A CD
1999 SPROUL RD STE 21
BROOMALL PA 19008-3504
215-353-5840
LEWIS, MD, STUART H TRS
1721 MT PLEASANT RD
VILLANOVA PA 19085-2011
LEWIS, MD, WILLIAM J * OTO
831 NORTHWINDS DR
BRYN MAWR PA 19010-2070
215-896-8800
LIBERI, MD, ALFRED A DR
209 DOGWOOD LN
WALLINGFORD PA 19086-6006
LICHTENBERG, MD, RICHARD A * CD
1999 SPROUL ROAD
BROOMALL PA 19008
215-353-5840
LILLEY, MD, GEORGE W IM
BEECH 2301
HAVERFORD PA 19041-1068
LINCOFF, MD, WILLIAM OPH
1919 CHESTNUT ST
PHILADELPHIA PA 19103-3451
LINDENBAUM, MD, GARY A * GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
215-521-4833
LINDER, MD, LISA J OPH
3501 W CHESTER PIKE STE 201
NEWTOWN SQUARE PA 19073-3704
215-356-9155
LINTZMEYER, MD, EMIL A * CD
5 YARMOUTH LN
MEDIA PA 19063-4326
LIRIO, MD, SIXTO M FP
10 EASY ST
CAPE MAY CH NJ 08210
215-284-6444
LISBERGER, MD, MARK D * CD
1999 SPROUL ROAD
BROOMALL PA 19008-3504
215-353-5840
LOFARO, MD, SALVATORE A * NEP
2100 KEYSTONE AVE STE 703
DREXEL HILL PA 19026-1129
215-284-0550
LONDON, MD, GLADYS Z GP
19TH ST AND PROVIDENCE AVE
CHESTER PA 19013
215-872-2135
LOPUSNIAK, MD, MIECZYSLAW S GE
818 HAZELHURST AVE
MERION STATION PA 19066-1407
LORA, MD, JUAN A GE
85-17 FERNE BLVD
DREXEL HILL PA 19026
215-893-2000
LOTHE, MD, PRADEEP A FP
2325 E MACDADE BLVD
HOLMES PA 19043
215-532-1882
LOUNSBURY, MD, MARK T AN
1124 PUTNAM BLVD
WALLINGFORD PA 19086-6765
215-955-6181
LUBIN, DO, HOWARD S * FP
355 MILLBANK RD
BRYN MAWR PA 19010-2929
215-789-4464
LUCAS, MD, GLYNDA W PD
13800 CONGRESS DR
ROCKVILLE MD 20853-2631
LUCENA, MD, ERNESTO E R
340 TOWER LN
NARBERTH PA 19072-1144
LUCIER, MD, ALFRED C * OPH
30 HAMPDEN RD
UPPER DARBY PA 19082-2518
215-352-0286
LUTZ, MD, R BRUCE ORS
1 MEDICAL CENTER BLVD
UPLAND PA 19013-3988
215-876-0347
MAENNER, MD, GERALD F OBG
9 WOODLAND AVE
MALVERN PA 19355-3084
MAGARGEE, DO, SUSAN P PD
416 E LANCASTER AVE
WAYNE PA 19087-4310
215-687-3600

MAGUIRE, MD, JOSEPH I OPH
256 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-649-1970
MAGUIRE, MD, JOSEPH I OBG
29 GLENDALE RD
UPPER DARBY PA 19082-2513
215-352-1235
MAGUIRE, MD, LEO J U
203 SYCAMORE LN
WALLINGFORD PA 19086-6526
MALAMUT, MD, RICHARD I N
18 LONGPOINT LN
MEDIA PA 19063-4948
215-874-1184
MALOLES JR, MD, ORLANDO Z * FP
339 LONG LANE
UPPER DARBY PA 19082
215-734-1198
MALUMED, MD, JEFFREY * ORS
1 BARTOL AVE STE 100
RIDLEY PARK PA 19078
215-521-8970
MANN, MD, DOUGLAS G * OTO
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
215-874-5366
MANN, MD, IRVING A OBG
15TH ST & UPLAND AVE STE 306
CHESTER PA 19013
215-876-4131
MANNELLA, MD, WILLIAM J * GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
215-521-4833
MANSURE, MD, FRANK T OS
74 PASTURE LN APT 102
BRYN MAWR PA 19010-1766
215-527-1810
MANZONE, MD, TIMOTHY A NM
3726 WOODLAND AVE
DREXEL HILL PA 19026-3107
215-237-4000
MARINO, MD, DANIEL J CD
14 RINGFIELD RING RD
CHADDS FORD PA 19317
MARTYNOWICZ, DO, TED E * IM
465 WHEATSHEAF RD
SPRINGFIELD PA 19064-2922
215-878-7292
MARVIN, MD, ROBERT F * CD
2100 KEYSTONE AVE STE 206
DREXEL HILL PA 19026-1129
215-259-5200
MATULEWSKI, MD, THOMAS J * VS
301 W CHESTER PIKE STE 204
HAVERTOWN PA 19083-4530
MAYO, MD, EDITH A GP
BISHOP WHITE LODGE 801A
PHILADELPHIA PA 19128-1928
MC BREARTY, MD, FRANCIS X CLP
7312 EMLEN ST
PHILADELPHIA PA 19119-2811
215-845-2619
MC CARTHY, DO, JOSEPH P FP
701 BURMONT RD APT 108
DREXEL HILL PA 19026-3935
215-284-8236
MC DERMOTT, MD, LAWRENCE J IM
8991 CLINTON RD
UPPER DARBY PA 19082-5208
MC DONALD, DO, GREGORY PTH
275 BRYN MAWR AVE APT N1
BRYN MAWR PA 19010
215-823-7477
MCALEER, MD, DAVID J GS
410 TOWNSHIP LINE RD
HAVERTOWN PA 19083-5210
215-449-9311
MCBRIDE, MD, THOMAS J IM
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-872-5879
MCCADDEN, MD, JOSEPH A FP
SCOTT PAPER CO
PHILADELPHIA PA 19113
215-522-5097
MCCAUSLAND, MD, PAUL J FP
BRYN MAWR HOSP
BRYN MAWR PA 19010-3143
215-526-3400
MCCLELLAN, MD, R MICHAEL PS
1078 W BALTIMORE PIKE STE 204
MEDIA PA 19063-5105
MCCLOSKEY, MD, DAVID S GS
301 WEST CHESTER PIKE
HAVERTOWN PA 19083
215-853-1662
MCCURDY, MD, RICHARD R CD
1078 W BALTIMORE PIKE
MEDIA PA 19063-5105
215-565-4107
MCDOWELL, MD, RICHARD M EM
CROZER-CHESTER MEDICAL CTR
UPLAND PA 19013-3995
614-533-9769
MCGEE JR, MD, JOSEPH P AN
1300 MANOR RD
YEADON PA 19050-3420
215-259-8081
MCGINNIS, MD, ANDREW W CD
1501 LANSDOWNE AVE STE 104
DARBY PA 19023-1333
215-534-6150

MCGLYNN, MD, JAMES T ORS
1 MED CTR BLVD
UPLAND PA 19013-3988
215-876-0347
MCGOWAN, MD, WILLIAM E U
2100 KEYSTONE AVE STE 307
DREXEL HILL PA 19026-1129
215-259-3000
MCKEIGHAN, DAVID * EXEC
STATE AND SPROUL RD STE 100
SPRINGFIELD PA 19064
215-328-1184
MCKELVY, MD, CONSTANCE C IM
113 S PENNELL RD
LIMA PA 19037
MCKNIGHT, MD, LANCESS US
26 GREENMEADOW LN
HUNTINGTON NY 11743-5125
MCLAUGHLIN, MD, EDWARD EM
79 N BAYARD AVE
WOODBURY NJ 08096-2563
215-447-6254
MCNAMEE SR, MD, WILLIAM B * ORS
151 LONG LN
UPPER DARBY PA 19082-3118
215-352-0899
MEHALICK, DO, PAMELA G PD
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1629
215-521-1297
MELLI, MD, MARIA G FP
130 S STATE RD STE 110
SPRINGFIELD PA 19064
215-544-0900
MELLON JR, MD, LAWRENCE J * OM
CERTAINTEED CORP
VALLEY FORGE PA 19482-0860
215-341-7944
MENDEL, MD, KENNETH D * CD
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-876-2400
MESETE, MD, A FRANCIS CD
8 BRADFORD TER
NEWTOWN SQUARE PA 19073-1903
215-534-6150
MEYER, MD, ALLEN E NEP
MERCY CATHOLIC MED OFF BLDG
DARBY PA 19023-1333
215-534-6230
MEYER, MD, THOMAS M G IM
52 REVERE RD APT 30
DREXEL HILL PA 19026
215-662-8000
MIELCAREK JR, MD, LEON M OPH
319 W STATE RD
MEDIA PA 19063-2615
215-566-1227
MILEWSKI, MD, LEONARD F * GS
301 W CHESTER PIKE
HAVERTOWN PA 19083-4530
215-853-1662
MILLER, MD, CURT D ORS
2004 SPROUL RD 1ST FL
BROOMALL PA 19008-3511
215-353-0800
MILLER, MD, HERMAN CRS
50 BELMONT AVE STE 510
BALA CYNWYD PA 19004-2418
215-668-9600
MILLER, MD, LAWRENCE S * ORS
357 MALIN RD
NEWTOWN SQUARE PA 19073-4318
215-649-8055
MILLER, MD, SARA B P
132 E BEECHTREE LN
WAYNE PA 19087-3402
215-964-0365
MILLINER, MD, DAVID H * AN
CROZER-CHESTER MED PROF BLDG
UPLAND PA 19013-5313
215-874-6448
MILSTEIN, MD, SEYMOUR W FP
3200 EDGMONT AVE
PARKSIDE PA 19015-3105
215-878-5589
MISHALOVE, MD, R DAVID CD
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-876-2400
MISHER-HARRIS, DO,
MICHELE I AN
2 HICKORY RUN
NEWTOWN SQUARE PA 19073-3012
215-448-7960
MITTL JR, MD, ROBERT L R
503 W RIVELY AVE
ALDAN PA 19018-3720
215-862-6865
MIYAMOTO, MD, CURTIS T ON
49 GRANT RD
FOLCROFT PA 19032
215-448-8410
MONDERO, DO, NANCY A OBG
RIDDLE HLTH CARE CTR STE G6
MEDIA PA 19063-5105
215-566-4061
MONTGOMERY, MD, PATRICIA A * FP
152 SPRINGTON LAKE RD
MEDIA PA 19063-1826
215-353-9100

MONTZKA, MD, DAN P OPH
241 ROSEWOOD AVE
ALDAN PA 19018-3128
215-862-8100
MOOREVILLE, MD, MICHAEL U
272 N LANSDOWNE AVE
LANSDOWNE PA 19050-1143
215-259-3434
MORANZ, MD, JOEL G OBG
PROF ARTS BLDG
RIDLEY PARK PA 19078-1703
215-521-4311
MORGAN, MD, JOHN M IM
3200 HENRY AVE
PHILADELPHIA PA 19129-1137
215-642-4575
MORLEY, MD, ROBERT R OBG
411 SHEFFIELD DR
WALLINGFORD PA 19086-6941
215-565-6200
MORRIS, MD, RICHARD J * GP
870 BERRY LN
MEDIA PA 19063-1138
215-874-4014
MORRIS, MD, SHELDON L OPH
PROF OFF STE 404
UPLAND PA 19013
215-876-9700
MORRIS JR, MD, JAMES A * IM
9 WOODCROFT RD
HAVERTOWN PA 19083-1137
215-642-2002
MUCH, DO, MANDELL J FP
RT 1
CONCORDVILLE PA 19331
215-459-3862
MUDGE, MD, FIONA Y P
240 STONEWAY LN
MERION PA 19055
215-662-3513
MUDRICK, MD, DAVID L FP
521 E 9TH ST
CHESTER PA 19013-6147
215-872-0565
MUETTERTIES, MD, CRAIG L AN
240 RUSHLEY WAY
MEDIA PA 19063-5514
215-874-6448
MULLER, MD, OTTO F * CD
MERCY CATHOLIC MED CTR-FITZ
DARBY PA 19023
215-237-4965
MULVANEY, MD, DENISE A * FP
5000 HILLTOP DR STE 1
BROOKHAVEN PA 19015
215-874-4404
MUNDTH, MD, ELDRED D CDS
BRYN MAWR MED BLDG
BRYN MAWR PA 19010-3118
215-525-8431
MUROFF, DO, ROBERT E GP
2 ST ALBANS AVE
NEWTOWN SQUARE PA 19073-3605
215-353-7300
MURPHY, MD, BARBARA J * EM
THREE LEGGED FARM
GLEN MILLS PA 19342
MURPHY, DO, PATRICK PM
CROZER-CHESTER MED CTR
UPLAND PA 19013-5313
215-874-2501
MURPHY, DO, WILLIAM C * US
428 FOSTER DR
SPRINGFIELD PA 19064-1709
NACHLIS, MD, ALLAN D OBG
1712 SUE ELLEN DR
HAVERTOWN PA 19083-1222
215-876-4111
NAGLE, MD, W WILLIAM * DR
1037 N PROVIDENCE RD
MEDIA PA 19063-1404
215-566-7114
NANSTEEL JR, MD, JOHN F IM
8 MARTINS RD
NEWTOWN SQ PA 19073-1918
215-642-2002
NARANJA, MD, ROGELIO J GS
1142 GARFIELD AVE
HAVERTOWN PA 19083-3437
NARDELLA JR, MD, GUY M PS
601 E BALTIMORE PIKE
MEDIA PA 19063-1734
NASRI, MD, HAMZEH PDE
305 W BROOKHAVEN RD
MEDIA PA 19066-6711
NEAL, MD, HUNTER S * GS
LANKENAU SURG ASSOC
WYNNEWOOD PA 19096-3427
215-642-4004
NEGREY JR, MD, JOHN N OPH
56 W EAGLE RD
HAVERTOWN PA 19083-1447
215-446-8080
NEGRIN, MD, EYLIN M IM
2 S SWARTHMORE AVE APT A6
RIDLEY PARK PA 19078
215-447-2000
NELSON, MD, STEPHEN C * ID
1 MEDICAL CENTER BLVD
UPLAND PA 19013-3988
215-447-2330
NEWMAN, MD, FRANK W P
WESTMINSTER GARDENS
DUARTE CA 91010

NGUYEN, MD, BACH V IM
30 OLD STATE RD
BERWYN PA 19312-1125
215-755-8220
NONACK, MD, PETER B IM
5 CLUSTERS CHESLEY CAMPUS
MEDIA PA 19063
215-565-8600
NORDEN, MD, DANIEL K GER
2 PARK AVE
BRYN MAWR PA 19010-2215
215-896-1548
NORONHA, MD,
ANANDPRAKASH I OBG
1501 LANSDOWNE AVE STE 106
DARBY PA 19023-1333
215-534-6211
NUSSBAUM, MD, STEVEN J * GE
1010 W CHESTER PIKE STE 202
HAVERTOWN PA 19083-3442
215-789-3510
OBERFIELD, MD, WILLIAM J P
19 E SECOND ST
MEDIA PA 19063-2936
215-565-9580
O'CONNELL, MD, JAMES R U
UROLOGIC PHYSICIANS LTD
DREXEL HILL PA 19026-1129
215-259-3000
O'FLYNN, MD, RICHARD P AN
342 DANBURY LN
GLEN MILLS PA 19342-2039
215-891-3229
O'HANISSIAN, MD, HANRICK G * ON
28 WILTSHIRE RD
WYNNEWOOD PA 19096-3638
215-365-5440
O'NEILL, MD, JOHN J GP
8 N CONCORD AVE
HAVERTOWN PA 19083-5017
PALENA, MD, PETER V OPH
RIDDLE MEMORIAL HOSP
MEDIA PA 19063
215-565-6780
PARISI, MD, ERIKA F AN
633 CHILDS AVE
DREXEL HILL PA 19026-3804
215-595-6410
PARK, MD, ASHLEY L PM
317 MIDLAND AVE
ST DAVIDS PA 19087-4305
PARRY, MD, PETER IM
181 GORDON DR
MEDIA PA 19063-1941
215-789-0259
PARTRIDGE, MD, ROBERT A P
1017 FOSS AVE
DREXEL HILL PA 19026-1901
215-446-4853
PASDAR, MD, HOMAYOON * CDS
2100 KEYSTONE AVE STE 400
DREXEL HILL PA 19026-1129
215-259-8585
PASSERO, MD, FRANK C RHU
1120 WILDE AVE
DREXEL HILL PA 19026-4033
215-284-6491
PATEL, MD, MUKESH A IM
1421 LINCOLN AVE
PROSPECT PARK PA 19076-1107
PATEL, MD, PRABHA H * PTH
545 S HIELBON DR
MEDIA PA 19063
215-748-9184
PATEL, MD, RAJESH J PUD
403 DOGWOOD CIR
ASTON PA 19014-2541
PATEL, MD,
YASHVANTKUMAR S PD
257 N STATE RD APT 6C
SPRINGFIELD PA 19064
609-342-2250
PATERSON, MD, KIMBERLY K IM
CROZER-CHESTER MED CTR
UPLAND PA 19013-5313
814-876-1800
PATTERSON, MD, CHRIS IM
204 BERKLEY AVE
LANSDOWNE PA 19050-1505
PATTON, MD, DREUX R ORS
333 WALNUT AVE
ALDAN PA 19018-4222
215-893-2556
PATTON, MD, MARY L GS
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-874-3540
PECHIN, MD, SERGIUS P * GS
430 SYCAMORE MILLS RD
MEDIA PA 19063-2032
PEIMER, MD, MICHAEL E * IM
PROF ARTS BLDG
RIDLEY PARK PA 19078-1703
215-521-3333
PERLSTEIN, MD, DEBORAH A * OTO
PROVIDENCE MEDICAL CENTER
MEDIA PA 19063
215-566-6117
PETRIDES, MD, ANASTASIA B PD
14 S MEDLEY DR
NEWTOWN SQUARE PA 19073

PIATNEK-LEUNISSEN, MD, DOROTHY A * IM
RIDDLE HLTH CARE CTR STE 209
MEDIA PA 19063
215-566-9122
PICKAR, MD, JAMES H OBG
PO BOX 8299
PHILADELPHIA PA 19101
215-341-5583
PINSK, MD, JEFFREY H IM
308 GRAMONT LN
VILLANOVA PA 19085-1436
215-353-6600
PIRAINO, MD, ANTHONY J PA
172 DAM VIEW DR
MEDIA PA 19063
215-842-4575
PLAGATA, MD, EDITH M EM
1230 SONORA AVE
ASTORIA OR 97103-5649
POMEROY, MD, JAMES M OTO
RD 1
BOX 252A
KANE PA 16735
PORCELAN, MD, JANE B OBG
LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-251-9433
POWE, MD, LARRY K * PD
221 N MORGAN AVE
HAVERTOWN PA 19083-5009
215-341-2602
POWER, DO, THERESA C DR
226 MCCLENAGHAN MILL RD
WYNNEWOOD PA 19096-1123
215-237-4356
POWERS, MD, DONALD V NEP
1017 CANTERBURY LN
VILLANOVA PA 19085-2017
215-622-6001
PRATT, MD, LORETTA A D
2129 PROVIDENCE AVE
CHESTER PA 19013-5506
215-876-0200
PRESTEL JR, MD, THOMAS F PUD
2100 KEYSTONE AVE STE 407
DREXEL HILL PA 19026-1129
215-853-4980
PRICE JR, MD, JOSEPH J NEP
1501 LANSDOWNE AVE STE 201
DARBY PA 19023
215-534-6230
PRIOR, MD, PATRICIA A FP
130 S STATE RD STE 110
SPRINGFIELD PA 19064
215-544-0900
PROENZA, MD, JOSE L * IM
436 S LANSDOWNE AVE APT F303
YEADON PA 19050-2433
215-748-9000
PURNER JR, DO, WILLIAM M * IM
1088 W BALTIMORE PK STE 2106
MEDIA PA 19063-5136
215-566-2682
RABINOWITZ, DO, JOSHUA A PD
LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-896-8009
RAEZER, MD, DAVID M U
1501 LANSDOWNE AVE STE 301
DARBY PA 19023-1333
215-534-6100
RAFF, MD, H BARRY CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
215-259-0240
RAIMONDO, MD, MASSIMO * IM
22-7 VALLEY RD
DREXEL HILL PA 19026
RATNER, MD, RICHARD R * IM
PROF ARTS BLDG
RIDLEY PARK PA 19078-1703
215-521-3333
RECH, MD, FRANK M OBG
2500 EDGMONT AVE
CHESTER PA 19013-5032
215-876-4111
RED, MD, DONALD E DR
LANKENAU HOSP
WYNNEWOOD PA 19096-3496
215-645-2802
REID, MD, DANIEL W FP
DCMH HEALTH INSTITUTE
DREXEL HILL PA 19026
215-284-8444
REITANO JR, MD, JOSEPH F IM
7 DAVIS AVE
BROOMALL PA 19008-2103
215-353-0142
REITSMA, MD, DOUGLAS B FP
70 NEWLANDS RD
ENGLAND
RENDIN, MD, LARRY J GP
245 S RIDLEY CREEK RD
MOYLAN PA 19063-4215
215-891-5541
RENO, MD, JOSEPH D GP
WYETH LAB
PHILADELPHIA PA 19101
215-971-5408
RESNICK, MD, MYRON E * CD
1999 SPROUL ROAD
BROOMALL PA 19008-3504
215-353-5840

RHODES, MD, ROBERT A D
1 BARTOL AVE STE 105
RIDLEY PARK PA 19078
215-521-0470
RHOOD, MD, SAMUEL G AN
CROZER-CHESTER PROF BLDG
CHESTER PA 19013-5313
215-874-6448
RIAL, MD, WILLIAM Y * FP
175 E DELAWARE PL APT 6810
CHICAGO IL 60611-1730
312-440-5870
RICCO, MD, ERNEST J * AN
54 LOCUST AVE
SPRINGFIELD PA 19064
215-891-3229
RICHTER, MD, HOWARD A * NS
655 LANKENAU MED BLDG
WYNNEWOOD PA 19096
215-649-4416
RING, MD, ILONA R * PTH
1001 CITY LINE AVE APT WB115
WYNNEWOOD PA 19096
RINGIEWICZ, MD, PAUL A OS
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1629
215-521-1297
RITCHIE, MD, CHARLES A OBG
427 HOLLY LANE
WYNNEWOOD PA 19096
RITCHIE, MD, MARIANNE T GE
LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-896-7360
RITSEMA, MD, RITA L GE
2100 KEYSTONE AVE STE 405
DREXEL HILL PA 19026-1129
215-626-2400
RIVERA, MD, MARIA-JOSEFINA IM
1310 MAIN ST
DARBY PA 19023-1217
215-237-4000
RIZZO, MD, JOHN S OPH
6 MORTON AVE STE 101
RIDLEY PARK PA 19078-2210
215-521-2111
ROCCARIO, DO, DANTE S FP
107 W PROVIDENCE RD
ALDAN PA 19018-3827
215-622-2442
RODRIGUEZ, MD, HUGO F R
LANKENAU HOSP
WYNNEWOOD PA 19096-3496
ROSE, MD, GILBERT M PNP
145 KING OF PRUSSIA RD
RADNOR PA 19087-4517
215-341-5516
ROSEMAN, MD, RICHARD L * IM
1761 MARILYN DR
HAVERTOWN PA 19083-1226
215-642-9944
ROSEN, MD, BRUCE J * OBG
22 CEDAR HOLLOW DR
WALLINGFORD PA 19086-6719
215-237-6300
ROSEN, MD, LEONARD GP
POLLANRD HOUSE CMC ANNEX
UPLAND PA 19013
215-874-5110
ROSENBERG, MD, FRANK IM
1410 UPLAND ST
CHESTER PA 19013-5720
215-876-7292
ROSENFELD, MD, RONALD N ORS
HAVERFORD ORTHO ASSOC 3RD FL
BROOMALL PA 19008
215-356-3700
ROUSH JR, MD, ROBERT K * HEM
2100 KEYSTONE AVE
DREXEL HILL PA 19026-1129
215-622-3816
RUBIN, DO, MORTON US
7214 WOODMONT WAY
TAMARAC FL 33321-2650
RUBIO, MD, EMIR W FP
1726 EDGMONT AVE
CHESTER PA 19013-5305
215-874-7433
RUBY, MD, EDWARD B * END
1501 LANSDOWNE AVE STE 203
DARBY PA 19023-1333
215-534-6260
RUDNITZKY, MD, JEROME PUD
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-876-5627
RUFFINI, MD, JOHN A GP
23 CHESTER PIKE STE 300
RIDLEY PARK PA 19078-1629
215-521-2220
RUFFINI, MD, JOHN J OPH
6 MORTON AVE STE 101
RIDLEY PARK PA 19078-2210
215-521-2111
RUMSEY, MD, WILLIAM P GS
208 SYCAMORE LN
WALLINGFORD PA 19086-6527
RUSSELL, MD, KAMAL B DR
RIDDLE MEMORIAL HOSP
MEDIA PA 19063
215-891-3318

RUSSELL, MD, MARIE O * PD
RIDDLE HLTH CARE CTR STE 2104
MEDIA PA 19063
215-566-6516
RYAN, MD, MARILYN END
10 HUNTERS LN
DEVON PA 19333-1215
215-626-6317
RYAN JR, DO, EDWARD F D
406 CHESTER RD
DEVON PA 19333-1655
215-626-6220
SACHAROK, MD, CYNTHIA A * FP
30 E GREENHILL RD
BROOMALL PA 19008-2931
215-522-1717
SALAM, MD, HASEEDA A IM
53 BARBARA DR
SPRINGFIELD PA 19064-3601
SALAND, MD, DAVID K ORS
700 S CHESTER RD
SWARTHMORE PA 19081-2224
215-543-7100
SALKIND, MD, GARY D FP
LANSDOWNE AVE & SCHOOL LN
DREXEL HILL PA 19026
215-284-8444
SANTOPOLO, MD, ANTHONY C * FP
7 GEORGETOWN CIR
MADISON CT 06443-1612
SANTORE, MD, FELICE J OTO
661 SHELLBARK LN
ROSEMONT PA 19010-1742
SATINSKY, MD, JONATHAN D * CD
39 LANKENAU MED BLDG WEST
WYNNEWOOD PA 19096-3427
215-896-5210
SAVINESE, DO, STANLEY J GP
STONEY POND PLZ
ASTON PA 19014-3129
215-497-1301
SAXON, MD, ANDREA M OPH
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-876-6521
SCHAAF, MD, RICHARD D CD
645 OVERHILL RD
ARDMORE PA 19003-1026
215-626-5500
SCHAFFER, MD, ELLIOTT L FP
LAWRENCE PARK BUS CTR
BROOMALL PA 19008
215-353-5200
SCHARF, MD, ANN I * DR
526 S CENTRAL BLVD
BROOMALL PA 19008-4103
SCHEINER, MD, ROBIN B * D
1204 TOWNSHIP LINE RD
DREXEL HILL PA 19026-5001
215-789-9482
SCHEUERMANN, MD, HENRY A PS
115 E TOWNSHIP LINE RD
UPPER DARBY PA 19082-1019
SCHILLING, MD, JACQUELINE DR
3006 CORNELL CT
NEWTOWN SQUARE PA 19073-1059
302-733-1600
SCHILLING, MD, JOHN F R
LANKENAU HOSP
WYNNEWOOD PA 19096-3496
215-645-2802
SCHOTT, MD, C RICHARD * CD
10 TODMORDEN DR
WALLINGFORD PA 19086-6727
215-874-6262
SCHRAN, MD, ALBERT G * GP
41 PAXON HOLLOW RD
MEDIA PA 19063-1111
215-259-9900
SCHRENZEL, MD, STEVEN * AN
2163 N PROVIDENCE RD
MEDIA PA 19063-1841
215-237-4280
SCHWABE, MD, KARL G IM
10 PINE TREE DR
BROOMALL PA 19008-2739
215-853-2900
SCHWARTZ, DO, GERSON IM
2504 HIGHLAND AVE
BROOMALL PA 19008-1606
215-356-9226
SCIARA, MD, CHRISTINE D
1595 PAOLI PIKE
WEST CHESTER PA 19380-6167
215-696-1596
SCIUBBA, MD, ROCCO P GP
263 LAWRENCE RD
BROOMALL PA 19008-3824
215-356-8488
SCOTT, MD, DONNA P PD
408 WOODWARD RD
MEDIA PA 19063-4227
SCOTT, DO, MARK E DR
117 W POSSUM HOLLOW RD
WALLINGFORD PA 19086-6240
215-237-4353
SEARS, MD, ALAN J GE
25 LLANFAIR CIR
ARDMORE PA 19003-3342
215-626-2400
SELIGER, MD, GUSTAV R
242 LOCUST ST
PHILADELPHIA PA 19106-3901

SEYLER, MD, RAYMOND Q GPM
#43 PARKRIDGE DRIVE
BRYN MAWR PA 19010-2216
SHAFFER, DO, LINDA E FP
582 SCHOOLHOUSE LN
KENNETT SQUARE PA 19348
614-533-9101
SHAH, MD, RANJAN R OBG
5000 CHICHESTER RD
ASTON PA 19014-2324
215-485-4346
SHAH, MD, RANJIT R R
106 RACCOON PL
MEDIA PA 19063-1179
215-284-6300
SHAKIN, MD, ERIC P * OPH
30 HAMPDEN RD
UPPER DARBY PA 19082-2516
215-352-0286
SHANFELD, MD, NORMAN M * P
301 N LANSDOWNE AVE
LANSDOWNE PA 19050-1017
215-259-6735
SHAPIRO, DO, ERIC B PD
1440 CONCHESTER HWY
BOOTHWYN PA 19061-2105
215-358-2410
SHARPLESS, MD, EDWIN D GS
PO BOX 4106
ELWYN PA 19063-7106
SHEAFFER, MD, HAROLD C IM
7 DAVIS AVE
BROOMALL PA 19008-2103
215-353-0142
SHERWIN, MD, NANCY M DR
156 VALLEY RD
ARDMORE PA 19003-1511
215-645-2802
SHIM, MD, WAN S DR
1 SLEEPY HOLLOW LN
NEWTOWN SQUARE PA 19073-3929
215-891-3312
SHMOKLER, MD, MITCHELL F * FP
LAWRENCE PARK BUSINESS CTR
BROOMALL PA 19008
215-353-5200
SHORE, DO, MATTHEW J FP
1105 HOWER LN
PHILADELPHIA PA 19115-4810
215-284-8444
SHORE, MD, PAUL D GP
200 TREATY RD
DREXEL HILL PA 19026-5023
SHORE, MD, STEPHEN A ON
121 ARGYLE RD
ARDMORE PA 19003-3201
215-626-6316
SHRAGER, DO, LARRY M IM
1716 MARILYN DR
HAVERTOWN PA 19083-1220
215-789-7140
SHROM, MD, STANLEY H U
427 WOODED WAY
NEWTOWN SQUARE PA 19073-2133
215-789-7915
SHULKIN, MD, MARK W P
105 MARY WATERSFORD RD
BALA CYNWYD PA 19004-2020
215-565-0988
SHUSMAN, MD, ROBERT S FP
9 N BROOKSIDE RD
SPRINGFIELD PA 19064-2527
215-543-5300
SHUSTERMAN, DO, LARRY IM
106 DEKALB ST 1ST FL
BRIDGEPORT PA 19405
215-278-0588
SIBERSKI, DO, DUANE D US
410 TIMBER LN
NEWTOWN SQ PA 19073-1706
SIBINGA, MD, MAARTEN S * PD
249 BORTONDALE RD
MEDIA PA 19063-4807
215-566-7838
SILVER, MD, BRUCE G * IM
WYNNEWOOD HOUSE
WYNNEWOOD PA 19096-2139
215-642-2002
SILVER, MD, RICHARD C IM
670 MALIN RD
NEWTOWN SQUARE PA 19073-2613
215-853-2900
SILVER, MD, STEPHEN C CRS
5 MICHELE DR
MEDIA PA 19063-1029
215-446-7882
SILVERS, MD, ARTHUR H GS
4306 WORLD FARM RD
OXFORD MD 21654
SINCAVAGE, MD, JOSEPH T OBG
RIDDLE HLTH CARE CTR II STE G6
MEDIA PA 19063
215-566-4061
SINGER, MD, JEROME PD
MERCY CATHOLIC MED CTR
DARBY PA 19023
215-237-4995
SKALINA, MD, STEFAN M DR
1 MEDICAL CENTER BLVD
UPLAND PA 19013-3988
215-447-2633
SKWIRUT, MD, FRANK A DIA
2601 W 9TH ST
CHESTER PA 19013-2115

SLATER, MD, ROBERT N
2100 KEYSTONE AVE STE 304
DREXEL HILL PA 19026-1129
215-259-9500
SMILEY, MD, JOSEPH W NEP
1501 LANSDOWNE AVE STE 201
DARBY PA 19023-1333
215-534-6230
SMINK JR, MD, ROBERT D GS
233 LANKENAU MED BLDG
WYNNEWOOD PA 19096-3427
215-642-1908
SMITH, MD, EDGAR C IM
697 INVERNESS VLG
WEST CHESTER PA 19380-6876
215-755-5449
SMITH, MD, MARIA B EM
423 CONCORD RD
GLEN MILLS PA 19342-1403
302-733-1593
SMITH, MD, MONICA E * HEM
640 ARDMORE AVE
ARDMORE PA 19003-1003
215-623-8754
SMITH, MD, WILLIAM D * CRS
1088 W BALTIMORE PIKE STE 210
MEDIA PA 19063-5136
215-565-3435
SMITH JR, MD, B DAVISON * OTO
10 WEIRWOOD RD
RADNOR PA 19087-3717
215-896-6800
SMOLEN, DO, DANIEL A * GP
1440 CONCHESTER HWY
BOOTHWYN PA 19061-2105
215-358-3920
SOKOL, MD, JOEL H EM
406 HAWTHORNE RD
WALLINGFORD PA 19086-6410
215-447-6254
SOLAN, MD, MERRILL J TR
672 N HEILBRON DR
MEDIA PA 19063-4623
215-237-4370
SOLANKI, MD, PADMANAND Y FP
2 DOGWOOD CT
MAPLE SHADE NJ 08052
215-284-8100
SOLBERG, MD, BYRNE L PM
MERCY CATHOLIC MED CTR
DARBY PA 19023
215-237-4788
SOLOWAY, MD, STEPHEN RHU
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
SOMMER, MD, JOHN T U
361 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-649-6420
SORICELLI, MD, RICHARD R * NEP
ONE MEDICAL CENTER BLVD
UPLAND PA 19013-3995
215-872-8501
SOVETSKY, DO, CHARLES L R
30 OLD COVERED BRIDGE RD
NEWTOWN SQUARE PA 19073-1202
215-284-8319
SPENCER, MD, H NEWTON ORS
HAVERFORD ORTHO ASSOC 3RD FL
BROOMALL PA 19008
215-358-3700
SPINA JR, MD, JOSEPH OPH
767 WOODLEA RD
ROSEMONT PA 19010-1136
SRIVASTAVA, MD, BRIJ B ON
945 WATERS EDGE
MEDIA PA 19063-1184
215-626-5122
STAFFORD, MD, CALVIN R N
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-874-1184
STAHLMAN, MD, ROY A EM
714 CLYDE CIR
BRYN MAWR PA 19010-1102
215-578-3850
STAHLNECKER, MD, C STEPHEN US
923 WINDING LN
MEDIA PA 19063-1655
STAPLES, MD, HERMAN D P
BEATTY & PROVIDENCE RDS
MEDIA PA 19063
215-566-2210
STARER, MD, LARRIMORE J OPH
6 MORTON AVE STE 101
RIDLEY PARK PA 19078-2210
215-521-2111
STAROS, MD, ERIC B PTH
410 HOLLY LN
WYNNEWOOD PA 19096
215-645-2457
STEIN JR, MD, DONALD B * PTH
3000 ROBIN LN
HAVERTOWN PA 19083-1116
215-891-3299
STELLA, MD, HECTOR J IM
CROZER-CHESTER MED CTR
UPLAND CHESTER PA 19013-3995
215-447-2000
STEVENS, DO, PHILIP J PM
1102 BERGAN RD
ORELAND PA 19075-2506
215-876-3500

STORM, MD, CHARLES T AN
912 RIDLEY CREEK DR
MEDIA PA 19063-4923
STROWHOUER, DO, WILLIAM J * FP
GRANITE RUN OFFICE PLAZA
MEDIA PA 19063-5134
215-566-8885
SUGAR, MD, MIKLOS PD
2300 GARRETT RD
DREXEL HILL PA 19026-1102
215-259-7718
SULLIVAN, MD, EDWARD M OBG
1078 W BALTIMORE PIKE
MEDIA PA 19063-5105
215-566-3500
SUNDT, MD, LINDA M * AN
417 WYNTRE LEA DR
BRYN MAWR PA 19010-2038
215-928-3353
SURKIN, MD, MARC I * OTO
400 BALLYTORE CIR
WYNNEWOOD PA 19096-2354
215-446-6900
TAMBURRO, DO, VALERIE L OPH
PO BOX 1302
WEST CHESTER PA 19380-0015
TARGUM, MD, STEVEN D * P
15TH ST AND UPLAND AVE
UPLAND PA 19013
215-874-8491
TAXIN, MD, RICHARD N * DR
5 HILLTOP RD
WALLINGFORD PA 19086-6216
215-447-2517
TCHONG, MD, KUO-LIANG * PUD
COMMUN HOSP OF CHESTER
CHESTER PA 19013
215-494-7711
TEANO, MD, DAN A NEP
5 THISTLE LANE
MEDIA PA 19063
215-485-1178
TERZIAN, MD, ALLEN E HEM
118 ALLGATES DR
HAVERFORD PA 19041-1056
215-969-8949
THOMAS, DO, DAVID A * N
1088 W BALTIMORE PIKE
MEDIA PA 19063-5136
215-565-7010
THOMAS JR, MD, JAMES A * ORS
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-874-2620
THORNTON III, MD, JAMES J GE
252 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-896-7360
THURMAN, MD, JOHN N IM
1078 W BALTIMORE PIKE
MEDIA PA 19063-5105
215-565-6805
TIONGSON, MD, ELEANOR S OBG
824 EVANS RD
SPRINGFIELD PA 19064-3010
215-626-7488
TIONGSON JR, MD, JOSE G * IM
103 E RIDLEY AVE
RIDLEY PARK PA 19078-3025
215-626-7488
TOBIA, MD, ENIO W GP
747 LOUISE DR
SPRINGFIELD PA 19064-1525
215-203-7322
TOMLINSON, MD, JOHN W OPH
411 N MIDDLETOWN RD APT A132
LIMA PA 19063-4436
TORI, MD, JOSEPH N FP
15 N SWARTHMORE PIKE
RIDLEY PARK PA 19078
TORRENCE, MD, MICHAEL B PD
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1829
215-521-1297
TOTINO, MD, JOSEPH A * OPH
CROZER-CHESTER MED CTR
UPLAND PA 19013-5313
215-874-5261
TRABULSI, MD, L RICHARD * ORS
RIDDLE HLTH CARE CTR II
MEDIA PA 19063-5136
215-565-6445
TREMBLAY, MD, ERNEST A * FP
1078 W BALTIMORE PIKE STE G3
MEDIA PA 19063-5105
215-566-0523
TREMBLAY, MD, GEOFFREY P CD
1078 W BALTIMORE PARK
MEDIA PA 19063
215-566-9440
TREVLYN, MD, DEAN W ORS
2004 SPROUL RD 1ST FL
BROOMALL PA 19008
215-353-0800
TRIOLO, MD, JOSEPH DR
266-3C IVEN AVE
ST DAVIDS PA 19087-1438
TROTTMAN, MD, JENNIFER E * IM
600 W HARVEY ST APT B723
PHILADELPHIA PA 19144-4301
215-842-6000
TROTZKY, MD, MARGRET S PD
820 FOSS AVE
DREXEL HILL PA 19026-2518

TSIRAKOGLOU, DO, DESPINA FP
792 GARRETT RD
UPPER DARBY PA 19082
TULLAI, MD, JOHN AN
818 MEREDITH DR
MEDIA PA 19063-1714
TUMAIAN, MD, ARAM AN
9 KNIGHTS WAY
NEWTOWN SQUARE PA 19073-3027
215-284-8430
TUPCHONG, MD, LESLIE ON
MERCY CATHOLIC MED CTR
DARBY PA 19023
215-237-4370
TURNER JR, MD, J ELLIS GP
1113 PUTNAM BLVD
WALLINGFORD PA 19086-6766
215-622-9590
VAKIL, MD, HASSAN C * GS
RIDDLE MEMORIAL HOSP
MEDIA PA 19063
215-565-4338
VALENTEEN, MD, J WALTER PUD
PO BOX 517
WATERTOWN NY 13601-0517
315-785-4570
VALLE, MD, EDGAR O GS
39 GREEN ACRE DR N
CHERRY HILL NJ 08003-1003
215-789-1404
VANETT, MD, BRUCE B * ORS
2010 W CHESTER PIKE
HAVERTOWN PA 19083
215-446-9410
VILLANUEVA, MD, JESUS E IM
504 S LANSDOWNE
YEADON PA 19050
215-237-4000
VOGT, MD, MERLE A * OBG
2110 CHESTNUT ST
CHESTER PA 19013-5519
215-874-4206
WALICHUCK, MD, JOHN G GP
454 SPRING VALLEY RD
MEDIA PA 19063-5418
WALKER, MD, STEPHEN R U
585 S HEILBRON DR
MEDIA PA 19063-4549
215-521-4112
WALLACE JR, MD, JOSEPH OTO
2155 PARKTON LN
YORK PA 17404-1006
WALLACH, MD, LAWRENCE END
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-872-8200
WALLER, MD, JOAN C IM
5101 TOWNSHIP LINE ROAD
DREXEL HILL PA 19026
215-446-5550
WALSH, DO, JOHN R IM
18 GLADSTONE RD
LANSDOWNE PA 19050-2147
WANG, MD, GEORGE C IM
2211 WINDING WAY
DREXEL HILL PA 19026-1119
WARD, MD, EDWARD J OBG
5001 SE BRANDYWINE WAY
STUART FL 34997-8782
WARE, MD, WILLIAM C * IM
11 CAMBY CHASE
MEDIA PA 19063-4545
215-494-4856
WARFIELD, MD, ANNA S END
CROZER-CHESTER MED CTR
CHESTER PA 19013
215-872-8200
WEAN, MD, LAWRENCE P * IM
891 BALTIMORE PIKE
SPRINGFIELD PA 19064-3954
215-544-9890
WEBER, MD, GEORGE L OM
BENJAMIN WEST
BERWYN PA 19312-1324
215-626-6640
WEIBEL, MD, ROBERT E PD
VACCINE INJURY COMP PROG
ROCKVILLE MD 20852-4817
301-443-4991
WEINBERG, MD, CARROLL A P
261 INDIAN CREEK RD
WYNNEWOOD PA 19096-3405
215-642-1932
WEINBERG, MD, RICHARD A * D
930 SPROUL RD
SPRINGFIELD PA 19064-1217
215-544-7744
WEINER, DO, IRA H FP
1218 MONTGOMERY AVE
NARBERTH PA 19072-1751
215-565-4900
WERTHEIMER, MD, MARC J IM
5 CLUSTERS CHELSEY DR
MEDIA PA 19063
215-565-6600
WESTBY, MD, G RANDOLPH NEP
1 MEDICAL CENTER BLVD STE 303
UPLAND PA 19013-3968
215-872-8501
WEYN, MD, ADRIAN S * CD
CROZER-CHESTER MED CTR
UPLAND PA 19013-5313
215-876-2400

WHELAN, MD, STEPHEN T D
LUDLOW ST AND BRANDON AVE
UPPER DARBY PA 19082
215-352-1353
WHITAKER, MD, H CRAIG OBG
1088 W BALTIMORE PK STE 2303
MEDIA PA 19063-5136
215-565-6200
WHITE, MD, ROBERT A OBG
712 DARBY RD
HAVERTOWN PA 19083-4606
215-449-7220
WHITMONT, MD, RONALD D GP
RD 1 BOX 339
OLEY PA 19547
215-897-6004
WHITMORE, MD, MASON R
PO BOX 814
STATE COLLEGE PA 16804-0814
WIDDOWSON, MD, HAROLD R AN
132 SEMINOLE AVE
NORWOOD PA 19074-1127
WIESNER, MD, IRVING S * P
119 PENNOCK PL
MEDIA PA 19063-3828
215-544-1873
WILKINSON, MD, HAROLD A FP
111 DARTMOUTH AVE
SWARTHMORE PA 19081-1620
215-543-5909
WILKINSON, MD, ROSELISE H PD
8801 STENTON AVE
PHILADELPHIA PA 19118-2319
215-233-2050
WILLIAMS, MD, BURTON L R
8 ORCHARD LN
WALLINGFORD PA 19086-6707
WILLIAMS, MD, CLAUDE M * GYN
723 SAXER AVE
SPRINGFIELD PA 19064-3503
215-543-9343
WILLIAMS, MD, SUSAN L NEP
CROZER-CHESTER MED CTR
CHESTER PA 19013-5313
215-872-8501
WINSTON, MD, BRADLEY M PD
515 LAUREL RD
YEADON PA 19050-3220
WITHAM, MD, REBECCA S PS
RIDDLE HLTH CARE CTR
MEDIA PA 19063-5105
215-566-6744
WOHL-KRISTO, MD,
CATHERINE V AN
5 PILGRIM LN
DREXEL HILL PA 19026-4807
WOLK, MD, DANIEL L FP
105 GRAYLING AVE
NARBERTH PA 19072-1901
215-359-1355
WOOD, MD, MADELINE S FP
1428 PONDS EDGE RD
WEST CHESTER PA 19382-7714
215-325-9200
YAGNIK, MD, PRATAP M N
2 STEEPLECHASE DR
MEDIA PA 19063-1953
215-664-3888
YAGNIK, MD, REKHA P PD
2 STEEPLECHASE DR
MEDIA PA 19063-1953
215-874-6231
YARDNEY, MD, MARC J * IM
210 ORCHARD WAY
WAYNE PA 19087-4806
215-686-5266
YARON, MD, NOEMI S PTH
149 HIGHLAND CIR
BALA CYNWYD PA 19004-2909
215-595-6453
YEOMAN, MD, MARGARET P PS
1500 MONK RD
GLADWYNE PA 19035-1317
YODER, MD, MORRIS L IM
149 DECATUR RD
HAVERTOWN PA 19083-1105
YOUNG, MD, DOUGLAS A OPH
275 BRYN MAWR AVE APT H30
BRYN MAWR PA 19010
215-662-8066
YOW, MD, MICHAEL V CD
908 TWYCKENHAM RD
MEDIA PA 19063-1636
215-874-2521
YUM, MD, KEUK Y * GS
334 LANKENAU MED BLDG
WYNNEWOOD PA 19096-3427
215-642-4004
ZABEL, DO, CHRISTINE M FP
45 CEDARBROOK RD
ARDMORE PA 19003-1817
ZAGURSKY, MD, JOYCE A * IM
891 BALTIMORE PIKE
SPRINGFIELD PA 19064-3954
215-544-9890
ZAKEOSIAN, MD, GARABET M * AN
3909 GRADYVILLE RD
NEWTOWN SQUARE PA 19073-3124
215-642-0330
ZAMOSTIEN, MD, PAUL S OBG
PROVIDENCE MEDICAL CENTER
MEDIA PA 19063
215-872-7660

ZEE, MD, MARY K EM
51 E KNOWLTON RD
MEDIA PA 19063-4926
ZEINER, MD, GEORGE B OM
214 MARGARET WAY
KENNETT SQUARE PA 19348-1306
215-591-3370
ZEMBA-PALKO, MD, VLASTA PTH
100 LANCASTER AVE
WYNNEWOOD PA 19096
215-645-2608
ZIBELMAN, MD, MARK IM
8 MORTON AVE STE 206
RIDLEY PARK PA 19078-2210
215-521-0150
ZIEGENFUS, MD, WILLIAM D U
RIDDLE MEMORIAL HOSP
MEDIA PA 19063
215-565-6444
ZINTL, MD, WILLIAM J GS
1018 WARRIOR RD
DREXEL HILL PA 19026-4823
ZIRKMAN, MD, DANIEL M NEP
NEP HYPERTENSION ASSOC
SOUTH RIVER NJ 08882
215-872-8501
ZORANSKI, DO, BERNARD S IM
201 WILMINGTON
GLEN MILLS PA 19342
215-793-1639
ZURBACH, MD, JAMES M ORS
PROF OFFICE BLDG
UPLAND PA 19013-3968
215-876-0347
ZWEBEN, MD, ALAN H IM
2 ARTHUR CT
WALLINGFORD PA 19086-6609
215-876-1800

ELK/CAMERON

CONWAY, MD, DAVID C OBG
ANDREW KAUL MEM HOSP
ST MARYS PA 15857
COPPOLO, MD, BERNARD L CD
121 ARCH ST
ST MARYS PA 15857-2151
814-834-2852
FLORES JR, MD, EMILIO G NM
ANDREW KAUL MEM HOSP
ST MARYS PA 15857-3498
814-781-1445
JOLLY, MD, RAJ K OTO
20 N MICHAEL ST
ST MARYS PA 15857-1325
814-839-7720
JOSEPH, MD, KADANKAVIL C GS
129 N MICHAEL ST
ST MARYS PA 15857-1142
814-781-1188
KEARNEY, DO, STARR M IM
ELK COUNTY GEN HOSP
RIDGWAY PA 15853-1931
814-776-6111
KRONENWETTER, MD,
CHRISTOPHER A FP
252 N MICHAEL ST
ST MARYS PA 15857-1148
814-787-5800
LIN, MD, PU CHING R
ELK COUNTY GENERAL HOSP
RIDGWAY PA 15853-0190
LU, MD, LUIS W OPH
PO BOX 309
ST MARYS PA 15857-0309
814-781-3435
ORDIWAY, MD, M VERNON * P
220 CENTER ST
RIDGWAY PA 15853-1203
814-776-2128
OSTROWSKI, DO, CHARLES A AN
743 TREASURE LK
DUBOIS PA 15801-9015
814-781-7500
PATANKAR, MD, JAYANT L * FP
921 VINE ROAD EXT
SAINT MARYS PA 15857-2041
814-781-7500
PERNESKI, MD, ROBERT L ORS
ANDREW KAUL MEM HOSP
ST MARYS PA 15857-3498
814-781-1516
PIRONE, MD, ARTHUR M * ORS
ANDREW KAUL MEM HOSP
ST MARYS PA 15857-3498
814-734-8617
PONTZER, MD, HERBERT GP
173 MAIN ST
RIDGWAY PA 15853-1034
814-773-5225
REGEC, MD, STEPHEN P OBG
DUBOIS REGIONAL MED CTR
DUBOIS PA 15801-0447
814-375-1068
SAND, MD, VIJAICHAND S * U
254 EUCLID AVE
RIDGWAY PA 15853-1928
814-772-7400
SARGINGER, MD, LARRY J * FP
121 E ARCH ST
ST MARYS PA 15857-1701
814-834-2850

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ST MARYS PA 15857-0509
SUBRAMANY, MD,
NARAYANASWAMY GS
129 N MICHAEL ST
ST MARYS PA 15857-1142
814-781-1188
THOMPSON, MD, WILLIAM W GP
107 CENTER ST
RIDGWAY PA 15853-1701
814-772-3841
UDARBE, MD, GUILLERMO G FP
102 CENTER ST
RIDGWAY PA 15853-1716
814-772-2363
VALIGORSKY, MD, PAUL J AN
PO BOX 43
FORCE PA 15841-0043
WAGNER, MD, ROBERT E IM
RR 3 BOX 190A
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814-274-8771
WERNER, MD, A WILLIAM DR
441 CHURCH ST
ST MARYS PA 15857-1013
814-781-7500

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311 WEST 24TH ST
ERIE PA 16502-2722
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201 STATE ST
ERIE PA 16550-0001
814-870-6000
ALLANIGUE, MD, ROGELIO M IM
20 W HIGH ST
UNION CITY PA 16438-1229
ALLEN, MD, HUGH L IM
2323 EDINBORO RD APT 380A
ERIE PA 16509-3478
ALMASHAT, MD, ALA A GS
MEDICAL ARTS BLDG
UNION CITY PA 16438
814-438-3817
ALMQUIST, MD, JOHN F FP
41 W MAIN ST
NORTH EAST PA 16428-1135
814-725-8711
ALTMAN, MD, DANIEL T ORS
HAMOT MEDICAL CENTER
ERIE PA 16501
814-870-6000
AMACHER, MD, HOWARD C FP
3125 FRENCH ST
ERIE PA 16504-1088
814-456-2047
ANDERSON, MD, GORDON P CD
224 W 26TH ST
ERIE PA 16508-1873
814-453-7787
ANDERSON JR, MD, WILLIAM H GP
13633 RIDGE ROAD
WEST SPRINGFIELD PA 16443-0112
ANON, MD, JACK B OTO
3580 PEACH ST
ERIE PA 16508-2778
814-864-9994
ANTOON, DO, MICHAEL S EM
5902 COTTONWOOD DR
ERIE PA 16506-4708
814-868-3035
APARICIO, MD, LUIS F PDE
300 STATE ST
ERIE PA 16507-1427
814-452-2218
BABINS, MD, DAVID M ORS
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-870-6000
BAKER, MD, GRAEME C PS
300 STATE ST STE 303
ERIE PA 16507-1430
814-453-4397
BALES, MD, CHARLES R PS
300 STATE ST STE 301E
ERIE PA 16507-1427
814-453-4482
BALINT, MD, BART W AN
9434 FRANKLIN CENTER RD
CRANESVILLE PA 16410-9404
814-452-5313
BALMASEDA, MD, MARIO T PM
2425 SWANVILLE RD
ERIE PA 16506
814-878-1290
BARBER, MD, JOSEPH C PD
3580 PEACH ST
ERIE PA 16508-2778
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5421 PEPPERWOOD CIR
ERIE PA 16508-3903
814-455-1321
BATHRICK, MD, CHARLES E DR
RAD ASSOC OF ERIE
ERIE PA 16507-1586
814-459-5000
BAUERS, MD, JOHN C IM
36 LINCOLN PARKWAY
BUFFALO NY 14222-1230
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BAUMAN, DO, JOHN M AN
ANES CONSULTANTS ERIE
ERIE PA 16502-2734
814-455-3961
BAXTER JR, MD, DONALD L D
3418 STATE ST
ERIE PA 16508-2832
814-456-7548
BEATON, DO, DAVID L OBG
5003 SIR LANCELOT DR
ERIE PA 16508-3932
814-868-5526
BEAVER, MD, WARREN J FP
3929 W 38TH ST
ERIE PA 16508-4091
814-833-5853
BECK, MD, GERALD OBG
5100 PEACH ST
ERIE PA 16505-0410
814-838-3567
BEDNARSKI, MD, JEFFREY J GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
BEEBY, MD, JAMES L GS
3228 GEORGIAN CT
ERIE PA 16508-1168
BENES III, DO, FRANK J EM
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ERIE PA 16550-0001
814-870-6047
BENJAMIN, MD, DAVID R D
3418 STATE ST
ERIE PA 16508-2832
814-456-7548
BENNETT, MD, LEO L IM
1135 SOUTHVIEW DR
ERIE PA 16509-2574
814-864-4755
BERESKY, MD, BARNABAS S GER
472 HILLTOP RD
ERIE PA 16509-2324
814-866-5302
BETZ, MD, WILLIAM R IM
140 W 2ND ST
ERIE PA 16507-1423
814-455-1321
BIENIEK, MD, RUSSELL B EM
1701 SASSAFRAS ST
ERIE PA 16502-1857
814-870-1010
BLOOMSTINE, MD, MARK T ORS
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ERIE PA 16507-1582
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814-870-7070
BOHLENDER, MD, GEORGE P * OBG
137 GATEWAY DR
FAIRVIEW PA 16415-1640
814-474-5751
BORCZON, MD, DENNIS P CHP
4660 W 12TH ST
ERIE PA 16505-3008
814-870-7065
BOROK, MD, THOMAS L RO
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315 YORK ST
CORRY PA 16407-1412
814-664-8686
BOWERS, MD, STEVEN K IM
104 EAST 2ND ST
ERIE PA 16507
814-456-9191
BRASILE, DO, DOMENICK J GP
4402 DEXTER AVE
ERIE PA 16504-2446
814-825-8945
BRERETON, MD, WILLIAM F * HEM
REGIONAL CANCER CENTER
ERIE PA 16505-4508
814-838-9000
BRIDGE, MD, RAYMOND J OM
LAFAYETTE PL
ERIE PA 16507-1568
814-452-6622
BROCKMYER, MD, M LAWRENCE GS
1154 CANDY LN
ERIE PA 16505-1434
814-459-1758
BROTHERSON, MD, GARY T * OPH
1801 W 8TH ST
ERIE PA 16505-4938
814-455-8004

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3218 STATE BT
ERIE PA 16508-2822
814-456-2976
BRZOZOWSKI, MD, JAN F OBG
311 W 24TH ST STE 403
ERIE PA 16502-2666
814-459-1851
BU, MD, TAE-HYUNG OBG
2314 SASSAFRAS ST
ERIE PA 16502-2722
814-452-4505
BUSECK, MD, MARK S ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
BYERS, MD, ROBERT O IM
1500 S OCEAN BLVD APT 604
POMPANO BEACH FL 33062-7417
CACCHIONE, DO, PHILIP M FP
3535 PINE AVE
ERIE PA 16504-1743
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CARNEVAL, DO, DANIEL C * ORS
308 W 11TH ST
ERIE PA 16501-1746
814-455-0981
CARTER, MD, JOSEPH H AN
818 HILLTOP RD
ERIE PA 16509-2154
CARVELLI, MD, JOSEPH A FP
3038 W 26TH ST
ERIE PA 16508-2504
814-870-7035
CASTRO, MD, OTHONIEL N
137 E ARLINGTON RD
ERIE PA 16509-3603
814-877-4600
CERMAK, MD, MARY BETH HNS
300 STATE ST STE 205
ERIE PA 16507-1429
814-456-8022
CHAFFEE, MD, JOHN S GS
1115 CHESTNUT HILL DR
ERIE PA 16509-2115
CHAFFEE, DO, REBECCA K * OBG
140 W 2ND ST
ERIE PA 16507
814-454-5834
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4802 SHELLBARK CT
ERIE PA 16506-4356
814-864-4755
CHORAZY, MD, ZDZISLAW J * U
311 W 24TH ST
ERIE PA 16502-2665
814-452-4214
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WATERFORD PA 16441
CHU, MD, WINSTON PS
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ERIE PA 16508-0496
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2409 STATE ST
ERIE PA 16503-1852
814-455-4429
CLARK JR, MD, GORDON H P
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ERIE PA 16544-0001
814-452-5543
COHEN, MD, WILLIAM W FP
3822 WAYNE ST
ERIE PA 16504-2275
814-825-8031
COLE, MD, DENNIS G * ORS
1811 PEACH ST STE 444
ERIE PA 16501-2123
814-453-5049
COMP, MD, SCOTT J CDS
W 25TH ST
ERIE PA 16544
814-455-3966
COOPER, MD, HOMI S OM
2901 E LAKE RD
MEDICAL DIR
ERIE PA 16531-0001
814-875-2034
COOVER, MD, LEONARD R R
RADIOLOGY ASSOCS OF ERIE
ERIE PA 16507-1532
814-459-5000
CORNELL, MD, LYNNE L * FP
3232 W 32ND ST
ERIE PA 16506-2763
CORTINA, MD, GARY J ORS
300 STATE ST STE 304
ERIE PA 16507-1430
814-454-8287
CRESPO, DO, MANUEL O FP
2201 W MARK RD
EDMOND OK 73034
405-734-5511
CROSS, MD, RAQUEL IM
4208 STATE ST
ERIE PA 16508-3132
814-870-6000
CRUZ, MD, ROGELIO A GS
1086 MEAD AVE
CORRY PA 16407-8503

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104 E 2ND ST
ERIE PA 16507-1532
814-456-6278
DAIL, MD, E MICHAEL * OBG
210 E 2ND ST
ERIE PA 16507-1559
814-453-5058
DAILEY, MD, ELLEN E OBG
311 W 24TH ST STE 403
ERIE PA 16502-2666
814-459-1851
DAILEY, MD, JAMES P * OPH
300 BTATE ST STE 200A
ERIE PA 16507-1427
814-456-4241
DANGELO, MD, GEORGE J TS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
DANIELE, MD, JOSEPH Q GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
DEFRANCO, MD, JOSEPH M IM
1940 W 8TH ST
ERIE PA 16505-4937
814-456-4285
DEFRANCO, MD, RICHARD J OBG
311 W 24TH ST STE 303
ERIE PA `1650-2
814-459-1851
DEIMEL, MD, JOSEPH F FP
3330 PEACH ST STE 106
ERIE PA 16508-2771
DEMARCO, MD, JOHN J OBG
1840 S SHORE DR
ERIE PA 16505-2349
814-459-8150
DEMATTEIS, MD, JAMES A N
104 E 2ND ST
ERIE PA 16507-1532
814-877-4600
DEMJANENKO, MD, PAUL CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
DESHPANDE, MD,
SHARADCHANDRA EM
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ERIE PA 16544-0001
814-452-5000
DHALIWAL, MD, RANJIT S * TR
REGIONAL CENCER CENTER
ERIE PA 16505-4508
814-838-9000
DIETEMAN, MD, DAVID F * D
3190 GLENWOOD PARK AVE
ERIE PA 16508-2748
814-459-2726
DIMASI, DO, ROBERT E EM
5945 DORIS DR
ERIE PA 16509-3213
814-452-5353
DOUPE, MD, DAVID W * OBG
3906 COCHRAN ST
ERIE PA 16508-3010
814-870-6077
DUBEY, MD, SAROJ K GP
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ERIE PA 16544-0001
DUDA, MD, JOHN R EM
9733 EDINBORO RD
MC KEAN PA 16426-1915
814-437-7000
DUDENHOEFER, MD,
CHRISTIAN P FP
4656 W 12TH ST
ERIE PA 16505-3008
814-833-3026
DUDENHOEFER, MD,
FREDERICK J A
140 W 2ND ST
ERIE PA 16507-1423
814-456-5341
DUDENHOEFER, MD,
KATHLEEN M PD
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ERIE PA 16544-0001
814-452-5745
DUDZINSKI, DO, JOHN E GP
10949 GRISTMILL DR
NORTH EAST PA 16428
814-725-8774
DUGAN, MD, THOMAS M CD
224 W 26TH ST
ERIE PA 16508-1873
814-453-7787
DULABON, MD, DAVID A U
311 W 24TH ST
ERIE PA 16502-2665
DUNCOMBE, MD, MICHAEL P N
2314 SASSAFRAS ST
ERIE PA 16502-2722
814-455-8096
DUNN, MD, DAVID D GS
104 E 2ND ST
ERIE PA 16507-1532
814-455-4404
DUNN, MD, GEOFFREY P GS
104 E 2ND ST
ERIE PA 16507-1532
814-455-4404

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311 W GRANDVIEW BLVD
ERIE PA 16508-3041
EISENBERG, MD, RICHARD B PTH
4929 EDGEVALE DR
ERIE PA 16509-2341
ENGEL, MD, EDWARD E RHU
3317 LIBERTY ST
ERIE PA 16509
814-868-8531
ENGEL, MD, GREGORY S GS
104 E 2ND ST
ERIE PA 16507-1532
814-455-4404
ERB, MD, KATHLEEN M GS
318 W 23RD ST
ERIE PA 16502-2620
814-455-9038
ESPER, DO, ALAN N GS
4000 STERRETTANIA RD
ERIE PA 16506-4125
814-838-9922
ESPER, DO, ERIK O GP
5050 W RIDGE RD
ERIE PA 16508-1298
814-833-8800
ESPER, DO, GARY F IM
4002 SCHAPER AVE
ERIE PA 16508-3348
814-866-2311
ESPER, DO, JEFFREY J N
104 E 2ND ST STE 808-B
ERIE PA 16507-1532
814-870-4600
ESPER, DO, ROBERT J GP
5050 W RIDGE RD
ERIE PA 16508-1218
814-833-8800
ESPER, DO, RONALD A GS
5050 W RIDGE RD
ERIE PA 16508-1218
814-833-8800
ESPER, DO, STEPHANY F GP
5050 W RIDGE RD
ERIE PA 16508-1218
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406 PEACH ST
ERIE PA 16507-1417
814-456-2921
EULIANO SR, MD, JOHN J ORS
406 PEACH ST
ERIE PA 16507-1417
814-456-2921
EVANOFF, DO, MARGUERITE J ORS
406 PEACH ST
ERIE PA 16507-1417
814-456-2921
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3211 LIBERTY ST STE 201
ERIE PA 16508-2532
814-833-0504
FERNANDEZ, MD, OSCAR V PTH
4265 NEPTUNE DR
ERIE PA 16508-3740
FERNANDO, MD, NEVILLE A AN
206 VOYAGEUR DR
ERIE PA 16505-5430
FERRARO, MD, ROBERT J CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
FERRETTI, DO, SILVIA M PM
5451 PEACH ST
ERIE PA 16509-2601
814-870-7070
FERRIS, MD, JOSEPH M * FP
1607 SASSAFRAS ST
ERIE PA 16502-1858
814-452-7874
FESSLER, MD, THOMAS J ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
FIERRO, DO, VINCENT S GE
5451 PEACH ST
ERIE PA 16509-2601
814-870-7070
FILIPPI, MD, RONALD S IM
2702 CASCADE ST
ERIE PA 16508-1506
814-454-2442
FINN, MD, JOANNE * OBG
140 W 2ND ST
ERIE PA 16507-1423
814-454-5834
FLAMINI, MD, JOHN A N
2314 SASSAFRAS ST
ERIE PA 16502-2722
814-455-8096
FLITTER, MD, MARC A * NS
104 E 2ND ST
ERIE PA 16507-1532
814-877-7080
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104 HIGH ST
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FOX, MD, BRADLEY P FP
2712 VAN BUREN AVE
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FRANKLIN, MD, NORMAN * PTH
1324 B SHORE PL APT 106
ERIE PA 16505
814-870-3545
FRANKOVITCH, MD, KARL F * ORS
1645 W 8TH ST
ERIE PA 16505
814-456-2921
FRYCZYNSKI, MD, THADDEUS P CD
15 E 12TH ST STE 20
ERIE PA 16501-1928
814-454-5089
FRYER, MD, THERESA F * RHU
300 STATE ST STE 204
ERIE PA 16507-1429
412-452-2218
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ERIE PA 16509-7005
814-452-5353
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4690 GLEN CREST DR
ERIE PA 16509-3674
814-455-3961
GALLAGHER, MD, PHILIP E A
140 W 2ND ST
ERIE PA 16507-1423
814-456-5341
GARCIA, MD, GERALD D * PS
300 STATE ST STE 301C
ERIE PA 16507-1427
814-454-2600
GARVEY, MD, WILLIAM P FP
3860 STELLAR DR
ERIE PA 16506-4744
814-452-5353
GEIGLE, MD, CARL F CRS
469 GORDON LN
ERIE PA 16509-2303
GEORGE, MD, JACOB TS
225 W 25TH ST
ERIE PA 16502-2703
814-455-3966
GERMAN, MD, ANTONIO I PTH
ASSOC CLINICAL LABS
ERIE PA 16501-2190
814-453-6621
GLASER, MD, ALAN L AN
4666 GLEN CREST DR
ERIE PA 16509-3674
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GMUER, MD, PAUL J GE
238 W 22ND ST
ERIE PA 16502-2613
814-452-2787
GOKHALE, MD, SUDHIR B OTO
1811 PEACH ST
ERIE PA 16501-2109
814-456-2031
GOLD, MD, JACK PD
4425 UPLAND DR
ERIE PA 16509-1654
GOMEZ, MD, ELLIS E FP
201 S STATE ST
ERIE PA 16550
814-870-6131
GOODRICH, MD, JACK K NM
104 E 2ND ST
ERIE PA 16507-1532
814-870-6011
GRAVES, MD, MARK C IM
140 W 2ND ST-STE 203
ERIE PA 16507
814-455-1321
GUELCHER, MD, ROBERT T OTO
3580 PEACH ST
ERIE PA 16508-2778
814-864-9994
GUNDUZ, MD, METIN * EM
12 E MAIN ST
NORTH EAST PA 16428
814-728-1599
GUNDUZ, MD, PAULA A OBG
12 E MAIN ST
NORTH EAST PA 16428-1308
814-725-1599
GUSTIN, MD, THOMAS A P
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ERIE PA 16507-1429
814-452-2318
GUTHLEBEN, MD, JOHN G * OBG
2104 STATE ST
ERIE PA 16503-1847
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1301 WINTERGREEN LN
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3330 PEACH ST STE 106
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814-868-5202
HALL, MD, RICHARD N NS
HAMOT OCC HLTH SRVS
ERIE PA 16550-0001
814-452-8622
HARDY, MD, HEIDRUN D AN
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ERIE PA 16505
814-870-6000
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5134 WESTMINSTER PLACE
PITTSBURGH PA 15232
HEIN, MD, JEFFREY P FP
1043 W 24TH ST
ERIE PA 16502-2424
HENNESSEY, MD, MICHAEL S EM
ST VINCENTS HLTH CTR
ERIE PA 16544-0001
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814-456-7106
HOOBLER, MD, RANDALL J AN
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-870-6000
HOOD, MD, JOHN M ORS
300 STATE ST
ERIE PA 16507-1427
814-456-6022
HOU, MD, CHING W OBG
210 N CENTER ST
CORRY PA 16407-1627
814-664-9236
HOWELL JR, MD, DAVID D ON
2500 W 12TH ST
ERIE PA 16505-4506
814-838-9000
HRINDA, MD, JOHN G FP
7886 MAINT ST
FAIRVIEW PA 16415
814-474-1502
HUDSON, MD, HOWARD L R
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
HYATT, MD, FLOYD R R
ST VINCENT HEALTH CENTER
ERIE PA 16544-0001
IGNOCHECK, MD, ANTHONY R FP
41 W MAIN ST
NORTH EAST PA 16428-1135
814-725-8711
IRWIN JR, MD, GLENN E EM
201 STATE ST
ERIE PA 16550-0001
814-870-6000
ISIDRO, MD, ENRIQUE A PM
137 W 2ND ST
ERIE PA 16507-1403
814-453-5602
JANA, MD, DILIP K CD
4618 CHERRY ST
ERIE PA 16508-2210
814-456-6258
JENKINS, MD, JAY L HEM
REGIONAL CANCER CENTER
ERIE PA 16505-4506
814-838-9000
JOHN, MD, LISA A FP
3903 LANCASTER RD
ERIE PA 16508-5342
814-452-5100
JOHNS IV, MD, WALTER S * IM
213 E 41ST ST
ERIE PA 16504-2009
814-864-4987
JOHNSON, MD, BRETT A FP
104 E 2ND ST
ERIE PA 16507-1532
814-870-6131
JOHNSTON, DO, CRAIG T FP
PINECREST FAMILY PRACTICE
ERIE PA 16504-1743
814-877-7075

JONES, DO, WAYNE T EM
ST VINCENTS HEALTH CENTER
ERIE PA 16544-0001
814-452-5353
JOY, MD, CHARLES A * IM
350 EATON RD
FAIRVIEW PA 16415-1510
JOY, MD, CHARLES R CHP
4406 SUNNYDALE BLVD
ERIE PA 16508-1651
814-459-2456
JUANG, MD, RICHARD C GS
318 MAIN ST E
GIRARD PA 16417-1709
814-774-2666
JURGENS, MD, KENNETH H PTH
SAINT VINCENT HEALTH CTR
ERIE PA 16544-0001
814-452-5383
KALAGAYAN, MD, HECTOR J GS
PO BOX 352
UNION CITY PA 16438-0352
814-438-3854
KALKHOF, MD, THOMAS C * GER
PO BOX 7265
ERIE PA 16510-0265
814-898-1661
KAMINSKY, MD, JAMES F AN
3520 BEECH AVE
ERIE PA 16508-2922
KARAMANIAN, MD, AGOP V AN
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-838-3278
KARSH, MD, CARL A GP
180 OAKMONT AVE
NORTH EAST PA 16428-1422
KASTRUP, MD, JOHN J ORS
4131 CANTERBURY DR
ERIE PA 16508-5334
KERTH, MD, WILLIAM J CDS
PO BOX 2093
ERIE PA 16512
814-455-7542
KHERA, MD, DINESH C GE
236 W 22ND ST
ERIE PA 16502-2613
814-452-2787
KISH, MD, GEORGE F CDS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
KLAUS, MD, THOMAS C IM
3304 FOREST DR
ERIE PA 16505-1819
814-452-8669
KLEES, DO, DAVID A FP
217 W 11TH ST
ERIE PA 16501-1731
814-452-4548
KOCAN, MD, RICHARD S R
4205 PRESTWICK DR
ERIE PA 16508-3743
814-452-5431
KOHUT, DO, PAUL A GP
3223 GEORGIAN CT
ERIE PA 16508-1115
814-833-2385
KOSENKO, MD, ALEXANDER IM
300 STATE ST
ERIE PA 16507-1427
814-455-2279
KOZLOWSKI, DO, MARYANN EM
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-455-6711
KREMER JR, MD, EDWIN S OBG
2314 SASSAFRAS ST
ERIE PA 16502-2722
KRUSZEWSKI, DO, DAVID M FP
3842 TRASK AVE
ERIE PA 16508-3134
814-877-7075
KUDVA, MD, VIDYA B PM
137 W 2ND ST
ERIE PA 16507-1403
814-453-5602
KUHN, MD, RICHARD H FP
ST VINCENT HEALTH CENTER
ERIE PA 16544-0001
814-452-5100
KUKLINSKI, MD, LAWRENCE M ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
KURIC, MD, KEVIN M FP
HAMOT FAM PRAC RES
ERIE PA 16507-1532
814-877-6187
LAMAS, MD, CARLOS C * PTH
201 STATE ST
ERIE PA 16550-0001
814-877-6000
LAMBERTON, MD, WILLIAM D * FP
213 E 41ST ST
ERIE PA 16504-2009
814-864-4987
LAMBERTON, MD, WILLIAM F IM
213 E 41ST ST
ERIE PA 16504-2009
814-864-4987
LARA, MD, HENRY R PTH
4108 GREENWAY DR
ERIE PA 16508-5502

LASHER, MD, J DONALD GS
318 W 23RD ST
ERIE PA 16502-2620
814-455-9038
LASHER, MD, ROBERT L * GS
217 INDIANA DR
ERIE PA 16505-2123
814-455-5114
LAUER, MD, CARL G VS
3211 LIBERTY ST
ERIE PA 16508
LAYDEN, MD, PAUL W ORS
8726 MANCHESTER BEACH RD
FAIRVIEW PA 16415-1636
LEE, MD, AUNG P AN
401 VOYAGEUR DR
ERIE PA 16505-5425
814-454-8885
LEE, MD, IN W P
3102 EL CORTO WAY
ERIE PA 16508-1604
814-455-5546
LESSARD, MD, JEAN L OBG
210 E 2ND ST
ERIE PA 16507-1559
814-453-5058
LEVINE, MD, MARK J FP
104 E 2ND ST
ERIE PA 16507-1532
814-877-6131
LEVINSON, MD, PETER G * OBG
3211 LIBERTY ST
ERIE PA 16508-2532
814-868-1333
LEVY, MD, DAVID J * GE
BAYFRONT DIGESTIVE DIS
ERIE PA 16507-1427
814-456-7733
LEVY, MD, STEVEN A IM
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-870-6187
LIM, DO, SCOTT J M D
4538 PEACH ST
ERIE PA 16508-1320
814-864-2625
LIPMAN, MD, SIDNEY P OTO
3580 PEACH ST
ERIE PA 16508-2778
814-864-9994
LLOYD, MD, GERALD R FP
315 YORK ST
CORRY PA 16407-1412
814-664-8686
LOEB, MD, ROBERT L IM
2169 S SHORE DR
ERIE PA 16505-2249
814-452-2763
LONG, MD, RICHARD W CDS
225 W 25TH ST
ERIE PA 16502-2703
814-455-3966
LORD, MD, KENNETH J FP
1066 MEAD AVE
CORRY PA 16407-8503
814-664-3979
LOVERANES, MD, MARIANO D GS
13466 RT 8
CORRY PA 16407
814-664-2666
LUBAHN, MD, JOHN D ORS
300 STATE ST STE 205
ERIE PA 16507-1429
814-456-6022
LUND, MD, PETER S U
311 W 24TH ST
ERIE PA 16502-2665
814-452-4214
LUSTIG, MD, KEITH A ORS
300 STATE ST STE 304
ERIE PA 16507-1430
814-454-8287
LYONS, MD, GARY W CDS
225 W 25TH ST
ERIE PA 16502-2703
MACLACHLAN, MD, WILLIAM W OTO
228 KAHKWA BLVD
ERIE PA 16505-2311
MAGOUN, MD, GEORGE L FP
680 WAYNE ST
CORRY PA 16407-1318
814-927-1651
MAINZER, MD, FRANCIS K NS
1149 SPRING VALLEY DR
ERIE PA 16509-2950
MAKAROWSKI, MD, WILLIAM S RHU
1781 W 26TH ST
ERIE PA 16508-1256
814-454-5898
MALONEY, MD, RICHARD W * OTO
311 W 24TH ST
ERIE PA 16502-2665
814-452-2405
MANASSE, MD, HOWARD S OPH
311 W 24TH ST
ERIE PA 16502-2666
814-455-7591
MARSHALL, MD, JACK H FP
PO BOX 8264
ERIE PA 16505-0264
MARTINI, MD, VICTOR S FP
1455 W 38TH ST
ERIE PA 16508-2350

MASON, MD, GREGG C ORS
204 WEST 26TH STREET
ERIE PA 16508
814-454-2401
MASSEY, MD, GORDON J GP
44 E DIVISION ST
NORTH EAST PA 16428-1350
MASTERS, DO, THOMAS R FP
301 W 10TH ST
ERIE PA 16502-1440
814-453-7978
MCCARTHY, DO, MATTHEW T EM
4918 SHELLBARK CT
ERIE PA 16508-4366
814-452-5353
MCCARTNEY, MD, LESTER D FP
11296 DONATION RD
WATERFORD PA 16441-9620
814-864-4641
MCCARTNEY, MD, RONALD L R
104 E 2ND ST
ERIE PA 16507-1532
814-959-5000
MCCOMBS, MD, RAY D GP
4834 WOLF RD APT 1
ERIE PA 16505-1338
MCGEE, MD, DAVID M * NS
202 E 2ND ST
ERIE PA 16507-1559
814-455-7452
MCGEEHAN, MD, PAUL A R
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
MCGUIRE, MD, THOMAS E FP
GENERAL ELECTRIC
ERIE PA 16531-0001
814-899-2789
MCJUNKIN, MD, CHERYL L FP
104 E 2ND ST
ERIE PA 16550-0001
814-870-6187
MCNEILL, MD, DONALD B OBG
4703 SUNNYDALE BLVD
ERIE PA 16508-2239
MERCIER, MD, EDWARD E IM
1324 S SHORE DR APT 808
ERIE PA 16505-2541
MERSKI, MD, ANTHONY T AN
1324 S SHORE DR APT G9
ERIE PA 16505-2537
MICHALAK, MD, DENNIS M W CDS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
MIKELONIS, MD, ROBERT J FP
252 W 25TH ST
ERIE PA 16544
814-452-7121
MILLER, MD, ROLAND E FP
4234 S SHORE DR
ERIE PA 16511
814-870-6131
MILLER II, MD, TOM R FP
201 WATERFORD ST
EDINBORO PA 16412-2226
MILLIGAN, MD, MARK K FP
19 BERNWOOD DR
MC KEAN PA 16426-1345
MINGEY, MD, DEBORAH L AN
225 W 25TH ST
ERIE PA 16502-2703
814-454-8885
MINGEY, MD, JOHN R * IM
213 E 41ST ST
ERIE PA 16504-2009
814-864-4987
MINK, MD, KENNETH R FP
3428 COVE VIEW BLVD APT 1110
GALVESTON TX 77554
MIR, MD, DAVID J * ORS
406 PEACH ST
ERIE PA 16507-1417
814-456-2921
MISCHLER, MD, FORREST C GS
104 E 2ND ST
ERIE PA 16507-1532
814-455-4404
MITRA, MD, ATIN K EM
ST VINCENT HEALTH CENTER
ERIE PA 16544-0001
814-459-4000
MIX, MD, WILLIAM A FP
178 E MAIN ST
NORTH EAST PA 16428-1327
814-725-8636
MOBARAKAI, MD, NEVILLE K IM
87 BATTERY AVE APT 1C
BROOKLYN NY 11228
718-270-1432
MOORE, DO, JOHN F FP
1683 PENELEC PARK APT 6A
ERIE PA 16509
MORK, MD, GUSTAVE W PD
3929 W 38TH ST APT 106
ERIE PA 16506
MOYER, MD, THELBERT R PM
5151 WOLF RUN VILLAGE LN
ERIE PA 16505-5519
MRAZ, MD, JAMES E ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401

MRAZ, MD, JOHN P D
2620 SIGSBEE ST
ERIE PA 16508-1721
814-454-2879
MSZANOWSKI, MD, EDWIN M GS
502 E 12TH ST
ERIE PA 16503-1342
MULLA, MD, OMAR P PD
102 E 2ND ST
ERIE PA 16950
814-453-3766
MUNTHER, MD, ANTOINE S * GS
315 YORK ST
CORRY PA 16407-1412
814-664-8686
NADWORNY, MD, HOWARD A ID
2314 SASSAFRAS ST STE 205
ERIE PA 16502-2720
814-456-6194
NAGLE, MD, DOUGLAS B * R
104 E 2ND ST 5TH FL
ERIE PA 16507-1502
NAGLE, MD, RICHARD W DR
104 E 2ND ST
ERIE PA 16507-1532
814-459-5000
NAIK, MD, VAISHALI D AN
812 W SMITH ST
CORRY PA 16407-1152
814-664-4641
NAIR, MD, KRISHNAN K OTO
1811 PEACH ST
ERIE PA 16501-2109
814-456-2031
NARUS, MD, VITOLD T D
1123 W 38TH ST
ERIE PA 16508-2457
NEDRESKY, MD, JOSEPH P DR
104 E 2ND ST
ERIE PA 16507-1532
814-459-5000
NEGRON, MD, ANGEL M CHN
104 E 2ND ST
ERIE PA 16507-1532
814-877-4600
NEWELL, MD, PAUL M ID
104 E 2ND ST
ERIE PA 16507-1532
814-877-7072
NEYLON, MD, MICHAEL P FP
4336 W 28TH ST
ERIE PA 16508-1704
814-454-2442
NOVAK, MD, KEVIN J AN
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-870-6000
NULLET, MD, FRANCIS R CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
NUTZ JR, MD, JOSEPH F FP
8730 BROOKS RD
GIRARD PA 16417-8612
814-870-6000
O'BRIEN, MD, EDWARD T ON
REGIONAL CANCER CENTER
ERIE PA 16505-4506
814-838-9000
OVERFIELD, MD, EDWARD M PUD
3580 PEACH ST STE 103
ERIE PA 16508-2778
814-864-4755
PAPENDICK, MD, KEITH L FP
8230 WILLOW GLN
ERIE PA 16508-7204
814-870-6130
PARK, MD, CHONG S PM
ST VINCENT HEALTH CENTER
ERIE PA 16544-0001
814-452-5579
PATEL, MD, KANTILAL C AN
ST VINCENT HEALTH CENTER
ERIE PA 16544-0001
PATEL, MD, VINOD M GE
236 W 22ND ST
ERIE PA 16502-2613
814-452-2767
PELLIZZARI, MD, RINALDO G PTH
6403 FAIROAKS CIR
FAIRVIEW PA 16415-1718
PEPICELLO, MD, JAMES A GS
201 STATE ST
ERIE PA 16550
814-877-6000
PETRE JR, MD, JOHN H U
GRENELEFE
HAINES CITY FL 33844-9704
PETRELLA, MD, RICHARD W CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
PETT JR, MD, STEPHEN D TS
225 W 25TH ST STE 310
ERIE PA 16502-2733
814-455-3966
PFEIFER, MD, JOSEPH L * GS
TRI STATE TRAUMA SYSTEM
ERIE PA 16501-2204
814-870-1920
PHELPS, MD, WILLIAM R GS
300 STATE ST STE 207
ERIE PA 16507-1429
814-456-6201

PODUFAL, DO, EDWARD AN
225 W 25TH ST STE 408
ERIE PA 16502-2734
814-454-8885
POLLOCK, DO, JAMES D FP
5207 HEIDLER RD
FAIRVIEW PA 16415-2343
814-870-6133
PREGLER, DO, FRANK C GP
4908 MCCLELLAND AVE
ERIE PA 16510-4049
814-454-5886
PROY, MD, BERNARD C FP
315 YORK ST
CORRY PA 16407-1412
814-664-8686
PRYLINSKI, MD, GREGORY V GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
PRYLINSKI, DO, JEFFORY J * AN
404 VOYAGEUR DR
ERIE PA 16505-5426
814-870-3850
RAHNER, MD, RICHARD A ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
RAJ, MD, STEPHEN S AN
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
RAM, MD, SANT PD
2123 W 8TH ST
ERIE PA 16505-4743
814-453-5056
RANISH, MD, DEBORAH A FP
225 W 25TH ST STE 408
ERIE PA 16502-2734
814-454-8230
REILLY, MD, JOHN C CRS
3218 STATE ST
ERIE PA 16508-2822
814-456-2976
REITZ, MD, MARYELLEN PTH
ST VINCENT HEALTH CENTER
ERIE PA 16544-0001
814-452-5388
RENZ, MD, ROBERT T HEM
3283 GEORGIAN CT
ERIE PA 16505-1173
REUSCHE III, DO, FRANK L FP
208 WATERFORD ST
EDINBORO PA 16412-2227
814-734-4555
REYNOLDS, MD, MARION C FP
428 E 27TH ST 2ND FL
ERIE PA 16504
814-877-6187
RICHMAN, MD, CRAIG G * P
5845 CLINTON ST
ERIE PA 16509
814-877-6136
RICHMAN, MD, TOBI B * D
3800 W 12TH ST
ERIE PA 16505-3302
814-833-0399
RICKLOFF, MD, RAYMOND J D
603 CALIFORNIA DR
ERIE PA 16505-4417
ROBBINS, DO, SUSAN E EM
4101 WESTBURY RIDGE
ERIE PA 16506
814-870-6047
ROGERS, MD, VINCENT P ORS
104 E 2ND ST
ERIE PA 16507-1532
814-870-7071
ROMANO-JANA, MD,
LOURDES R RHU
4618 CHERRY ST
ERIE PA 16508-2210
814-456-6258
ROOS, MD, ALFRED T FP
3125 FRENCH ST
ERIE PA 16504-1068
814-456-2047
ROQUIZ, MD, ELISEO M AN
ST VINCENT HEALTH CENTER
ERIE PA 16544-0001
ROTH, MD, RUSSELL B * U
3226 GEORGIAN CT
ERIE PA 16505-1168
ROWANE, DO, MICHAEL P OBG
BOLWELL HLTH CTR
CLEVELAND OH 44106
ROZWADOWSKI, MD, JACK V PTH
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-870-6000
RUSIN, MD, LAWRENCE C CRS
3218 STATE ST
ERIE PA 16505-2893
814-456-2978
RUSSO JR, DO, ANTHONY P AN
620 LYME CT
ERIE PA 16505-1362
SAMARASINGHE, MD, GUNASIRI AN
103 LINCOLN AVE
ERIE PA 16505-2441
814-452-7000
SANDSTROM, MD, PAUL H R
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231

SANTOMENNA, MD, MICHAEL A GS
238 W 22ND ST
ERIE PA 16502-2613
SANTOSO, MD, LIMJADI IM
2618 PARADE ST
ERIE PA 16504-2810
814-455-9937
SARDESAI, MD, PRABHAKER G TS
104 E 2ND ST
ERIE PA 16507-1532
SCHAAF, MD, JOHN T PUD
3580 PEACH ST STE 103
ERIE PA 16508-2778
814-864-4755
SCHELL, MD, STEPHEN E OTO
1811 PEACH ST
ERIE PA 16501-2109
814-456-2031
SCHENCK, DO, ARTHUR C FP
4348 IROQUOIS AVE
ERIE PA 16511-2194
814-899-7667
SCHOBER, MD, JUSTINE R U
300 STATE ST
ERIE PA 16507-1427
814-455-5900
SCHWARTZ, MD, ROBERT M * GE
3012 MADEIRA DR
ERIE PA 16508-1732
814-456-7733
SCIBETTA, MD, MARIO P * TR
REGIONAL CANCER CENTER
ERIE PA 16505-4508
814-838-9000
SCUTELLA, MD, MICHEAL A OBG
311 W 24TH ST
ERIE PA 16502-2665
814-456-1560
SEIFERTH, MD, WILLIAM J IM
309 CONNECTICUT DR
ERIE PA 16505-2213
SELLARO, DO, SALVATORE R * GP
306 W 11TH ST
ERIE PA 16501-1746
814-455-1311
SEMPLE, MD, JOSEPH M AN
3204 STATE ST
ERIE PA 16508-2855
814-453-4509
SHABLOSKI, DO, REGAN P US
252 W 11TH
ERIE PA 16501
814-870-3400
SHARMA, MD, SUKH D CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8960
SHIN, MD, MAUNG T AN
5010 WOLF RD
ERIE PA 16505-1342
SHIVDE, MD, PINAKINI NPM
300 STATE ST
ERIE PA 16507-1427
814-454-5800
SIMONIAN, MD, THOMAS M FP
1595 W 26TH ST
ERIE PA 16508-1367
814-870-6000
SIMORA, MD, FELIX S * P
1811 PEACH ST STE 380
ERIE PA 16501-2122
814-455-6874
SINGH, MD, ASIM R NEP
300 STATE ST STE 302
ERIE PA 16507
814-455-2279
SKOVRON, MD, MICHAEL ORS
1324 S SHORE DR APT 201
ERIE PA 16505-2537
SLABIC, MD, PETER P * IM
2800 STATE ST
ERIE PA 16508-1830
814-455-3918
SLABIC, MD, STAN F * IM
2800 STATE ST
ERIE PA 16508-1830
814-455-3918
SNIDER, MD, B LEONARD D
STERLING SQUARE
ERIE PA 16508-2771
814-864-2366
SNOW, MD, ROSS A * FP
2021 E 20TH ST
ERIE PA 16510-1147
814-898-0400
SOUAID JR, MD, VICTOR J U
300 STATE ST STE 301A
ERIE PA 16507-1427
814-455-5900
STAMM, MD, BARRY D * OPH
104 E 2ND ST
ERIE PA 16507-1532
814-453-4575
STEFANOVSKI, MD, NICK ORS
300 STATE ST
ERIE PA 16507-1427
814-454-8287
STEINBRINK, MD, WILLIAM H * OBG
140 W 2ND ST
ERIE PA 16507-1423
814-454-5834

STEPHENSON, MD, KEITH R GS
318 W 23RD ST
ERIE PA 16502
814-455-9038
STRATTON, MD, ROBERT D * OPH
BAYFRONT PROF BLDG
ERIE PA 16507-1427
814-456-4241
STRAZEK, MD, LESLAW M * AN
252 W 11TH ST
ERIE PA 16501-1702
814-455-3961
STUART, MD, ROBERT B * EXEC
3211 LIBERTY ST
ERIE PA 16506-2532
814-864-1765
SUPPA, MD, OSVALDO S DIA
300 STATE ST STE 204
ERIE PA 16507-1429
SUPROCK, MD, MARK D * ORS
1811 PEACH ST
STE 444
ERIE PA 16501
814-453-5049
SUSANN, MD, PHILIP W GS
HAMOT MEDICAL CENTER
ERIE PA 16507-1426
814-455-4404
SUSI, MD, JOSEPH A FP
11221 FIRETHORNE RD
WATTSBURG PA 16442-9754
814-452-7879
SWANTEK, DO, LEO J GP
4125 W RIDGE RD
ERIE PA 16508-1721
814-864-3041
SYMES, MD, PHILIP H ON
2500 W 12TH ST
ERIE PA 16505-4508
814-838-9000
TAN, MD, WILFREDO S CDS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
TAVANA, MD, MANOUCHER GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
TAVARES, MD, JOAO O ORS
1811 PEACH ST STE 350
ERIE PA 16501-2122
814-453-5856
TEDESCO, DO, JOHN A OPH
2640 W 38TH ST
ERIE PA 16508-4524
814-835-8258
THOMAS, MD, JOSEPH M * AN
143 E 2ND ST
ERIE PA 16507-1501
814-870-5390
THOMAS JR, MD, JAMES J OBG
210 E 2ND ST
ERIE PA 16507-1559
814-353-5058
TOLEDANO, MD, CONRADO P PM
4137 AVENIEL CT
ERIE PA 16506
814-870-7070
TOOZE, MD, FRANK M PS
7040 PINE GATE RD
FAIRVIEW PA 16415-1530
TOPERZER, MD, BETTY C FP
104 E 2ND ST
ERIE PA 16507-1532
814-453-5706
TOWNSEND, MD, MARK E * OBG
3211 LIBERTY ST
ERIE PA 16508-2532
814-866-1333
TRAGESER, MD, TIMOTHY C CD
5992 ARBORWOOD LN
ERIE PA 16505-1018
TRONETTI, DO, MICHAEL J P
3330 PEACH ST
ERIE PA 16508-2769
814-870-7065
TRONETTI, DO, PAMELA S GER
6625 KNOYLE RD
ERIE PA 16510-5432
814-870-6131
TSAO, MD, FRANCIS OTO
311 W 24TH ST STE 500
ERIE PA 16502
814-452-2405
TSENG, MD, FRANCIS H OBG
1703 BAYVIEW AVE
ERIE PA 16505-2301
814-454-8165
UNDERHILL, MD, WILLIAM L CD
104 E 2ND ST
ERIE PA 16507-1532
VAN HOVE, MD, SHAWN P AN
HAMOT MEDICAL CENTER
ERIE PA 16550-0001
814-870-6000
VANDAMIA, MD, DONALD N GP
3330 PEACH ST STE 108
ERIE PA 16508-2771
814-868-5202
VANVORIS, MD, LEE P ID
104 E 2ND ST
ERIE PA 16507-1532
814-877-7072

VEMULAPALLI, MD,
KUTUMBARAO AN
HAMOT MEDICAL CENTER
ERIE PA 16507-1426
VEMULAPALLI, MD, LAKSHMI R OBG
210 E 2ND ST
ERIE PA 16507-1559
VENABLE JR, MD, JOHN E EM
5693 BUSHNELL RD
CONNEAUT OH 44030-9639
216-594-4782
VILUSHIS, DO, GEORGE J PD
CHILDRENS HEALTH CARE
ERIE PA 16508-2776
814-868-9633
VISCUSI, MD, DONALD J FP
2566 W 12TH ST
ERIE PA 16505-4508
814-833-2385
VITANZA, DO, SEBASTIAN A GP
3222 GEORGIAN CT
ERIE PA 16508-1118
VOORA, MD, SAMBASIVARAO PD
311 W 24TH ST STE 402
ERIE PA 16502-2666
814-456-8424
WADE, MD, JEANNE A R
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
WALKER, MD, JAMES F IM
335 SUPERIOR AVE
ERIE PA 16505-2345
WALLACE, MD, WILBUR S PH
526 CALIFORNIA DR
ERIE PA 16505-2122
WALLERSTEIN, MD, EDWARD M P
2315 POWELL AVE RM 18
ERIE PA 16508-1843
814-838-7572
WARD, MD, EDGAR H IM
6220 LAKE SHORE DR
ERIE PA 16505-1052
WARD, MD, TIMOTHY J FP
4820 BUFFALO RD
ERIE PA 16510-2207
814-899-7686
WARDEN, MD, JAMES R GS
318 W 23RD ST
ERIE PA 16502-2620
814-455-9038
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1 MASSAEUSETTS AVE
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104 E 2ND ST
ERIE PA 16507-1532
814-870-6131
WEIBEL, MD, TIMOTHY J OBG
3211 LIBERTY ST
ERIE PA 16506
814-866-1333
WEISENFLUH, MD, MARK G FP
640 BURKHART
ERIE PA 16511
814-454-4530
WEISSBACH, MD, NANCY E ID
2314 SASSAFRAS ST BOX 310
ERIE PA 16502
814-456-6194
WELLES, MD, RICHARD V N
104 E 2ND ST
ERIE PA 16507-1532
814-877-4600
WELLS, MD, E BUIST IM
1324 S SHORE DR APT 705
ERIE PA 16505-2540
814-455-1321
WHARTON, MD, STANLEY W OS
134 PUTNAM DR
ERIE PA 16511-1256
814-875-2035
WICKRAMASINGHE, MD,
EARDLY K GP
7686 MAIN ST
FAIRVIEW PA 16415-1015
814-474-2663
WILCZANSKI, MD, PETER L FP
4820 BUFFALO RD
ERIE PA 16510-2207
814-899-7686
WILEY, MD, LEE A OPH
311 W 24TH ST STE 401
ERIE PA 16502-2666
814-455-7591
WILHELM, MD, WILLIAM C PD
104 E 2ND ST
ERIE PA 16507-1532
814-453-3766
WILLIAMS, MD, RICHARD A DR
104 E 2ND ST
ERIE PA 16507-1532
814-459-5000
WITTMANN, MD, THOMAS A PUD
3580 PEACH ST STE 103
ERIE PA 16508-2778
814-864-4755
WON, MD, A W PETER PM
232 W 25TH ST
ERIE PA 16544-0001
814-452-5579

WRIGHT, MD, MERJA T FP
4220 MCKEE RD
ERIE PA 16506-3703
814-868-4655
YAKISH, MD, JACK E FP
3929 W 38TH ST
ERIE PA 16506-4091
814-833-5653
YOO, MD, HO JOON DR
104 E 2ND ST
ERIE PA 16507-1532
YOUNG, MD, LINDA L FP
4227 ENGLISH AVE
ERIE PA 16510-3626
814-452-5000
YUN, MD, JAE K DR
2913 MADEIRA DR
ERIE PA 16505-1729
ZADEH, MD, MEHDI L GS
1811 PEACH ST
ERIE PA 16501-2109
814-459-3201
ZEITLIN, MD, MARK H AN
1024 MISSION DR
ERIE PA 16509-2968
814-452-5313
ZERBONIA, DO, ANGELO N R
252 W 11TH ST
ERIE PA 16501-1702
814-870-3530
ZIEGLER, MD, THOMAS R PTH
PO BOX 3093
ERIE PA 16508-0093
814-877-6000
ZIEZIULA, MD, RONALD F PD
104 E 2ND ST
ERIE PA 16507-1502
ZIMM, MD, EDWARD J OTO
311 W 24TH ST
ERIE PA 16502-2665
ZONE, MD, DONALD D CD
104 E 2ND ST
ERIE PA 16507-1532
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UNIONTOWN PA 15401
412-437-9854
BAUMAN, MD, THOMAS W GS
4268 OLD NEW ENGLAND RD
ALLISON PARK PA 15101-1534
BERONILLA JR, MD, HILARION A GS
212 N CHESTNUT ST
SCOTTDALE PA 15683-1549
412-887-4521
BINNS, MD, VERONICA PD
200 UNION ST
BROWNSVILLE PA 15417-1928
BLASS, MD, DAVID C GS
205 EASY ST
UNIONTOWN PA 15401-3126
412-439-1020
BLUMENSCHEIN, MD, GERTRUDE FP
PO BOX 377
CHALKHILL PA 15421-0377
412-437-1539
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DONORA PA 15033-1930
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STAR JUNCTION PA 15482-0355
BOONVISUDHI, MD, THUMRONG PD
RR 1 BOX 337
MONONGAHELA PA 15063-9417
412-483-3677
BRAUN, MD, JEAN B * D
105 BIERER LN
UNIONTOWN PA 15401-3117
412-439-2574
CALABRESE, DO, CHARLES R GE
524 MORGANTOWN ST
UNIONTOWN PA 15401-5430
412-437-7877
CAMELE, MD, ROBERT A DR
500 W BERKELEY ST
UNIONTOWN PA 15401-5596
412-430-5326
CARDENAS, MD, FLORENCIO P U
101 PROFESSIONAL PLZ
UNIONTOWN PA 15401
CARVER, MD, MARGARET A OBG
448 W BERKELEY ST
UNIONTOWN PA 15401-5510
412-437-1539
CHALFANT, MD, JOHN C FP
20 NICTMANS PLZ
LEMONT FURNACE PA 15456
412-437-8880
CHO, MD, JONG S GP
200 N REDWOOD ST
MASONTOWN PA 15461-1667
COOK, MD, RALPH W GP
RR 1
SMOCK PA 15480-9801
412-677-2520

COOK, MD, RICHARD A FP
132 SOUTHWOOD DR
UNIONTOWN PA 15401-8911
412-437-1539
CORRADO JR, MD, CATALDO F * EM
500 W BEAKELY ST
UNIONTOWN PA 15401
412-430-5796
COX, MD, RALPH L GP
301 E PATTERSON AVE
CONNELLSVILLE PA 15425-4539
DAURIA, MD, THOMAS M PD
205 PROFESSIONAL PLZ
UNIONTOWN PA 15401
412-437-9854
DESAI, MD, SHIRISHKUMAR B U
1150 7TH ST
WAYNESBURG PA 15370-1660
412-852-2110
DILEO, MD, DOMINIC W * CD
6 SPRING CREEK LN
UNIONTOWN PA 15401-8903
412-439-9200
DIXIT, MD, NIRANJAN D IM
220 PROFESSIONAL PLZ 2
UNIONTOWN PA 15401
412-437-8112
EDGE, MD, FRED C PM
1220 UNIVERSITY DR
DUNBAR PA 15431-9552
412-628-6666
ENANY, MD, ALBERT K IM
208 S ARCH ST
CONNELLSVILLE PA 15425-3519
412-628-3500
ENGLISH, MD, ROBERT S D
RR 1 BOX 373
SMITHFIELD PA 15478-9504
FLORES, MD, MAY R FP
UNIONTOWN HEALTH CENTER
UNIONTOWN PA 15401-8926
412-439-4150
FRANZ, DO, MARK G GP
1220 UNIVERSITY DR
DUNBAR PA 15431-9552
412-628-6666
GABRIEL, MD, PETER DR
8 ADAMS LN
UNIONTOWN PA 15401-5302
412-437-8050
GAINOR, MD, PATRICIA A P
625 JONES AVE
MORGANTOWN WV 26505-4722
304-293-2411
GAROFALO, MD, CARL A GP
130 SIMPSON RD
BROWNSVILLE PA 15417-9625
412-246-2100
GOODMAN, MD, DAVID B IM
110 NASSAU ST
UNIONTOWN PA 15401-2826
GROSSMAN, MD, I WILLIAM PTH
500 W BERKELEY ST
UNIONTOWN PA 15401-5596
412-430-5159
HART, MD, PHILIP L DR
44 UNION ST
UNIONTOWN PA 15401-4218
412-437-8050
HARTLEY, MD, PAUL A IM
650 CHERRY TREE LN
UNIONTOWN PA 15401-8947
412-437-1109
IANNAMORELLI, MD, ANTHONY S * IM
2 HIGHLAND PARK DR
UNIONTOWN PA 15401-8926
412-438-4364
ISARIYAWONGSE, MD, PRAKORB GS
53 MARKET ST RM 500
BROWNSVILLE PA 15417-1763
412-785-9696
JIN, MD, BYUNGHAK GS
30 DELAWARE AVE
UNIONTOWN PA 15401-3119
JONES, MD, THOMAS B ORS
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412-437-8200
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25 HIGHLAND PARK DR STE 201
UNIONTOWN PA 15401-8926
412-439-4150
KIM, MD, DONG H PDA
169 S MOUNT VERNON AVE
UNIONTOWN PA 15401-3225
412-438-3524
KIM, MD, MYOUNG S * OBG
121 PROFESSIONAL PLAZA
UNIONTOWN PA 15401
KIM, MD, WHA S OBG
659 CHERRY TREE LN
UNIONTOWN PA 15401-8947
412-437-0649
KOOK, MD, MAXIMO C N
30 DELAWARE AVE
UNIONTOWN PA 15401-3119
412-437-5020
KRAUS, MD, JOHN F AN
108 BEN LOMOND ST
UNIONTOWN PA 15401-2835
412-430-5834

KUNKEL, MD, MARY E IM
1 S MT VERNON AVE
UNIONTOWN PA 15401-3223
412-437-9658
LABUDA II, MD, JOSEPH M FP
104 MCCLELLANDTOWN RD
UNIONTOWN PA 15401-5527
412-438-1808
LARKIN, MD, FRANCIS L GS
1357 JAMAICA RD
MARCO FL 33937-3980
LARKIN, MD, WILLIAM A GS
118 SANTA MARIA LN
UNIONTOWN PA 15401-2631
LEE, MD, KUK S * PM
REHABILITATION CENTER
UNIONTOWN PA 15401
412-438-9222
LEE, MD, YING P * GS
205 EASY ST STE 105
UNIONTOWN PA 15401-3128
412-437-1088
LEMENTOWSKI, MD, MICHAL GS
331 SCHOONMAKER AVE
MONESSEN PA 15062-1110
412-684-7170
LESACA, MD, TIMOTHY G * P
260 TROTWOOD WEST DR
PITTSBURGH PA 15241-2053
412-833-7181
MAHER, MD, REGIS M GS
19 SHADY LN
UNIONTOWN PA 15401-3605
412-438-2051
MARCUS, MD, JOHN W OBG
130 W 12TH ST APT 11G
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8 LYDIA DR
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MCMONAGLE, MD, CAREY L IM
650 CHERRY TREE LN
UNIONTOWN PA 15401-8947
412-439-8100
MITCHELL, MD, WILLIAM J ORS
180 N GALLATIN AVE
UNIONTOWN PA 15401-2969
412-437-0666
MONTGOMERY, MD, MARK R GP
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FAIRCHANCE PA 15436-0533
MURELLO, MD, DAVID M CD
650 CHERRY TREE LN
UNIONTOWN PA 15401-8947
412-439-8100
NOCHE, MD, CESAR N FP
136 BELMONT CIR
UNIONTOWN PA 15401-4764
412-439-1010
PAPINCAK, MD, LARRY J AN
2 LYDIA DR
UNIONTOWN PA 15401-8919
412-430-5027
PARIS, MD, CAROL A P
100 NEW SALEM RD
UNIONTOWN PA 15401-8936
412-437-0729
PARK, MD, MIN H FP
217 WOOD ST
CALIFORNIA PA 15419-1048
412-938-3464
PATEL, MD, SUBODH G * U
127 DILLON DR
LEMONT FURNACE PA 15456-9428
412-437-4604
PATNAM, MD, SRIDHAR V IM
657 CHERRY TREE LN
UNIONTOWN PA 15401-8947
412-437-8195
PATRICIO, MD, ALEJANDRO M OBG
413 JOANNE LN
UNIONTOWN PA 15401-3956
PATTERSON, MD,
CHRISTOPHER J IM
HLTH CTR OF FAYETTE CO
UNIONTOWN PA 15401-9169
412-564-5100
PEREZ, MD, ERLINDA B FP
43 CONNELLSVILLE ST
DUNBAR PA 15431-1536
412-277-4201
PEREZ, MD, GODOFREDO B * GS
134 S PITTSBURGH ST
CONNELLSVILLE PA 15425-3525
PERRONE, MD, FRANK F R FP
RR 1 BOX 74A-C
MARKLEYSBURG PA 15459
412-329-4444
PETERS, MD, ROBERT J IM
33 FRANCIS ST
UNIONTOWN PA 15401-5321
PISH, MD, RICHARD J * IM
2 HIGHLAND PARK DR
UNIONTOWN PA 15401-8926
412-438-4364
POPAT, MD, RAJNIKANT N OBG
68 DELAWARE
UNIONTOWN PA 15401
412-438-6636

POWELL, MD, JAMES R IM
205 EASY ST
UNIONTOWN PA 15401
412-437-4400
REILLY, MD, MICHAEL J GS
205 EASY ST STE 202
UNIONTOWN PA 15401-3128
412-439-1020
REILLY, MD, PHILLIP E * GP
7 S MOUNT VERNON AVE
UNIONTOWN PA 15401-3223
412-437-9328
RUPP, MD, ROBERT A OPH
MEDICAL ARTS BUILDING
UNIONTOWN PA 15401-3119
412-437-1568
RUSH, MD, JOHN F GP
RR 2 BOX 422
FARMINGTON PA 15437-9504
SARADAR, MD, RIAD IM
25 HIGHLAND PARK DR STE 203
UNIONTOWN PA 15401-8926
412-438-6311
SHELBY, MD, JOSEPH E GP
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UNIONTOWN PA 15401-1166
SINGH, MD, MALKIT IM
507 UNION STATION BLDG
BROWNSVILLE PA 15417-9602
412-785-2200
SINGH, MD, VIJAI P R
6218 REDWING RD
BETHESDA MD 20817-5918
412-437-8050
SINGLEY, MD, THOMAS L EM
116 LANSDOWNE DR
CORAOPOLIS PA 15108-3028
412-785-7200
SLOAN, MD, CHARLES R GP
1 S MT VERNON AVE
UNIONTOWN PA 15401-3223
412-437-9858
SPINUZZA, MD, THOMAS J R
301 DIXON BLVD
UNIONTOWN PA 15401-3913
412-430-5326
TAGHIZADEH, MD, FIROOZ GS
MEDICAL ARTS BUILDING
UNIONTOWN PA 15401
412-438-6661
TAYLOR, MD, BRIAN T FP
93 N MORGANTOWN ST
FAIRCHANCE PA 15436-1039
TIBERIO, MD, RICHARD A IM
171 W CRAWFORD AVE
CONNELLSVILLE PA 15425-3526
412-628-3500
TRANOVICH, MD, MARK ORS
240 DERRICK AVE
UNIONTOWN PA 15401-5368
412-437-8200
VILLAVICENCIO-NOCHE, MD,
LYDIA L EM
136 BELMONT CIR
UNIONTOWN PA 15401-4764
412-430-5066
WHITE, ANNE L EXEC
62 CHARLES ST
UNIONTOWN PA 15401-4211
412-437-7565
WILHELM, MD, BARBARA E EM
RR 2 BOX 498
UNIONTOWN PA 15401-9404
412-437-8880
WRIGHT JR, MD, ALFRED E U
312 BUTTERNUT CT
PITTSBURGH PA 15236-1326
ZAGLAMA, MD, NABIL E * IM
UNION STATION BUILDING
BROWNSVILLE PA 15417-1763
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7778 GRINDSTONE HILL RD
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ANGSTADT, MD, TERRY L FP
1213 SUMMIT RD
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195 FARM LN
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4073 FRECON RD
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717-264-6185
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GREENCASTLE PA 17225-1407
717-597-2115
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601 ROXBURY RD
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BEIDLER, MD, JON G D
156 HARVEST LN
CHAMBERSBURG PA 17201-4431
BENDER, MD, WILLIAM A GP
533 S 7TH ST
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BIKLE, MD, CHARLES A * D
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87 W KING ST
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BRICKER, MD, SAMUEL Q FP
47 AMETHYST DR
CHAMBERSBURG PA 17201-8204
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DAGEN, DO, ROSE M CD
WAYNESBORO HOSP
WAYNESBORO PA 17268-2394
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DAVIS, MD, WILLIAM L D
19 5TH AVE
CHAMBERSBURG PA 17201-1752
717-264-9797
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CHAMBERSBURG PA 17201-1795
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ENDERS, MD, JOHN G GE
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CHAMBERSBURG PA 17201-1795
717-263-0629
ENGLE, MD, JOSEPH H OPH
223 E 3RD ST
WAYNESBORO PA 17268-1608

FANG, MD, PETER J W DR
930 DEWBERRY CT
CHAMBERSBURG PA 17201-2870
717-267-7149
FARAGALLA, MD, RAMSES I U
144 S 8TH ST
CHAMBERSBURG PA 17201-2752
FARMER, DO, JOHN E * FP
45 ROADSIDE AVE
WAYNESBORO PA 17268-2537
717-762-2181
FLANAGAN, MD, MARGARET M PTH
50 KENWOOD RD
CHAMBERSBURG PA 17201
717-245-5372
FRANTZ, MD, ALFRED S OBG
979 E KING ST
CHAMBERSBURG PA 17201-1766
FREEMAN, MD, ALBERT W FP
78 W KING ST
SHIPPENSBURG PA 17257-1212
717-532-4148
FREEMAN, MD, WILLIAM A FP
87 W KING ST
SHIPPENSBURG PA 17257-1224
717-532-4148
FRY, MD, ROBERT L * OPH
482 E WASHINGTON ST
CHAMBERSBURG PA 17201-2622
717-263-5384
GARCIA, MD, DOMINGO A * IM
S POTOMAC ST
WAYNESBORO PA 17268
762-7621
GEORGE, MD, ROBERT B * FP
129 N MAIN ST
MERCERSBURG PA 17236-1723
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GOGLIN, MD, BRETT W END
144 S 8TH ST STE 103
CHAMBERSBURG PA 17201-2765
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WAYNESBORO PA 17268-2318
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659 CUMBERLAND AVE
CHAMBERSBURG PA 17201-3863
GROSSBERG, MD, MICHAEL F PD
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HAREN, MD, WILLIAM E U
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250 N 7TH ST
CHAMBERSBURG PA 17201-1722
717-263-8811
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CHAMBERSBURG PA 17201-3125
HASH JR, MD, VOLNEY W CD
840 DUNCAN AVE
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HEINE, DO, MARTIN K EM
6288 BIKLE RD
CHAMBERSBURG PA 17201-9065
717-261-7146
HENDRICKSON, MD, DONALD C PD
59 N 7TH ST
CHAMBERSBURG PA 17201-1717
HIMELFARB, MD, HILLARD M OPH
160 E QUEEN ST
CHAMBERSBURG PA 17201-2238
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CHAMBERSBURG PA 17201-1796
717-267-7152
HUDZINSKI, MD, MARTIN FP
J L GROVE MEDICAL CENTER
GREENCASTLE PA 17225-1100
717-597-3151
HURLEY II, MD, JAMES E * GS
761 5TH AVE #D
CHAMBERSBURG PA 17201-1282
717-261-1484
KEATING, MD, WILLIAM J * FP
3730 SCOTLAND RD BOX 398
SCOTLAND PA 17254
717-267-3606
KENT, MD, W DAVID FP
PO BOX 57
MERCERSBURG PA 17236-0057
717-328-2119
KHALIFA, MD, NAGIB M U
144 S 8TH ST
CHAMBERSBURG PA 17201-2752
717-264-2827
KISTLER, MD, WARREN D OPH
1039 WAYNE AVE
CHAMBERSBURG PA 17201-2923
717-264-4514

KRAMER, MD, WILLIAM A FP
144 S 8TH ST
CHAMBERSBURG PA 17201-2752
717-264-6511
KUNIS, MD, CHRIS C W * IM
4166 EDENVILLE RD
CHAMBERSBURG PA 17201-9560
717-597-6121
LAING, MD, JOHN W * NS
764 LINCOLN WAY E
CHAMBERSBURG PA 17201-2710
717-263-3650
LEE, MD, DAVID R OBG
1035 WAYNE AVE
CHAMBERSBURG PA 17201-2942
717-267-2871
LEWANDOWSKI, MD, ANN E DR
19604 GRANADA CT
HAGERSTOWN MD 21742-2470
717-267-7150
LYON-LOFTUS, MD, GREGORY T FP
PO BOX 369
MONT ALTO PA 17237-0369
717-749-3181
MABLIN, MD, PALMER PUD
601 NORLAND AVE
CHAMBERSBURG PA 17201
717-264-3900
MAGBOJOS, MD, QUIRICO R IM
1035 WAYNE AVE
CHAMBERSBURG PA 17201-2942
717-263-5065
MAGBOJOS, MD, ZENAIDA V AN
35 MILL RACE LN
FAYETTEVILLE PA 17222-9502
717-263-9181
MANGES, MD, JOHN P DR
1447 ALEXANDER AVE
CHAMBERSBURG PA 17201-1303
MATZELLE, MD, DONALD W GS
1 PONDS TURN RD
CHAMBERSBURG PA 17201-3165
717-263-1897
MCKENZIE, MD, JAMES G R
WAYNESBORO HOSP
WAYNESBORO PA 17268-2394
717-765-3404
MILLER, MD, JOSEPH J GP
611 E MAIN ST
WAYNESBORO PA 17268-2343
MILROTH, MD, WILLIAM L * GP
111 S 2ND ST
MCCONNELLSBURG PA 17233-1413
717-485-4180
MINDRUM, MD, GERALD G * OM
PO BOX 596
DUGWAY UT 84022-0596
717-267-8500
MUSSEY, MD, STEVEN W * IM
WELTY MEDICAL CENTER
WAYNESBORO PA 17268-2318
717-762-3050
NGEOW, MD, YIN K AN
6307 FAIRWAY DR W
FAYETTEVILLE PA 17222-9648
717-267-7164
ORANGE, MD, PAUL D FP
5 CANTERBERRY DR
CHAMBERSBURG PA 17201-8746
412-537-1480
ORNDORF, MD, THOMAS P OBG
761 5TH AVE STE A
CHAMBERSBURG PA 17201-1282
717-261-1975
PALMER, MD, MICHAEL H CD
601 NORLAND AVE
CHAMBERSBURG PA 17201
717-264-3900
PATALINGHUG JR, MD,
PASCUAL N FP
13630 MOLLY PITCHER HWY
GREENCASTLE PA 17225-9443
717-597-8070
PECK, DO, MICHAEL L * GP
CENTER SQUARE
ABBOTTSTOWN PA 17301
717-259-0923
PYATT JR, MD, ROBERT S DR
905 WALLACE AVE
CHAMBERSBURG PA 17201-3858
717-267-7161
RAHAUSER, MD, DAVID M FP
634 LINCOLN WAY E
CHAMBERSBURG PA 17201-2708
717-264-6185
RAMIREZ, MD, CONSTANCIO * PTH
277 BRIAR LN
CHAMBERSBURG PA 17201-3105
717-267-7152
RASCHID, MD, SOHAEL M OBG
761 5TH AVE STE A
CHAMBERSBURG PA 17201-1282
717-261-1975
RECTOR, MD, ROBERT D GS
CHAMBERSBURG MED BLDG
CHAMBERSBURG PA 17201-1795
717-263-4411
RETTIG, MD, STEPHEN J FP
1051 E MAIN ST STE 1
WAYNESBORO PA 17268-2318
RICHARDS, MD, ROBERT N ORS
1035 WAYNE AVE
CHAMBERSBURG PA 17201-2942
717-264-6211
RICHARDS JR, MD, ROBERT N ORS
1035 WAYNE AVE
CHAMBERSBURG PA 17201-2942
717-264-6211
RICTOR, MD, KENNETH W FP
2573 BLACK GAP RD
CHAMBERSBURG PA 17201-9751
717-267-3606
ROBERTSON, MD, ROGER J ORS
CHAMBERSBURG MED BLDG
CHAMBERSBURG PA 17201-1795
717-263-1220
ROBINSON, MD, DARRELL C OBG
218 N 2ND ST
MCCONNELLSBURG PA 17233
717-485-5022
ROGINA, DO, LAWRENCE E * OBG
220 S POTOMAC ST
WAYNESBORO PA 17268-2622
717-762-8136
SABRI, MD, PHILIP J * NM
727 ORCHARD CT
CHAMBERSBURG PA 17201-2864
717-267-7149
SALINGER, MD, DAVID J RO
938 CYPRESS ST
CHAMBERSBURG PA 17201-3846
717-263-9588
SARGE, MD, TERENCE J OBG
761 5TH AVE STE A
CHAMBERSBURG PA 17201-1282
717-534-8521
SCHORN, MD, VICTOR G * NS
764 LINCOLN WAY E
CHAMBERSBURG PA 17201-2710
717-263-3850
SENECAL, MD, KEITH E EM
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CHAMBERSBURG PA 17201-1718
717-267-7188
SHAPIRO, MD, CHARLES J GP
1707 ALEXANDER AVE
CHAMBERSBURG PA 17201-1405
SHUKLA, MD, ROHITKUMAR S * OBG
1051 EAST MAIN ST
WAYNESBORO PA 17268-1894
SIPES, MD, DUANE E FP
50 EASTERN AVE
GREENCASTLE PA 17225-1100
717-597-3151
SOLLENBERGER, DO, STANTON E * N
764 LINCOLN WAY E
CHAMBERSBURG PA 17201-2710
717-263-3850
SOMERS, MD, ERNEST E ORS
355 ROLAND AVE
CHAMBERSBURG PA 17201-1447
STEINOUR, MD, THOMAS A FP
RR 1 BOX 32
NEWBURG PA 17240-9331
STEWART III, DO, JOSEPH H FP
1051 E MAIN ST STE 1
WAYNESBORO PA 17268-2318
717-762-9118
STRITE JR, MD, JAMES A ORS
1455 RAGGED EDGE RD
CHAMBERSBURG PA 17201-9707
717-263-1220
SUKERKAR, MD, NITEEN N DR
723 ORCHARD CT
CHAMBERSBURG PA 17201-2864
717-267-7149
SWARTZ, MD, EDWARD F GYN
1035 WAYNE AVE
CHAMBERSBURG PA 17201-2942
717-264-7156
SWARTZ, MD, MARK A FP
PROFESSIONAL ARTS STE G
CHAMBERSBURG PA 17201
717-261-1269
TAYLOR, MD, THOMAS J END
12509 KARPER RD
MERCERSBURG PA 17236-9763
301-619-7211
TEETER, MD, JAMES H GS
45 ROADSIDE AVE
WAYNESBORO PA 17268-2537
717-762-7155
TERNES, MD, ROBERT J * IM
1051 E MAIN ST STE 2
WAYNESBORO PA 17268-2318
717-762-9241
THANE, MD, T TOE DR
946 DEWBERRY CT
CHAMBERSBURG PA 17201-2870
717-267-7149
THORNTON, MD, JOSEPH K FP
50 EASTERN AVE
GREENCASTLE PA 17225-1100
717-597-3151
WALLICK, MD, PETER G PS
500 OVERHILL DR
CHAMBERSBURG PA 17201-3164
WALSH, MD, TIMOTHY P CD
9204 MALER RD
SAN DIEGO CA 92129
619-532-7400
WEISS, DO, ROGER T * AN
10644 WORLEYTOWN RD
GREENCASTLE PA 17225
WHITE, MD, DARYL E FP
1113 KING DR
CHAMBERSBURG PA 17201-9058
717-349-2291
WILLWERTH, MD, GERALD E EM
CHAMBERSBURG MALL EMERG
CHAMBERSBURG PA 17201-6101
717-267-7188
WINGERD, MD, ROBERT A FP
CHAMBERSBURG MED BLDG
CHAMBERSBURG PA 17201-1795
717-264-5212
WINSLOW, MD, ROY E GS
45 ROADSIDE AVE
WAYNESBORO PA 17268-2537
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WOLFINGER, MD, WALTER L CD
29 MYRTLE AVE
WAYNESBORO PA 17268-1625
ZIOBROWSKI, MD, FRANK G U
703 SHADYSIDE DR
CHAMBERSBURG PA 17201-2921

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7 GLASSWORKS RD
GREENSBORO PA 15338
412-943-3308
AVNER, MD, DAVID L OM
RR 1
GREENSBORO PA 15338-9801
BROOKS, MD, JAMES L GP
LOCUST AVE
MOUNT MORRIS PA 15349
412-324-2637
CALLIS, MD, STEWART J P
317 E OAK ST
OAKLAND MD 21550-1503
301-334-5281
CHAYAPRUKS, MD, PRAYUN IM
189 E HIGH ST
WAYNESBURG PA 15370-1818
412-627-8412
DUER, MD, NATHAN B * FP
7 GLASSWORKS RD
GREENSBORO PA 15338
412-943-3308
FALOR, MD, STANLEY E L GP
325 E HIGH ST
WAYNESBURG PA 15370-1822
412-627-3101
GREENLEE, MD, DANIEL P GS
5TH AND BONAR AVE
WAYNESBURG PA 15370
GRIMES, MD, CLARENCE W FP
147 CARMICHAELS ST
RICES LANDING PA 15357-9731
LUONG, MD, JIM K ST
3228 MIDVALE AVE
PHILADELPHIA PA 19129
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MERING, MD, THOMAS W OBG
54 N MORRIS ST
WAYNESBURG PA 15370-1338
412-627-5404
MOORE, MD, CHARLES A OPH
1150 7TH ST
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412-627-6100
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BOX 440
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ROGERSVILLE PA 15359
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OCONNELL, MD, C LEONARD GP
64 S CHURCH ST
WAYNESBURG PA 15370-1832
PATTERSON JR, MD, ARTHUR J * GS
101 DEER BROOK LN
WAYNESBURG PA 15370
412-627-5474
RUSH, MD, CALVIN C OPH
13 FIELDSTONE PL
GREENVILLE SC 29615-3822
STACHER, MD, ERIC D PD
142 W HIGH ST
WAYNESBURG PA 15370-1310
TSAI, MD, JER-YUAN IM
175 BONAR AVE
WAYNESBURG PA 15370-1603
412-966-5081
VORA, MD, PRAFULLCHANDRA CD
RR 3
WAYNESBURG PA 15370-9803
412-627-8131
WHITE, MD, CAROL J FP
RR 1 BOX 92
FREDERICKTOWN PA 15333-9711
412-966-5081
WILLET, MD, ANDREW A FP
31 GOODEN AVE
DOVER DE 19901-4143
302-735-1880
ZARATE, MD, MARIA PAZ A OBG
1182 8TH ST
WAYNESBURG PA 15370-1646
412-852-2777

HUNTINGDON

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119 PRENDERGAST EXT
HUNTINGDON PA 16652-9220
814-635-2918
BECK, MD, ROBERT H IM
2315 HIGHLAND AVE
HUNTINGDON PA 16652
814-643-4727
BERGER, MD, WINFRIED M ORS
3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-5752
BOLINGER, MD, MARK S FP
RR BOX 33
BROAD TOP PA 16621
814-635-2801
BRESSLER, MD, WILLIAM L IM
3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-6241
CARTER, MD, THOMAS L R
J C BLAIR MEMORIAL HOSP
HUNTINGDON PA 16652
814-643-8627
COSTA, MD, RONALD E U
PHYSICIANS BUILDING
HUNTINGDON PA 16652
814-643-6682
D'ANDREA, DO, JOHN W * P
J C BLAIR MEMORIAL HOSP
HUNTINGDON PA 16652
814-643-7250
DELP, MD, DANIEL L FP
RR 3 BOX 327C
HUNTINGDON PA 16652-8814
DEPP-HUTCHINSON, MD,
WILLIAM S FP
MT UNION AREA MEC CTR
MT UNION PA 17066-1361
814-542-8627
DUNN, MD, PHILIP F GP
RR 1 BOX 271
HUNTINGDON PA 16652-9515
814-669-1976
ETTENGER, MD, ALLEN B PD
J C BLAIR MEMORIAL HOSP
HUNTINGDON PA 16652
814-643-4789
FILLMAN, MD, JOHN B OBG
383 WELDON DR
YORK PA 17404-5036
GAUGLER, DO, MICHAEL F GE
829 HUNTINGDON
HUNTINGDON PA 16652
814-643-1141
HARDESTY, MD, JAMES L GS
BRYAN ST
HUNTINGDON PA 16652
814-643-4878
HAYDEN, MD, JAMES B * FP
RR 3 BOX 148D
HUNTINGDON PA 16652
814-635-2918
ISENBERG, MD, CHESTER L * GP
500 NORRIS ST
SAXTON PA 16678-1602
JACOBSON, MD, DAVID P ORS
J C BLAIR MEMORIAL HOSP
HUNTINGDON PA 16652-2398
814-643-8850
JONES, MD, FREDERICK L * ORS
3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-5752
KELSEY, MD, ALICE M IM
829 WASHINGTON ST
HUNTINGDON PA 16652-1725
607-547-3456
LEE, MD, KENNETH K * OBG
J C BLAIR MEMORIAL HOSP
HUNTINGDON PA 16652
814-643-0837
LIDSTON, MD, BRUCE M PD
RR 2 BOX 391
HUNTINGDON PA 16652-9217
814-643-0531
LONG, MD, RONALD A * FP
829 WASHINGTON ST
HUNTINGDON PA 16652-1725
814-635-2918
MALCOLM, MD, DONALD C GP
PO BOX 218
ALEXANDRIA PA 16611-0218
MELOY, MD, THOMAS R EM
512 7TH ST
HUNTINGDON PA 16652-1733
814-643-8411
MIHELIC, MD, NICHOLAS E ORS
STE 103 HOSP MEDICAL PAV
HILTON HEAD SC 29926-2735
803-689-5751
MILLER, MD, DAVID S FP
3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-1551
PATITSAS, MD,
CHRISTOPHER J OPH
450 SUNNYMEADE RD
HUNTINGDON PA 16652-3208
814-643-5660
RUSSO, MD, DAVID P GS
BRYAN ST
HUNTINGDON PA 16652
814-643-4878
SCHALL, MD, JAMES E IM
SURG ASSOCS OF HUNTINGDON
HUNTINGDON PA 16652
814-643-4878
SCHOCK, MD, WILLIAM W PD
RR 2
HUNTINGDON PA 16652-9602
SCHUCKER, MD, CHARLES L OBG
BRYANT HTS
HUNTINGDON PA 16652-2437
SMITH, MD, THOMAS C IM
50 W 29TH ST
HUNTINGDON PA 16652-2523
814-643-2303
STETZ, DO, DREW J OTO
RR 2 BOX 394
HUNTINGDON PA 16652-9217
814-643-6320
SUTTON, MD, A KEITH FP
754 WASHINGTON ST
HUNTINGDON PA 16652-1757
814-643-4415
SZABO, MD, EMIL R * OBG
J C BLAIR MEMORIAL HOSP
HUNTINGDON PA 16652
THOMAS, MD, BRUCE L IM
3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-6462
WADDLE, DO, KEITH A GE
829 WASHINGTON ST
HUNTINGDON PA 16652
814-643-1141
WAWROSE, MD, FREDERICK E P
J C BLAIR MEMORIAL HOSP
HUNTINGDON PA 16652
814-643-5022
WEST, MD, WILLIAM B GP
27 CLIFTIN TER
CARLISLE PA 17013

INDIANA

ABOU-HAIDAR, MD, SAID N * P
875 HOSP RD
INDIANA PA 15701-3635
412-465-6400
AMBROSE, DO, JOSEPH E IM
321 AIRPORT PROF CTR
INDIANA PA 15701-9241
412-349-3433
BAGDORF, MD, ROBERT N
456 EDGEWOOD AVE
INDIANA PA 15701-4301
412-349-9776
BARNICLE, MD, DANIEL J R
INDIANA HOSP
INDIANA PA 15701-0788
412-357-7125
BARNICLE, MD, MARYANNE GE
300 DEBBIE DR
INDIANA PA 15701-2319
412-463-8850
BAUER, MD, JAMES E * RO
877 HOSP DR
INDIANA PA 15701
412-465-8900
BILLON, MD, ANDREW * GS
590 INDIAN SPRINGS RD
INDIANA PA 15701
412-463-1414
BORON, MD, STELLA M IM
15 S 8TH ST STE 201
INDIANA PA 15701-2778
412-349-8311
BOYKIW, MD, MARK E * GS
15 S 8TH ST STE 300
INDIANA PA 15701-2778
412-349-3170
BROWN, MD, RALPH R FP
RR 3 BOX 1810
HOMER CITY PA 15748-9233
412-479-2691
BURTON, DO, PAUL D * ORS
119 PROFESSIONAL CTR
INDIANA PA 15701-3501
412-349-8100
BUSH, MD, BRUCE A PUD
38 OVERLOOK DR
INDIANA PA 15701-2203
412-349-8825
CAMPBELL, MD, ROBERT J EM
174 MILL RUN RD
INDIANA PA 15701-1532
412-357-7121
CAVOTO, MD, MICHAEL J ORS
1265 WAYNE AVE STE 103
INDIANA PA 15701-3501
412-465-9636
CHADDAH, MD, ASHOK IM
1265 WAYNE AVE STE 201
INDIANA PA 15701-3501
412-463-9703
CLARK, MD, M DORCAS * DR
INDIANA HOSP
INDIANA PA 15701-0788
412-357-7125
CLARK, MD, SHERYL * AN
921 LILAC ST APT 8
INDIANA PA 15701-3332
COPPOLO JR, MD, BERNARD L * IM
15 S 8TH ST STE 201
INDIANA PA 15701-2778
412-349-8311
COSHAREK, MD, ROBERT F FP
3 OAK LN
BLAIRSVILLE PA 15717-1522
412-459-9111

DROZDIAK, MD, RUSSELL A FP
152 MILL RUN RD
INDIANA PA 15701-1532
412-254-4314
EVANS, MD, WILLIAM G FP
48 6TH ST
CLYMER PA 15728-1209
412-254-4314
FRIED, MD, JEFFREY A ORS
INDIANA ORTHOPEDICS INC
INDIANA PA 15701
412-357-7000
GATTI, MD, JOSEPH W GP
335 N 6TH ST
INDIANA PA 15701-1819
412-465-7149
GHATE, MD, SHARAD B OBG
119 PROF CENTER
INDIANA PA 15701-3501
412-349-7530
GILLIS, MD, VICTORIA A IM
1366 HILLSDALE DR
MONROEVILLE PA 15146-4443
412-337-5011
GOLDSTROHM, MD, ROBERT G OPH
PROFESSIONAL CENTER
INDIANA PA 15701-3501
412-463-0286
GOMEZ, MD, ANSELMO R AN
1127 MANSFIELD AVE
INDIANA PA 15701-4510
GONGLOFF, MARIANNE EXEC
590 INDIAN SPRINGS RD
INDIANA PA 15701-3600
412-349-1204
GRIFFIN, MD, STEVEN P PTH
INDIANA HOSP
INDIANA PA 15701-0788
412-357-7169
HANNA, MD, HERBERT L FP
155 E MARKET ST
BLAIRSVILLE PA 15717-1357
412-459-9111
HATCHER, MD, KIM A FP
41 COATES LN
INDIANA PA 15701-3630
412-349-7980
HUGHES, MD, DAVID C OTO
1803 RTE 422 W
INDIANA PA 15701-1541
412-349-2445
JESICK, MD, ANN R FP
119 PROFESSIONAL CENTER
INDIANA PA 15701
412-349-7388
JUHASZ, MD, ALEX B GS
549 RTE 119 N
INDIANA PA 15701-1247
412-349-1180
KARANJIA, MD, MINOO D OTO
1803 RT 422 W
INDIANA PA 15701-1541
412-349-5440
KAUFFMAN, MD, CHESTER T FP
RR 8 BOX 244
INDIANA PA 15701-8422
LABUSKI, MD, MARK R IM
2532 SHELLY DR
INDIANA PA 15701-2344
301-295-2209
LAN, MD, VICTOR S GP
2255 CANTERBURY OFFICES
INDIANA PA 15701-1576
412-349-1616
LEAR, MD, WILLIAM L OBG
119 PROFESSIONAL BUILDING
INDIANA PA 15701-3501
412-463-0225
LENTZ, MD, MARK R * IM
5120 FERGUSON RD
INDIANA PA 15701-8941
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INDIANA PA 15701-3635
412-463-9701
LIPSON, MD, JOHN D GS
735 WHITE FARM RD
INDIANA PA 15701-1253
412-357-7178
LONG JR, MD, HERBERT C R
303 N CARPENTER AVE
INDIANA PA 15701-1631
MACEYKO, MD, RONALD F D
209 DELTA DR
JOHNSTOWN PA 15904-1676
814-536-7045
MALIVER, MD, DEBORAH S IM
375 COUNTRY CLUB RD
INDIANA PA 15701-1312
MALIVER, MD, LEONARD E U
375 COUNTRY CLUB RD
INDIANA PA 15701-1312
412-349-7822
MCCOY, MD, THOMAS D ON
675 HOSP RD STE 201
INDIANA PA 15701-3635
412-349-1630

MCDOWELL, MD, EDWARD P CD
875 HOSP RD
INDIANA PA 15701-3635
412-463-9700
MILLS, MD, JOHN W * GYN
590 INDIAN SPRINGS RD
INDIANA PA 15701-3600
412-349-1203
MIR, MD, TAHIR U EM
89 BRADLEY CT
INDIANA PA 15701-2310
412-463-1410
MITCHELL, MD, HENRY PD
45 S 6TH ST
INDIANA PA 15701-2714
412-463-3441
NEAL JR, MD, HARRY B GP
936 CHURCH ST
INDIANA PA 15701-2652
NEALE, MD, JOHN M PD
961 INDIAN SPRINGS RD
INDIANA PA 15701-3507
412-349-7590
NESPAR, MD, JAMES A * OPH
30 PINECREST DR
INDIANA PA 15701
O'CONNELL, MD, JAMES P AN
740 WHITE FARM RD
INDIANA PA 15701-1252
412-357-7066
PARK, MD, JOSEPH M U
63 S 9TH ST
INDIANA PA 15701-2762
412-465-5583
PARKS, DO, JOSEPH L GP
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MARION CENTER PA 15759
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412-349-6677
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960 LILAC ST APT 6
INDIANA PA 15701-3337
412-354-5220
POLLOCK, MD, MICHAEL S ORS
501 AIRPORT PROF CTR
INDIANA PA 15701-8314
412-349-6340
SANDROWICZ, MD, RICHARD R FP
109 FRANKLIN CIR
INDIANA PA 15701-9313
412-349-6742
SAWICKI, MD, EDWARD H FP
107 CONCORD ST
INDIANA PA 15701-2406
614-467-6611
SAYERS, MD, KENNETH H FP
2050 NE 39TH ST APT N103
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SEKHON, MD, MANI S IM
155 E MARKET ST
BLAIRSVILLE PA 15717-1303
412-459-9111
SIBOLBORO, MD, ISABELO Z * AN
111 GREENVIEW DR
INDIANA PA 15701-1333
SIMONE, MD, FRANK J DR
INDIANA HOSP
INDIANA PA 15701-0788
412-357-7128
SINGH, MD, BIJAI B IM
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INDIANA PA 15701-8907
412-465-2631
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39 S 6TH ST
INDIANA PA 15701-2762
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1177 S 6TH ST
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412-349-8280
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1177 S 6TH ST
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412-463-2720
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INDIANA PA 15701
412-349-9691
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15 S 6TH ST
INDIANA PA 15701-2776
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45 N 7TH ST
INDIANA PA 15701-1803
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911 KATHRYN ST
INDIANA PA 15701-1216
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412-683-3000
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2121 SHELLY DR
INDIANA PA 15701-2355
412-349-3433
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590 INDIAN SPRINGS RD
INDIANA PA 15701-3600
412-349-1310
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40 PINE CREST DR
INDIANA PA 15701-1243
412-465-9050
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SCRANTON PA 18505-2274
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DUNMORE PA 18509-2432
717-346-4700
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1616 MONROE AVE
SCRANTON PA 18509-2042
GENTILEZZA, MD, KENNETH W PM
746 QUINCY AVE
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PO BOX 616
SCRANTON PA 18512
717-343-2383
GILLICK, MD, ALAN P * ORS
231 NORTHERN BLVD
CLARKS SUMMIT PA 18411-9304
717-586-8685
GLEESON, MD, MICHAEL F * GS
401 ADAMS AVE STE 409
SCRANTON PA 18510-2025
717-282-0833
GOLDSTONE, MD, SHELDON B D
321 SPRUCE ST
RM 523
SCRANTON PA 18503
717-347-3628
GOMAR, MD, ALFONSO A IM
959 WYOMING AVE
SCRANTON PA 18509-3023
GOMBAR, MD, EDWARD F GP
522 SANDERSON ST
THROOP PA 18512-1244
717-489-4661

GOTTSHALL, MD, SAMUEL C AN
534 GLADIOLA DR
CLARKS SUMMIT PA 18411-2164
717-963-2100
GRAD, MD, CHARLES T GE
201 SMALLACOMBE DR
SCRANTON PA 18509-2616
GRADY, MD, PATRICK J AN
MERCY HOSP
SCRANTON PA 18510-1697
717-348-7100
GRATZ, MD, RICHARD E IM
201 SMALLACOMBE DR
SCRANTON PA 18509-2616
717-961-0171
GUTIERREZ, MD, GUILLERMO GS
414 MADISON AVE
SCRANTON PA 18510
717-346-5303
GUZEK, MD, JOHN R IM
840 MADISON AVE
SCRANTON PA 18510-1607
717-342-3080
HAHN, MD, KON S OPH
1016 CHURCH ST
HONESDALE PA 18431
717-253-4008
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414 MADISON AVE
SCRANTON PA 18510-2434
717-348-5303
HAN, MD, SUN TAK * CD
802 JEFFERSON AVE
SCRANTON PA 18510-1046
717-346-9373
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RR 2 BOX 2099
FACTORYVILLE PA 18419-9612
717-562-0421
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937 HICKORY ST
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717-348-7353
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743 JEFFERSON AVE 2ND FL
SCRANTON PA 18510-1612
717-342-3675
HIJAZI, MD, SAADEDDINE A GS
361 N 9TH AVE
SCRANTON PA 18504-2005
717-343-4599
HOLLA, MD, P SHRIPATHI NS
321 SPRUCE ST RM 707
SCRANTON PA 18503-1447
717-961-2469
HOLLAND, MD, SANFORD J AN
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SCRANTON PA 18510-1798
717-963-2671
HOLMES, MD, JOHN J GP
314 RUSHBROOK ST
JERMYN PA 18433-1664
717-878-1161
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475 MORGAN HWY
SCRANTON PA 18509-2605
717-348-1258
HUANG, MD, CHAU FE CD
201 SMALLACOMBE DR
SCRANTON PA 18508-2616
HWAN, MD, JUNG J OBG
709 N STATE ST
CLARKS SUMMIT PA 18411-9464
717-587-4394
HYZINSKI, MD, MARTIN B HEM
MERCY HOSP
SCRANTON PA 18510-1624
717-342-3675
JACOBS, MD, KENNETH M PUD
MERCY HOSP
SCRANTON PA 18510-1697
717-346-3934
JADITZ, DO, STEPHEN G FP
532 GLADIOLA DR
CLARKS SUMMIT PA 18411-2184
717-586-8186
JALOWIEC, DO, MICHAEL A IM
SCRANTON TEMPLE IM RES
SCRANTON PA 18510
717-348-7170
JAMA, DO, ROBERT H TRS
610 BANK ST
DALTON PA 18414-9514
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PROFESSIONAL BUILDING
CARBONDALE PA 18407-2574
717-282-6660
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904 SEMINOLE GARDENS
AMBLER PA 19002-3610
215-221-3807
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717-342-3145
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CLARKS SUMMIT PA 18411-0809
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1416 MONROE AVE
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717-344-6269
KANE, MD, JAMES A GS
1729 QUINCY AVE
DUNMORE PA 18509-2132
717-344-1231
KAREHA, MD, LOUIS G GP
319 N ABINGTON RD
CLARKS SUMMIT PA 18411-2309
717-586-8186
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321 SPRUCE ST RM 1117
SCRANTON PA 18503-1451
717-348-1975
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717-342-7864
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212 FAIRVIEW RD
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717-288-6120
KELLY-HOLMES, MD, PATRICIA A GP
307 ABBEY DR
CLARKS SUMMIT PA 18411
717-586-3232
KEULER, MD, MARC M IM
863 POCONO BLVD
MT POCONO PA 18344-1018
717-839-8754
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211 N STATE ST
CLARKS SUMMIT PA 18411-1087
717-586-3300
KONDASH, DO, MICHAEL L FP
511 GRANDVIEW ST
CLARKS SUMMIT PA 18411-2166
717-586-3300
KOTCHICK, MD, E DONALD FP
102 N ABINGTON RD
CLARKS SUMMIT PA 18411-2538
717-586-1133
KOVAL, MD, JOSEPH C PUD
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717-347-2222
KRAUSE, MD, ROBERT E * OS
517 WAVERLY AVE
CLARKS SUMMIT PA 18411-1000
717-563-1112
KRISANDA, MD, JOSEPH B GP
112 DELAWARE AVE
OLYPHANT PA 18447-1518
717-489-1321
LAMBERTI, MD, WILLIAM F P
746 QUINCY AVE
SCRANTON PA 18510-1739
717-347-3701
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RR 3
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717-282-8191
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401 ADAMS AVE STE 300
SCRANTON PA 18510-2025
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LEE, MD, EDWARD Y CHP
1815 E ELM ST
SCRANTON PA 18505-3925
717-342-8305
LEE, MD, KYUNG C GS
1027 PITTSTON AVE
SCRANTON PA 18505-4110
717-961-5006
LEIBMAN, MD, JOSEPH B EM
831 QUINCY AVE
SCRANTON PA 18510-1117
717-836-2161
LEIMAN, MD, PAUL M DR
746 JEFFERSON AVE
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717-348-7857
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SCRANTON PA 18510-1624
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SCRANTON PA 18503-1230
717-961-3933
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748 QUINCY AVE
SCRANTON PA 18510
717-347-4377
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717-342-8299
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201 SMALLACOMBE DR
SCRANTON PA 18508-2618
717-963-9100
LOHIN, DO, DAVID L CD
201 FRANKLIN AVE
SCRANTON PA 18503-1911
717-961-2105
MACKRELL, MD, JAMES J * GS
401 ADAMS AVE STE 303
SCRANTON PA 18510-2025
717-342-0030
MACKRELL, MD, WILLIAM P * GP
KENNEDY DR
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717-489-9656
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SCRANTON PA 18510-1046
717-348-1118
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RR 4 BOX 74A
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233 PENN AVE
SCRANTON PA 18503-1921
717-961-1961
MARIANI, MD, STEPHEN S R
746 JEFFERSON AVE
SCRANTON PA 18510-1624
717-346-8272
MARINO, MD, JOSEPH N FP
637 PRESCOTT AVE
SCRANTON PA 18510-1919
717-342-5350
MARMO, MD, THEODORE GP
121 MOOSIC RD
OLD FORGE PA 18518-2018
717-457-3041
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327 N WASHINGTON AVE
SCRANTON PA 18503
717-961-5522
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125 SCRANTON POCONO HWY
SCRANTON PA 18505-2274
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CLARKS GREEN PA 18411-2309
717-587-3070
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111 MAIN ST
VANDLING PA 18421
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101 MARY LN
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SCRANTON PA 18503-1818
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802 JEFFERSON AVE
SCRANTON PA 18510-1046
717-344-9457
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125 SCRANTON POCONO HWY
SCRANTON PA 18505-2274
717-342-8500
MCNABB, MD, DANIEL M EM
165 FALLBROOK ST
CARBONDALE PA 18407-1810
717-282-3151

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717-342-7163
MENZEL, MD, PAUL H CD
CARDIOVASC CONSULTANTS
SCRANTON PA 18503-1911
717-961-2105
METZGER, MD, PAUL C * ORS
327 N WASHINGTON AVE STE 808
SCRANTON PA 18503-1542
717-961-5808
MILANI, MD, FRANK A IM
201 SMALLACOMBE DR
SCRANTON PA 18508-2618
717-961-0171
MINORA, MD, BARRY A IM
331 WARREN ST
SCRANTON PA 18508
717-348-7180
MINORA, MD, MICHAEL A GP
1714 PITTSTON AVE
SCRANTON PA 18505-1630
717-347-1111
MINORA, MD, THOMAS L IM
2232 PITTSTON AVE
SCRANTON PA 18505-3238
717-969-2822
MITTMAN, MD, DEAN D
3010 QUAIL HOLLOW RD
CLARKS SUMMIT PA 18411
717-342-8500
MIZIN, MD, LAKSHMI D J * CD
165 FALLBROOK ST
CARBONDALE PA 18407-1810
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100 LINCOLN AVE
CARBONDALE PA 18407-2170
717-282-2724
MOGERMAN, MD, RICHARD L ORS
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CARBONDALE PA 18407-2170
717-282-2724
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ABUL-KASSIM IM
402 N BLAKELY ST
DUNMORE PA 18512-1934
717-961-3374
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MARYELLEN R O DR
MERCY HOSP
SCRANTON PA 18503
717-348-7845
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743 S MAIN AVE
SCRANTON PA 18504-2146
171-963-0693
MOORE, MD, MICHAEL F GS
102 N ABINGTON RD STE 105
CLARKS GREEN PA 18411-2538
717-586-5178
MORAN, MD, KURT P * IM
829 GRANDVIEW ST
SCRANTON PA 18508
717-347-8466
MORGAN JR, MD, VERNON W OBG
743 JEFFERSON AVE
SCRANTON PA 18510-1612
MORI, MD, GINO GS
225 PENN AVE
SCRANTON PA 18503-1921
717-342-7864
MORI, MD, HUGO * U
225 PENN AVE
SCRANTON PA 18503-1921
717-342-7864
MORITZ, MD, MORDEKHAI GE
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SCRANTON PA 18510-1624
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1034 MAIN ST
DICKSON CITY PA 18519-1340
MOXEN, MD, JOHN M R
700 QUINCY AVE
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802 S WEBSTER AVE
SCRANTON PA 18505-4202
NALEVANKO, MD, ALBERT M OTO
327 N WASHINGTON AVE
SCRANTON PA 18503-1511
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NATHAN, MD, RADHA * PD
743 JEFFERSON AVE RM 302
SCRANTON PA 18510-1612
NELSON, MD, ANDERS P * US
1493 HILLSIDE DR
CLARKS SUMMIT PA 18411-9506
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NEVILLE, MD, EDWIN C * TS
746 JEFFERSON AVE
SCRANTON PA 18510-1624
717-344-1232
NEWMAN III, MD, WILLIAM H FP
251 E GROVE ST
CLARKS SUMMIT PA 18411-1795
717-587-1131
NEWTON, MD, CHARLES T N
201 SMALLACOMBE DR
SCRANTON PA 18508-2618
717-961-0171

NOURIAN, MD, ALI A * P
212 MEDICAL ARTS BLDG
SCRANTON PA 18503
717-961-5557
OBOYLE, MD, TOMAS A PD
GREEN RIDGE MEDICAL MALL
SCRANTON PA 18509-2839
OCONNOR JR, MD, JAMES J PTH
441 WYOMING AVE
SCRANTON PA 18503-1227
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OLSEN, MD, KEVIN H CD
CARDIOVASCULAR CONSULTANTS
SCRANTON PA 18503-1911
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ONOFREY, MD, DAVID * GS
742 JEFFERSON AVE
SCRANTON PA 18510-1624
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ORAM, MD, MELVIN FP
218 KAREN DR
SCRANTON PA 18505-2208
PALANDJIAN, MD,
KHATCHADOUR B CHP
141 SALEM AVE
CARBONDALE PA 18407-2574
PALUSHOCK, MD, SHARON END
2007 SUMMIT POINTE DR
SCRANTON PA 18508-1018
717-961-0171
PANCOAST, MD, STEPHEN J ID
746 QUINCY AVE
SCRANTON PA 18510-1739
717-342-5253
PARABIA, MD, PERIN F AN
811 CARNATION DR
CLARKS SUMMIT PA 18411-2111
PARRILLO, MD, DOUGLAS W * R
746 JEFFERSON AVE
SCRANTON PA 18510-1624
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PARSICK, MD, DANIEL P * FP
399 N 9TH AVE
SCRANTON PA 18504-2005
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PASCUCCI, MD, STEPHEN E PD
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SCRANTON PA 18503
PASCUCCI, MD, STEPHEN E OPH
NORTHEASTERN EYE INST
SCRANTON PA 18503-1907
717-342-3145
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79 DUNDAFF ST
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PATEL, MD, BHUPENDRA R IM
512 LACKAWANNA AVE
MAYFIELD PA 18433-1802
717-876-0209
PATEL, MD, BIPIN M IM
401 ADAMS AVE STE 304
SCRANTON PA 18510-2025
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PATEL, MD, RAMESH C * OBG
141 SALEM AVE
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717-282-3073
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169 3RD AVE
KINGSTON PA 18704-5750
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BLAKELY PA 18447-1241
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92 SALEM AVE
CARBONDALE PA 18407-2038
PHILBIN, MD, JOSEPH F * IM
1736 SANDERSON AVE
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PICZON, MD, SEVERINO Y * NS
711 MEDICAL ARTS BLDG
SCRANTON PA 18503-1541
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PLATT, MD, HOWARD A * NS
226 HOLLY LN
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POLLINO, MD, VINCENT FP
129 KIMBERLY CIR
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PORT, MD, J TEIG ORS
231 NORTHERN BLVD
CLARKS SUMMIT PA 18411-9304
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959 WYOMING AVE
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14 LAKESIDE DR
CLARKS SUMMIT PA 18411
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SCRANTON PA 18510-2369
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364 GRAVEL POND RD
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SCHMALTZ, MD, HARRY W * ORS
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746 JEFFERSON AVE
SCRANTON PA 18510-1824
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SCRANTON PA 18503-1537
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149 S HIGHLAND DR
PITTSTON PA 18640-3246
717-963-2350
SHAH, MD, NAYAN C GE
79 DUNDAFF ST
CARBONDALE PA 18407
717-282-8100
SHAH, MD, RAHMAT AN
746 JEFFERSON AVE
SCRANTON PA 18501
717-348-7100
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436 GRAVEL POND RD
CLARKS SUMMIT PA 18411-9482
717-282-6660
SHAIKH, MD, KHALEEL A * TRS
436 GRAVEL POND RD
CLARKS SUMMIT PA 18411-9482
SHARMA, MD, MEERA V RHU
321 SPRUCE ST 3RD FL
SCRANTON PA 18503
717-344-1031
SHECHTER, MD, JAY A * CD
SCRANTON CARDIOVASC GP
SCRANTON PA 18510-1624
717-342-1776
SHEER, MD, GEORGE W DR
327 N WASHINGTON AVE STE 2018
SCRANTON PA 18503-1511
717-348-7501
SHELDON, MD, DOUGLAS L * D
MEDICAL ARTS BLDG
SCRANTON PA 18503
717-961-5522
SHERWIN, MD, EDWARD A * IM
473 W MAIN ST
DALTON PA 18414-9567
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141 SALEM AVE
CARBONDALE PA 18407-2574
717-282-6928
SHOVLIN, MD, J MICHAEL P
141 SALEM AVE
CARBONDALE PA 18407-2574
717-876-4731

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120 OVERLOOK RD
CLARKS SUMMIT PA 18411
717-346-7501
SILBERT, MD, RICHARD R P
1822 MULBERRY ST
SCRANTON PA 18510-2369
717-969-8781
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304 CHESTNUT ST
PECKVILLE PA 18452-2208
717-489-1529
SINGH, MD, ARVIND K AN
1018 SLEEPY HOLLOW RD
CLARKS SUMMIT PA 18411-2710
717-348-7995
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538 SPRUCE ST
SCRANTON PA 18503
717-342-4183
SKETTINO, MD, JOSEPH A OPH
200 MIFFLIN AVE
SCRANTON PA 18503-1907
717-342-3145
SKOVIRA, MD, EDWARD M PTH
CLINICAL LABS
SCRANTON PA 18503-1296
717-969-8185
SMITH, MD, CATHERINE S * MFM
COMMUNITY MEDICAL CENTER
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717-969-8384
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802 JEFFERSON AVE
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717-342-8677
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201 SMALLACOMBE DR
SCRANTON PA 18508-2618
717-961-0171
SOIFER, DO, NEAL E * CD
1360 WYOMING AVE
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717-961-2105
SOMA, MD, JOSEPH J AI
SCRANTON MEDICAL CLINIC
SCRANTON PA 18508-2618
717-348-0101
SOROKANICH, MD, STEPHEN OPH
538 SPRUCE ST STE 812
SCRANTON PA 18503-1816
717-348-6400
SOROKANICH, MD, STEPHEN GP
320 SCOTT RD
CHINCHILLA PA 18410
717-457-3361
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748 QUINCY AVE
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102 N ABINGTON RD
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717-586-1133
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910 PARKVIEW RD
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717-342-7864
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233 PENN AVE
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717-961-1961
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717-342-7864
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1559 MAIN ST
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SUH, MD, SANG J GS
166 N MAIN ST
OLD FORGE PA 18518-1726
717-457-8321
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327 N WASHINGTON AVE STE 400
SCRANTON PA 18503-1537
SUNDAY, MD, MICHAEL L GS
53 REVERE RD APT 3
DREXEL HILL PA 19026-5335
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MOSES TAYLOR HOSP
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717-963-2601
SWIFT, MD, FRANK L PD
1510 N WASHINGTON AVE
SCRANTON PA 18509-2362
SWISHER II, MD, CHARLES L EM
700 WINOLA RD
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717-342-5900
THOMPSON, MD, CARSON J * NS
MERCY HOSP
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717-961-2711
TODARO, MD, SAMUEL R ORS
MERCY HOSP
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717-961-3823
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397 N 9TH AVE
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717-344-8619
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1027 PITTSTON AVE
SCRANTON PA 18505-4110
UROSKIE, MD, THEODORE W OBG
200 YALE BLVD
CLARKS SUMMIT PA 18411-1136
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VALVERDE, MD, MARIO F OPH
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SCRANTON PA 18503-1818
717-346-7434
VEKARIA, MD, KISHOR-KUMAR S AN
101 JULIUS ST
CLARKS SUMMIT PA 18411-8922
717-969-8259
VENTRE, MD, SUSAN * PO
GENERAL DELIVERY
WAVERLY PA 18471-9999
717-961-3455
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BLAKELY PA 18447-1231
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108 COLBURN AVE
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1400 S MAIN ST
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140 CHERRY ST
DUNMORE PA 18512-3019
WALNISTA, MD, FRANK J GP
222 OAK ST
SCRANTON PA 18508-1956
717-344-3940
WANG, MD, YAO C P
201 CROSSGATE DR
CLARKS SUMMIT PA 18411-8866
717-586-2011
WEISS, MD, JEFFREY P * U
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717-342-7864
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WESTON, MD, WAYNE L IM
201 SMALLACOMBE DR
SCRANTON PA 18508-2618
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SCRANTON PA 18509-1732
WILCOX, MD, KENNETH R CDS
720-732 MADISON AVENUE
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WON, MD, OKHEE PTH
441 WYOMING AVE
SCRANTON PA 18503-1227
717-346-1759
WRIGHT, MD, ROBERT E ON
743 JEFFERSON AVE 2ND FL
SCRANTON PA 18510-1812
717-342-3675

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700 S WEBSTER AVE
SCRANTON PA 18505-4204
717-961-1292
WYSOKINSKI, MD, MARK L IM
1527 MONROE AVE
DUNMORE PA 18509-2481
YANNI, MD, ANTHONY J IM
R 608 LANGSTAFF PL
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YAVOREK, MD, AMY OBG
401 ADAMS AVE
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717-346-7338
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746 JEFFERSON AVE
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YEVITZ, MD, WILLIAM J GP
1514 MADISON AVE
SCRANTON PA 18509-2442
ZALE, MD, ANTHONY G ORS
1538 WYOMING AVE
SCRANTON PA 18509-2354
717-346-6111
ZAYDON, MD, ANNE C IM
312 W DRINKER ST
DUNMORE PA 18512-1918
717-344-4449
ZEGLEN, MD, KURT T DR
915 POPLAR ST
DUNMORE PA 18510-1188
717-951-1606
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327 N WASHINGTON AVE
SCRANTON PA 18503
717-961-5522
ZUKOSKI, MD, THOMAS E PD
802 JEFFERSON AVE
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717-348-1464

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153 MT HOPE SCHOOL RD
WILLOW STREET PA 17584
ADDIS, MD, CHRISTOPHER T IM
818 N DUKE ST
LANCASTER PA 17602-2210
717-392-3596
AGUSTA, MD, VICTOR E U
620 N DUKE ST
LANCASTER PA 17603-1604
717-393-1771
AHN, MD, CHANG W PM
530 N LAWN DR
LANCASTER PA 17603
717-291-8184
AICHELE JR, DO, ROBERT K FP
324 BEAVER VALLEY PIKE
WILLOW STREET PA 17584-9529
717-464-2838
ALBRIGHT, MD, GERALD S FP
241 MAIN ST
LANDISVILLE PA 17538-1245
717-898-2203
ALEXANDER, MD, ALAN R DR
209 BUCKFIELD DR
LITITZ PA 17543-9058
717-291-8132
ALLEN, MD, LISA S RHU
217 HARRISBURG AVE STE 104
LANCASTER PA 17603-2900
ALTADONNA, MD, VICTOR U
3166 GRANDE OAK PL
LANCASTER PA 17601-1264
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LANCASTER PA 17603-2900
ANDERSEN, MD, ROLF L CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
ANDERSEN, MD, THOMAS W FP
8 E MAIN ST
MOUNT JOY PA 17552-1418
717-653-4331
ARGIRES, MD, JAMES P NS
1871 CROOKED OAK DR
LANCASTER PA 17601-4207
717-569-5331
ARROW, DO, BEREL B IM
COLONIAL CENTER
LANCASTER PA 17602-2179
717-299-2200
ARTHUR, MD, KENNETH R PS
554 N DUKE ST
LANCASTER PA 17602-2225
717-291-5863
ARTUSO, MD, JAMES D AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
ASTARITA, MD, SALVATORE J AN
117 PARK PL
LANDISVILLE PA 17538-1385
717-394-9821

AXELROD, DO, NORMAN M GS
996 E ORANGE ST
LANCASTER PA 17602-3214
717-394-0032
BACHARACH, MD, MATTHEW D VS
554 N DUKE ST
LANCASTER PA 17602-2225
717-392-4700
BACHMAN, MD, WILLIAM H FP
240 CLEARFIELD RD
NEW PROVIDENCE PA 17560-9736
BACON, MD, RICHARD W FP
878 E MAIN ST
NEW HOLLAND PA 17557-1426
717-354-4671
BAER, MD, GERALD R FP
418 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467
BAIRD, MD, EDWARD F AN
1515 COUNTRY CLUB DR
LANCASTER PA 17601-5213
717-291-8274
BAKER, MD, DAVID G AN
ST JOSEPHS HOSP
LANCASTER PA 17603-3378
717-291-8211
BALEANU-MALLOZZI, MD, RALUCA I PM
2017 WILLIAM PENN WAY
LANCASTER PA 17601-5887
717-397-3711
BARR, MD, V WARD NS
1671 CROOKED OAK DR
LANCASTER PA 17601-4207
717-569-5331
BARTGES, MD, JOHN D * U
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-397-4254
BASARAB, MD, ROBERT M NM
516 GREENHOWE DR
LITITZ PA 17543-9054
717-295-8300
BASHORE JR, MD, ROBERT M OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
BEACHER JR, MD, GEORGE W GP
5286 LINCOLN HWY
GAP PA 17527-9618
717-442-9242
BECKER, MD, DANIEL L FP
39 INNISBROOK LN
COATESVILLE PA 19320-5902
BELL, MD, STEPHEN T CD
622 N QUEEN ST
LANCASTER PA 17603-3029
717-299-5000
BENTREM II, MD, GEORGE A FP
16A MANOR AVE
MILLERSVILLE PA 17551
717-872-5444
BERKOW, MD, DON A EM
800 ORCHARD LN
LANCASTER PA 17603-2422
717-295-8322
BERKOWITZ, MD, ALAN R AN
1351 BEACONFIELD LN
LANCASTER PA 17601-5344
717-733-0311
BERNHARD, MD, ROBERT A R
1509 CLAYTON RD
LANCASTER PA 17603-2405
717-291-8131
BEYER III, MD, FREDERICK C GS
554 N DUKE ST
LANCASTER PA 17602-2225
717-392-4700
BIUSO, MD, THOMAS J IM
1834 OREGON PIKE
LANCASTER PA 17601-6483
717-560-5770
BLAISDELL, MD, THEODORE A FP
446 SURREY DR
LANCASTER PA 17601-2828
717-295-8340
BODNER, MD, DARYL G OTO
1655 CROOKED OAK DR
LANCASTER PA 17601-4299
717-569-4905
BODNER, MD, GAIL F FP
902 MARIETTA AVE
LANCASTER PA 17603-3105
BOLANDER, DO, CARRIE L AN
1919 WILLIAM PENN WAY
LANCASTER PA 17601-5852
717-397-3711
BONCHEK, MD, LAWRENCE I CDS
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8395
BOWERS, MD, DAVID W FP
562 W 2ND AVE
LITITZ PA 17543-1816
717-626-2167
BOWMAN, MD, JOHN H OPH
1655 CROOKED OAK DR
LANCASTER PA 17601-4299
717-569-7000
BRABAZON, DO, JOHN F FP
222 W FULTON ST
EPHRATA PA 17522-1901
717-733-2324

BRADFORD, DO, WILLIAM C OBG
1725 OREGON PIKE
LANCASTER PA 17601-4206
717-569-2965
BRANAS, DO, JOHN A GP
2158 FRUITVILLE PIKE
LANCASTER PA 17601-3952
717-569-7576
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PO BOX 1604
LANCASTER PA 17603-1604
717-393-1771
BROD, MD, ROY D OPH
1129 OAKMONT DR
LANCASTER PA 17601-5075
717-399-8790
BROWN, MD, H ZANE OPH
1254 LITITZ PIKE
LANCASTER PA 17601-4340
717-397-4724
BROWN, MD, RICHARD J P
333 N ARCH ST
LANCASTER PA 17603-2922
717-299-2621
BROWN, MD, ROBERT E AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
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421 MAIN ST
DENVER PA 17517-1425
BRUBAKER, MD, PAUL E FP
416 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467
BRYSON, MD, RICHARD L GP
129 PINNACLE POINT DR
LANCASTER PA 17601-1773
BUCH, MD, ROBERT R GP
125 W MAIN ST
MOUNTVILLE PA 17554-1633
BUCKLEN, MD, KEITH R GS
210 3RD ST
EPHRATA PA 17522-1751
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RR 1 BOX 62G
ATGLEN PA 19310
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1059 COLUMBIA AVE
LANCASTER PA 17603-3130
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CARROLL, MD, LAURENCE E NEP
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717-299-4032
CARRUTHERS, MD, RALPH B FP
211 N 8TH ST
COLUMBIA PA 17512-1305
717-684-2088
CARSON, MD, JAMES H ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
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CASSEL, MD, FRANKLIN K GER
BRETHREN VILLAGE
LANCASTER PA 17606-5093
717-569-8217
CASTLE, MD, CHARLES A OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
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LANCASTER PA 17601-6305
717-393-0200
CHORY, MD, EDWARD T GS
131 E FREDERICK ST
LANCASTER PA 17603
717-397-8101
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CLELAN, MD, GEORGE M AN
149 N STATE ST
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401 HILLTOP RD
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333 N ARCH ST
LANCASTER PA 17603
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ST JOSEPH HOSP
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717-397-8259
CORCORAN, MD, JOHN J OBG
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LANCASTER PA 17601
717-569-5391
COSLETT, MD, MARTHA M Y FP
6 W NEWPORT RD
LITITZ PA 17543-9473
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1503 HILLCREST RD
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717-393-1731
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1610 ROTHSVILLE RD
LITITZ PA 17543-9029
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405 MAIN ST
LANDISVILLE PA 17538-1317
717-898-2413
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143 MILLERSVILLE RD
LANCASTER PA 17603-4250
717-393-2124
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LANCASTER PA 17603-3130
717-393-1338
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70 PEACH LN
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133 E FREDERICK ST
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LANCASTER PA 17603-2922
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213 E TOMAHAWK DR
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717-569-5314
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1261 HUNSICKER RD
LANCASTER PA 17601-5307
717-299-5711
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LANCASTER PA 17601-5312
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DWIGHT O FP
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EISENHOWER, MD, EDWARD A PTH
613 HEATHER LN
LANCASTER PA 17603-2332
EL-BORNO, MD, BASSAM M A CHP
30 STRATFORD VLG
LANCASTER PA 17602-1163
717-560-5600
ELKIN, DO, RICHARD J GE
1578 LITITZ PIKE
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717-398-7800
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130 S PENN ST
MANHEIM PA 17545-1749
ESBENSHADE II, MD, JOHN H IM
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6 W NEWPORT RD
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ESHLEMAN, MD, D ROHRER EM
46 COUNTRY LN
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555 N DUKE ST
LANCASTER PA 17604-3555
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317 N DUKE ST
LANCASTER PA 17602-4915
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ETNOYER, MD, JOHN J OBG
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LANCASTER PA 17602-2228
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EVANS, MD, CHARLES M ORS
179 N READING RD
EPHRATA PA 17522-1647
717-733-9200
EYLER, MD, PAUL W R
1332 HILLCREST RD
LANCASTER PA 17603-2413
FALK JR, MD, ROBERT B AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9621
FARMER, MD, JOHN L GS
1140 COLUMBIA AVE
LANCASTER PA 17603-2528
FASULO, MD, GREGG J US
609 N CHERRY ST
LANCASTER PA 17602
717-299-4871
FEEHAN, MD, PATRICK R D
PROF PLAZA NORTH
LANCASTER PA 17601-6463
717-569-3279
FEINBERG, MD, HALBERT J CD
622 N QUEEN ST
LANCASTER PA 17603-3029
717-299-5800
FEINSTEIN, MD, ALEX DR
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300
FLOOD, MD, MICHAEL S PS
554 N DUKE ST
LANCASTER PA 17602-2225
717-291-5863
FLORES, MD, ALBERTO C GS
3413 GOSHEN RD
NEWTOWN SQUARE PA 19073-2514
FOLEY, MD, T RAYMOND GE
217 HARRISBURG AVE STE 204
LANCASTER PA 17603-2900
717-397-1400
FOLK, DO, MARK E FP
431 W LINCOLN AVE
MYERSTOWN PA 17067-2328
717-866-5755
FORMAN, MD, IRWIN H P
1962 CROOKED OAK DRIVE
LANCASTER PA 17601
717-569-1545
FOUST, MD, WILSON A GP
BRETHREN VILLAGE BOX 5093
LANCASTER PA 17606-5093

FRANCE, MD, LAURENCE W OBG
1059 COLUMBIA AVE
LANCASTER PA 17603-3130
717-393-1338
FRANCOS, MD, CHARLES G FP
600 N SCHOOL LN
LANCASTER PA 17603-2505
FRISCH, MD, SANDFORD C OPH
1725 OREGON PIKE
LANCASTER PA 17601-4206
717-569-0800
GAREIS, MD, JOHN W R
2101 MILLERSVILLE PIKE
LANCASTER PA 17603-6216
717-295-8300
GAROFOLA, MD, JOHN H R
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300
GARRIDO, MD, EDDY NS
1671 CROOKED OAK DR
LANCASTER PA 17601-4207
GARVEY, MD, EDMUND P AN
401 CHOWNING PL
LANCASTER PA 17601-2911
717-394-9621
GASTALDO, MD, JOHN A NS
1671 CROOKED OAK DR
LANCASTER PA 17601-4207
717-569-5331
GAULT, MD, JAMES H CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
GAUSE, MD, PAUL E * IM
115 WASHINGTON AVE
EPHRATA PA 17522-2246
717-733-8693
GAYNOR, MD, WILLIAM B PTH
23 RIDGE DR
LITITZ PA 17543-8567
GENTZLER II, MD, RICHARD D CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
GERBER, DO, MELVIN D PM
PO BOX 468
WILLOW STREET PA 17584-0468
717-397-3711
GERBERT, MD, KATHLEEN H OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177
GIBSON, MD, JOSEPH M AN
ANESTHESIA ASSOC
LANCASTER PA 17602-2294
717-394-9621
GILLIO, MD, ROBERT G PUD
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8330
GISH, MD, ROBIN D FP
380 GREENTREE RD
ELIZABETHTOWN PA 17022-9641
717-653-1467
GIVENS, MD, KERRY T OPH
1655 CROKED OAK DR
LANCASTER PA 17601
717-569-7000
GLAH JR, MD, HENRY J GPM
908 E ORANGE ST
LANCASTER PA 17602-3214
717-397-7716
GLIELMI, DO, VINCENT D IM
955 E KING ST
LANCASTER PA 17602-3275
717-299-0305
GODDARD JR, MD, JAMES E AN
1311 HUNTER DR
LANCASTER PA 17601-5231
717-295-2500
GODSHALL, MD, STANLEY M FP
418 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467
GOLDIN, MD, RALPH J GP
140 E MAIN ST
BROWNSTOWN PA 17508
717-656-9151
GOLDMAN, MD, GARY L AN
403 WETHERBURN DR
LANCASTER PA 17601-2941
717-291-8271
GOOD, MD, DANIEL C NS
1671 CROOKED OAK DR
LANCASTER PA 17601-4207
717-539-5331
GOOD, MD, MILTON S FP
610 HIGHLAWN AVE
ELIZABETHTOWN PA 17022-1307
717-367-1798
GOTTLIEB, MD, JEROME I P
333 N ARCH ST
LANCASTER PA 17603-2922
717-299-2621
GOTTLIEB, MD, ROBERT J ON
1675 LITITZ PIKE
LANCASTER PA 17601-6515
717-569-6489
GRANT, MD, ALISTAIR M OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177

GRAY, MD, LOUIS P FP
647 E ROSEVILLE RD
LANCASTER PA 17601-4235
717-569-2678
GREENE, MD, NEIL A IM
24 E JAMES ST
LANCASTER PA 17602-4908
717-299-5544
GRESS, MD, ROBERT E R
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300
GROLEAU, MD, GEORGE E D
203 N LIME ST
LANCASTER PA 17602-2729
717-392-6267
GROSH, MD, JOHN L IM
1776 NEW HOLLAND PIKE
LANCASTER PA 17601-5520
GROSH, MD, JOSEPH W GP
300 W LEMON ST
LITITZ PA 17543-2311
GROSH, MD, PAUL R IM
1521 RIDGE RD
LANCASTER PA 17603-4737
717-569-6489
GROSH, MD, WILLIAM B FP
2 S BROAD ST
LITITZ PA 17543-1402
717-626-2311
GROSH, MD, WILLIAM K FP
711 PERSHING AVE
EPHRATA PA 17522-1964
GSCHWEND III, MD, PAUL GS
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-392-7496
HAGEY, DO, DEBORAH A GP
242 W MAIN ST
REINHOLDS PA 17569-9516
215-267-2326
HALPERN, MD, BARTON L OPH
1532 LITITZ PIKE
LANCASTER PA 17601-6506
717-393-8111
HAMMOND, MD, CHARLES P GP
1800 VILLAGE CIRCLE APT 201
LANCASTER PA 17603
HARGRAVE, MD, HUGH J AN
CENTER ANESTHESIA GROUP
LANCASTER PA 17603-2900
717-295-2500
HARKER, MD, RICHARD C FP
2650 NORTHFIELD DR
EAST PETERSBURG PA 17520-1038
717-299-5511
HARNISH, MD, DAVID M GS
208 W MAIN ST
EPHRATA PA 17522-2015
717-733-4080
HARRIGER, MD, MILES D * GP
2081 EDGEMONT DR
EAST PETERSBURG PA 17520-1303
HARTMAN, MD, WILLIAM F * OBG
115 MARIETTA AVE APT 22
LANCASTER PA 17603
HASSEL, MD, MARK H OS
230 HARRISBURG AVE
LANCASTER PA 17603-2959
717-399-9800
HASSEL JR, MD, CARL W D
PO BOX 2
PEQUEA PA 17565
HAUN, MD, JOHN P * FP
250 COLLEGE AVE
LANCASTER PA 17604
717-291-8260
HAYES, MD, ANNE B IM
336 CARDINAL RD
LITITZ PA 17543-8848
HEFFERN, MD, JAMES E PM
MILLERSVILLE UNIVERSITY
MILLERSVILLE PA 17551
717-872-3250
HEINLE JR, MD, FREDERICK J GS
1410 RIDGE RD
LANCASTER PA 17603-4736
717-392-4700
HEISTERKAMP III, MD,
CHARLES A GS
719 N DUKE ST
LANCASTER PA 17602-2065
717-397-5104
HELM, MD, ROBERT C GP
110 S CHURCH ST
QUARRYVILLE PA 17566-1216
HELM JR, MD, JOHN D IM
1913 STERLING PL
LANCASTER PA 17601-3830
HERSCHAFT, MD, RICHARD J D
203 N LIME ST
LANCASTER PA 17602-2729
717-392-6267
HESS, MD, J CLAIR FP
EASTBROOK FAM HLTH CTR
RONKS PA 17572-9770
717-299-5711
HESS, MD, JOSEPH B GP
2174 OLD PHILADELPHIA PIKE
LANCASTER PA 17602-3433
717-394-3711

HESS, MD, PAUL G FP
514 S BROAD ST
LITITZ PA 17543-2604
717-626-2144
HINES, MD, RODERICK E N
444 N LIME ST
LANCASTER PA 17602-2337
717-396-9187
HINTERBERGER, MD, JOSEPH W FP
1913 NEW HOLLAND PIKE
LANCASTER PA 17601-5413
HOKE JR, MD, HUGH H R
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300
HOLDER, MD, ARTHUR J FP
562 W 2ND AVE
LITITZ PA 17543-1618
717-626-2187
HOLT, DO, SARAH W GP
1875 LITITZ PIKE
LANCASTER PA 17601-6515
717-569-6553
HOOVER, MD, CARL H PD
114 WESLEY PALMS
SAN DIEGO CA 92109-2347
HORNICK, MD, ANTHONY M GS
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8395
HOUSMAN, MD, JOHN H OPH
558 N DUKE ST
LANCASTER PA 17602-2208
717-397-9394
HUFFNAGLE, MD, HENRY W U
PO BOX 1604
LANCASTER PA 17603-1604
717-393-1771
HUGHES, MD, DAVID P ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
717-299-4871
HURSH, MD, DALE K FP
361 KELLY AVE
MOUNT JOY PA 17552-9018
717-426-1131
HURST, MD, KENNETH L FP
146 E MAIN ST
LEOLA PA 17540
717-569-7011
HUTT, MD, GORDON H CD
1862 STURBRIDGE DR
LANCASTER PA 17601-6228
717-299-0008
IBARRA, MD, JOSELUIS CD
333 N ARCH ST
LANCASTER PA 17603-2922
717-299-0649
IGLESIAS, MD, MANUEL OPH
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-397-7823
JACKSON, MD, RICHARD D FP
29 EASTBROOK RD
RONKS PA 17572-9769
717-299-5711
JACOBS, MD, RICHARD R RO
MEDICAL ARTS BLDG
LANCASTER PA 17603
JAMESON, MD, E CARLETON OS
PO BOX 83
AKRON PA 17501-0083
JANESKY, MD, CINDY DR
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300
JAROWENKO, MD, DALEELA G GS
554 N DUKE ST
LANCASTER PA 17602-2225
717-392-4700
JEFFRIES, DO, NANCY E FP
33 HOLLY DR
LEOLA PA 17540-1214
717-656-6122
JENS, MD, KURTIS D * P
142 E CHESTNUT ST
LANCASTER PA 17602-2777
717-299-0582
JOHNS, MD, MILTON W EM
RR 3
WILLOW STREET PA 17584-9803
717-299-5511
JOHNSON, MD, JOAN E OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
JOHNSON, MD, ROBERT P FP
678 E MAIN ST
NEW HOLLAND PA 17557-1426
717-354-4671
JOHNSON JR, MD, BERTRAM L CD
622 N QUEEN ST
LANCASTER PA 17603-3029
717-299-5000
KANE, MD, JOAN D HEM
333 N ARCH ST
LANCASTER PA 17603-2922
717-291-1313
KATZ, MD, JOSEPH AN
275 BLOSSOM HILL DR
LANCASTER PA 17601-3211
717-295-2500

KAUFFMAN, MD, DWIGHT A FP
1886 ROHRERSTOWN ROAD
LANCASTER PA 17601
717-569-7011
KAUFMAN, MD, CLARK R A
2445 MARIETTA AVE
LANCASTER PA 17601-1942
717-393-1365
KAUR, MD, MANJEET PD
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8398
KEGEL, MD, DANIEL P * OBG
1059 COLUMBIA AVE
LANCASTER PA 17603-3130
717-393-1338
KEGEL, MD, EUGENE E OBG
122 N SCHOOL LN
LANCASTER PA 17603-2511
KEGEL, MD, MARY F * D
1834 OREGON PIKE
LANCASTER PA 17601-6463
717-569-3279
KELLER, DO, JON M EM
332 S STATE ST
EPHRATA PA 17522-2333
717-738-2388
KEMP, MD, ROBERT M * FP
125 ROSLYN AVE
LANCASTER PA 17602-4758
717-397-4921
KEMRER, MD, J DONALD * GP
536 N DUKE ST
LANCASTER PA 17602-2208
KENDALL, MD, LEIGH W GS
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-394-3758
KENNA, MD, JOSEPH P EM
42 VALLEYBROOK DR
LANCASTER PA 17601-4612
KENT, MD, GEORGE M ORS
325 N DUKE ST
LANCASTER PA 17602-4915
717-397-3709
KEYSER, DO, JEFFREY A GS
996 E ORANGE ST
LANCASTER PA 17602-3214
717-394-5401
KIM, MD, HACK J IM
3244 HARRISBURG PIKE
LANDISVILLE PA 17538-1318
KINTZI, MD, HARRY E EM
3304 BOWMAN RD
LANDISVILLE PA 17538-1831
717-295-8322
KIPP, MD, JAMES E FP
418 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467
KIRCHNER, MD, G GARY GS
PO BOX 1531
LANCASTER PA 17603-1531
717-397-8101
KIRCHNER, DO, JEFFREY T FP
934 VIRGINIA AVE
LANCASTER PA 17603-3118
717-397-4921
KLINE, DO, GLENN A GS
996 E ORANGE ST
LANCASTER PA 17602-3214
717-394-5401
KNAUB, MD, MARILYN B FP
SOUTHEAST LANC HLTH CTR
LANCASTER PA 17602-4524
717-299-6371
KNEPPER, MD, JOSEPH A * FP
11 HOLLY DR
LEOLA PA 17540-1211
717-656-2331
KNERR JR, MD, EDGAR D GYN
7 LAKES BOX 565 NORTH
WEST END NC 27378
919-673-2697
KNOX-LEE, DO, MARGARET M PD
406 W LEMON ST
LANCASTER PA 17603-3321
717-569-8518
KO, MD, EUGENE C H PUD
808 PLEASANTVIEW DR
EPHRATA PA 17522-1644
717-733-6518
KOCH, MD, ANDREW W R
1010 GRANDVIEW BLVD
LANCASTER PA 17601-5108
717-295-8300
KOCH, MD, PAMELA J DR
20 ESHELMAN RD
LANCASTER PA 17601-5641
717-295-8301
KONTRA, MD, JOSEPH M ID
24 E JAMES ST
LANCASTER PA 17602-4908
717-299-5544
KORNFIELD, MD, NORMAN B AN
160 RIVER DR
LANCASTER PA 17603-4719
KRAYBILL, MD, LEON S FP
418 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467

KREIDER, MD, HENRY L FP
306 S MARKET ST
ELIZABETHTOWN PA 17022-2422
717-367-1390
KREIDER, MD, JOHN K GP
2701 FRUITVILLE PIKE
LANCASTER PA 17601-2919
KREIDER, MD, KATHLEEN A FP
301 E MAIN ST
NEW HOLLAND PA 17557-1301
717-354-2235
KRESPAN, MD, CHARLES B OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177
KRISSINGER, MD, ROBERT C GP
1002 GRANDVIEW BLVD
LANCASTER PA 17601-5108
717-397-4285
KRONENWETTER, MD, LOIS A * OBG
1059 COLUMBIA AVE
LANCASTER PA 17603-3130
717-393-1338
KRUSEN, MD, DAVID E GP
465 W 2ND ST APT 4
LITITZ PA 17543-2302
717-626-8379
KUREY, MD, ROBERT J P
330 N DUKE ST
LANCASTER PA 17602-4963
717-394-6091
LANCASTER JR, MD, EDWARD L ORS
233 COLLEGE AVE STE 301
LANCASTER PA 17603-3372
LANDIS, MD, FLOYD M * GP
8 CONESTOGA AVE
LEOLA PA 17540-1403
LANZILLO, MD, JOSEPH H R
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8302
LATSHAW, MD, ROBERT F R
1825 MILL RD
LEBANON PA 17042-9532
LAUKAITIS, MD, RONALD B FP
35 CLEARVIEW DR
REINHOLDS PA 17569-9659
215-267-5824
LAUTER, MD, O SCOTT IM
818 N DUKE ST
LANCASTER PA 17602-2210
717-392-3596
LAZARUS, DO, BEN G GE
1578 LITITZ PIKE
LANCASTER PA 17601-6511
717-396-7800
LEAMAN, MD, IVAN B FP
109 N DECATUR ST
STRASBURG PA 17579-1419
717-299-5711
LEAMAN, MD, PHYLLIS L EM
172 OAK VIEW RD
LANCASTER PA 17602-1120
717-291-8111
LEBISCHAK, MD, H CAROL PD
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8398
LEGERE, DO, JOHN B D
203 N LIME ST
LANCASTER PA 17602-2729
717-392-6267
LEIPHART, MD, CLARENCE D OPH
177 KREADY AVE
MILLERSVILLE PA 17551-2007
717-872-6011
LESKO, DO, MICHAEL G CD
CARDIAC CONSULTANTS
LANCASTER PAPA 17603
717-299-5000
LESLIE, MD, PAUL A N
267 BROOK FARMS RD
LANCASTER PA 17601-5507
717-295-8300
LEVENSON, MD, MORTON W GP
811 S CEDAR ST
LITITZ PA 17543-2903
LEVIN, MD, RICHARD M PS
1608 LITITZ PIKE
LANCASTER PA 17601-6517
717-299-0103
LEVINE, DO, JEFFREY N NEP
955 E KING ST
LANCASTER PA 17602-3275
717-299-0305
LOCKEY III, MD, STEPHEN D A
2445 MARIETTA AVE
LANCASTER PA 17601-1942
717-393-1365
LOEB, MD, ROLAND A * PTH
435 W CHESTNUT ST BOX 1708
LANCASTER PA 17603-3441
717-394-7234
LOMBARD, MD, ROBERT M FP
259 N 8TH ST
COLUMBIA PA 17512-2107
717-684-2440
LONGWELL, MD, ROBERT H OBG
345 VALLEY BROOK DR
LANCASTER PA 17601-3926
LORETAN, DO, WILLIAM D IM
808 PLEASANTVIEW DR
EPHRATA PA 17522
717-271-6211

LU, MD, MILTON M PS
2114 OREGON PIKE
LANCASTER PA 17601-4605
717-393-3700
LUCAS, MD, RICHARD M EM
520 LAWRENCE RD
BROOMALL PA 19008-3121
717-291-8111
LUNDY, MD, EDWARD F TS
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8395
LYET, MD, J PAUL ORS
LANCASTER ORTHOPEDIC GP
LANCASTER PA 17601-6605
717-560-4200
MAHAJAN, MD, ANAND B NPM
814 OXFORD DR
LANCASTER PA 17601-4490
717-295-8398
MALEY, MD, EDWARD D ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
MANDALAKAS, MD, NICHOLAS J CD
622 N QUEEN ST
LANCASTER PA 17603-3029
717-299-5000
MARTIN, MD, NANCY J FP
18 GREYTHORNE RD
LANCASTER PA 17603-7408
717-299-8340
MARTINI, MD, ENRICO E OBG
1059 COLUMBIA AVE
LANCASTER PA 17603-3130
717-393-1338
MAST, MD, TRUMAN E P
PO BOX 7505
LANCASTER PA 17604-7505
717-397-8772
MATHEWS, MD, ROBERT S * ORS
554 N DUKE ST STE 2
LANCASTER PA 17602-2225
717-299-3524
MATTLEMAN, DO, JOEL H EM
1601 POCOPSON RD
WEST CHESTER PA 19382
215-431-5150
MAY, MD, JOHN C OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177
MAYBERRY, DO, JOSEPH J EM
412 BRENNEMAN RD
WILLOW STREET PA 17584-9788
717-291-8111
MAZDA, DO, RUSSELL F EM
ST JOSEPHS HOSP
LANCASTER PA 17604
717-291-8111
MAZZONE, MD, MICHAEL F FP
4186-B OLD PHILADELPHIA PK
GORDONVILLE PA 17529
MCCANN, MD, WILLIAM D CD
46 COVERED BRIDGE RD
PEQUEA PA 17565-9745
717-295-1467
MCDONOUGH, MD, KATHLEEN M N
324 N LIME ST
LANCASTER PA 17602-2335
717-394-5648
MCGEE, MD, MICHAEL J FP
NEW HOLLAND FAMILY HEALTH
NEW HOLLAND PA 17557-1426
717-354-4671
MCLAUGHLIN, MD, FRANK W GP
522 MISTY DR APT 1
LANCASTER PA 17603-6941
717-394-5577
MEARS, MD, VIRGINIA G P
1178 LONG LN
MILLERSVILLE PA 17551-9742
717-872-5423
MELAMED, MD, BRIAN R AN
EPHRATA COMMUNITY HOSP
EPHRATA PA 17522-1724
717-733-0311
MELLINGER, MD, RICHARD W IM
808 PLEASANTVIEW DR
EPHRATA PA 17522-1644
717-733-6518
MERSHON, MD, CHARLES R FP
8 W NEWPORT RD
LITITZ PA 17543-9473
717-627-2108
MESSNER, MD, KENNETH H OPH
420 N DUKE ST
LANCASTER PA 17602-4906
717-299-6871
MILLER, MD, C EUGENE GP
PO BOX 1000
LITITZ PA 17543-7000
MILLER, MD, GERALD E FP
964 BOYCE AVE
LANCASTER PA 17601-1102
MILLER, MD, PARRY J R
3053 GLOUCESTER ST
LANCASTER PA 17601-1441
717-291-8132
MILLER, MD, THOMAS L FP
418 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467

MILLER JR, MD, JOHN W OTO
1655 CROOKED OAK DR
LANCASTER PA 17601-4299
717-564-4905
MOBERG, MD, F BARRIE EM
220 E WALNUT ST
LANCASTER PA 17602-2342
717-295-8322
MOHLER, MD, J HAROLD IM
618 N DUKE ST
LANCASTER PA 17602-2210
717-393-8131
MOORE, MD, TERENCE N * R
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8302
MOORE SR, MD, ROBERT G AN
130 EVERGREEN DR
LANCASTER PA 17601-3274
717-394-9821
MOZERSKY, DO, ROBERT P END
2250 ERIN CT
LANCASTER PA 17601
717-394-0708
MYERS, MD, AMY A FP
705 WYNCROFT TERR APT 10
LANCASTER PA 17603-6964
717-299-5511
MYERS, DO, JOHN H OBG
1465 PUTNAM DR
LANCASTER PA 17602-4057
717-397-3711
NAFZIGER, MD, J CALVIN P
240 OLD LEACOCK RD
GORDONVILLE PA 17529-9501
NASH, MD, JAMES D * IM
815 ACADEMY HEIGHTS AVE
EPHRATA PA 17522
215-267-2871
NEIDHARDT, MD, PAUL W GP
318 N 5TH ST
DENVER PA 17517-1414
215-267-2167
NEUREUTER, MD, LOUIS J * PUD
25 E JAMES ST
LANCASTER PA 17602-4933
717-397-0555
NEWCOMER, MD, DAVID L GS
MID ATLANTIC SURG SERV
LANCASTER PA 17603-2961
717-295-5454
NICHOLS, MD, STEPHEN F AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
NUTTER, MD, DAVID E P
8 N QUEEN ST STE 10
LANCASTER PA 17603-3829
717-397-3115
O'CONNOR, MD, THOMAS W FP
4 E MAIN ST
MOUNT JOY PA 17552-1418
717-653-4386
O'CONOR JR, MD, G THOMAS HEM
1875 LITITZ PIKE
LANCASTER PA 17601-6515
717-569-6489
OCKRYMIEK, DO, DOUGLAS A P
EPHRATA COMMUNITY HOSP
EPHRATA PA 17522
717-738-6630
OLIN, MD, STEPHEN T FP
1029 WOODS AVE
LANCASTER PA 17603-3128
717-295-8340
PACKER, MD, JEFFREY E DR
586 WOODBINE BLVD
LANCASTER PA 17603-2335
717-291-8131
PALLEN, MD, DANIEL OPH
1254 LITITZ PIKE
LANCASTER PA 17601-4340
717-397-4724
PARKER, MD, STEVEN L GS
MEDICAL ARTS BUILDING
LANCASTER PA 17603-3372
717-291-9588
PARLIMENT, MD, JOEL W IM
808 PLEASANT VIEW DR
EPHRATA PA 17522-1899
717-733-6518
PATEL, MD, HARSHADKUMAR B * PUD
1319 BEACONFIELD LN
LANCASTER PA 17601-5344
717-295-8330
PAVILACK, MD, MARK A OPH
1532 LITITZ PIKE
LANCASTER PA 17601-6506
717-393-8111
PEARMAN, MD, TREVOR J P
202 ST THOMAS RD
LANCASTER PA 17601-4831
PEART, MD, RAYMOND E ORS
231 GRANITE RUN DRIVE
LANCASTER PA 17601
717-560-4200
PENNELL, MD, REBECCA G * DR
1373 JOHN ADAMS DR
LANCASTER PA 17601-5066
717-295-8300
PETERSON, MD, ROGER D R
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300

PETERSON JR, MD, CHARLES B IM
1800 VILLAGE CIR APT 122
LANCASTER PA 17603-2376
PHILLIPS, MD, SPENCER D FP
701 N DUKE ST
LANCASTER PA 17602-2019
717-299-5511
PIEPGRASS, MD, WILLIAM C GS
210 3RD ST
EPHRATA PA 17522-1751
717-738-4114
PLASTINO, MD, JOHN E EM
231 MAXSON RD
LANCASTER PA 17601-3911
717-295-8322
PLOURDE, MD, PAUL V END
734 N FRANKLIN ST
LANCASTER PA 17602-2176
717-569-3207
PLUTNICKI, MD, RONALD S OBG
549 N LIME ST
LANCASTER PA 17602-2226
717-397-8177
POHL, MD, CHARLES E U
PO BOX 1604
LANCASTER PA 17603-1604
717-393-1771
POKORNEY, MD, BRUCE H GE
LANCASTER MEDICAL CENTER
LANCASTER PA 17603-2900
POLIN, MD, DAVID G PM
595 NORWOOD PL
LANDISVILLE PA 17538-1538
717-295-8327
PONTIUS, MD, JOHN G GS
129-131 E FREDERICK ST
LANCASTER PA 17602
717-397-6101
PONTZ, MD, JACK B GP
647 E ROSEVILLE RD
LANCASTER PA 17601-4235
717-569-2678
PORTER JR, MD, WILLIAM F PUD
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8330
POSEY, MD, DALE M OPH
465 W 2ND AVE APT 5
LITITZ PA 17543-2321
PRANCKUN, MD, PETER J P
510 N DUKE ST
LANCASTER PA 17602-2208
717-392-6003
PRANCKUN, MD, PETER P GS
1122 COUNTRY CLUB DR
LANCASTER PA 17601-5206
PRATT, MD, ROBERT S FP
WILLOW STREET FAM HLTH CTR
WILLOW STREET PA 17584-9312
PRICE, MD, ALBERT C PD
ROSEVILLE PEDIATRICS
LANCASTER PA 17601-4151
717-569-6481
PROWELL, MD, JOSEPH W GP
133 W FUNK ST
STRASBURG PA 17579-1509
PURDY, MD, RICHARD T CDS
129-131 E FREDERICK ST
LANCASTER PA 17602
RAAB, MD, DAVID B GP
311 E ORANGE ST
LANCASTER PA 17602-2916
717-397-2781
RAFF, MD, THOMAS C FP
388 DOHNER DR
LANCASTER PA 17602-3371
717-299-5511
RAMBACH, MD, LEONARD GP
1414 CENTER RD
LANCASTER PA 17603-4730
REESE, MD, RICHARD W RHU
LANCASTER ARTHRITIS CTR
LANCASTER PA 17603-2964
717-299-1301
REGAN, MD, MARK C PTH
ST JOSEPH HOSP
LANCASTER PA 17603-3376
717-291-8022
RICE, MD, SAMUEL A IM
2301 COLUMBIA AVE
LANCASTER PA 17603-4155
717-397-2738
RIDEN, MD, ALICE E FP
108 RACE ST
LITITZ PA 17543-8928
717-627-2108
RIDGWAY, MD, WILLIAM G * GP
102 S 9TH ST
AKRON PA 17501-1428
717-859-1188
RIFFERT, MD, PAUL M GS
1011 LINCOLN HEIGHTS AVE
EPHRATA PA 17522-1545
RIGANO JR, MD, RUDOLPH F IM
230 MEDICAL CENTER
LANCASTER PA 17603-2959
717-393-1387
RIPPLE, MD, PAUL H OPH
134 E CHESTNUT ST
LANCASTER PA 17602-2741
717-397-8259

RITTENHOUSE, MD, JEFFREY B FP
416 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467
RIZZO, MD, KAREN A OTO
982 MILL MAR RD
LANCASTER PA 17601-1652
717-399-9533
ROBBINS, MD, HOWARD S AN
779 STONY BATTERY RD
LANCASTER PA 17601-1237
717-291-8272
ROBBINS, MD, WARREN J ORS
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-393-1596
ROBERTS, MD, HASKELL E GP
353 MAIN ST
DENVER PA 17517-1447
215-267-6167
RODA, DO, DAVID M AN
630 N SCHOOL LN
LANCASTER PA 17603-2505
717-295-2500
ROGERS, MD, ALBERT K CD
808 PLEASANT VIEW DR
EPHRATA PA 17522-1699
717-733-6516
ROGEVICH, DO, JOSEPH E AN
1328 VALLEY RD
LANCASTER PA 17603-2430
ROMMEL, MD, CATHERINE T OPH
1349 COUNTRY CLUB DR
LANCASTER PA 17601-5209
717-569-7000
ROMMEL, MD, F MICHAEL U
620 N DUKE ST
LANCASTER PA 17602-2234
717-393-1771
ROSCHEL, MD, ROBERT L D
203 N LIME ST
LANCASTER PA 17602-2729
717-392-6267
ROSENFELD, MD, DAVID J OTO
233 COLLEGE AVE STE 202
LANCASTER PA 17603-3372
717-394-4342
ROST, MD, CHARLES R END
2250 ERIN CT
LANCASTER PA 17601-1982
717-394-0708
ROTHACKER JR, MD,
GERALD W ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
717-299-4871
ROTOR, MD, MARILYN L PM
ST JOSEPH HOSP
LANCASTER PA 17603-3376
717-291-6184
ROWAN, MD, PAUL J GS
1277 MEADOWBROOK RD
LANCASTER PA 17603-4711
717-299-3741
RUSSO, MD, ANTHONY F P
591 STONEHEDGE DR
LITITZ PA 17543
717-569-1166
RUTH, MD, THOMAS K IM
915 MCGRANN BLVD
LANCASTER PA 17601-4520
717-393-8131
RUTT, MD, JOHN M FP
3413 HARVEST DR
GORDONVILLE PA 17529-9664
717-768-7141
RUTT JR, MD, CLARENCE H GS
PROFESSIONAL BUILDING
LANCASTER PA 17603-3372
717-291-1567
RYBARCZYK, MD, RICHARD M OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
RYNIER, MD, DONALD L P
1049 LAMBLEY RD
LANDISVILLE PA 17538-1567
717-397-3801
SAMBERG, DO, GARY A GP
101 SUNCREST RD
LANCASTER PA 17601
717-284-3137
SAMITT, DO, JOEL L FP
267 LITTLE CREEK RD
LANCASTER PA 17601-5513
717-656-6122
SANDHAUS, MD, JULIUS L GER
900 E KING ST
LANCASTER PA 17602-3272
717-299-7850
SAUNDERSON JR, MD,
ROBERT W PD
543 WOODSEDGE RD
DOVER DE 19901-4350
302-674-3999
SCHACHTERLE, MD, RALPH E GP
307 N MAPLE ST
EPHRATA PA 17522-2516
SCHAEFFER, MD, WILLIAM A IM
443 STATE ST
LANCASTER PA 17603-2605

SCHANTZ, DO, BEVERLY B AN
123 S DUKE ST
LANCASTER PA 17602-3509
717-395-9621
SCHANTZ, MD, JOHN C PS
554 N DUKE ST
LANCASTER PA 17602-2225
717-291-5863
SCHLOSSER, MD, DAVID E GP
2226 MILTON GROVE RD
MOUNT JOY PA 17552-8625
SCHUBERT, MD, JOHN J NEP
439 N DUKE ST
LANCASTER PA 17602-4967
717-299-4032
SCHULZ, MD, JACOB A P
164 HAMILTON RD
LANCASTER PA 17603-4734
717-291-8064
SCIBAL, MD, GARY J FP
562 W 2ND AVE
LITITZ PA 17543-1616
717-626-2167
SCOTT, DO, ROBERT C GS
996 E ORANGE ST
LANCASTER PA 17602-3214
717-394-5401
SEIPLE, MD, HARVEY H DIA
1800 VILLAGE CIRCLE RM 22B
LANCASTER PA 17603
SHARP JR, MD, JOHN W OPH
1254 LITITZ PIKE
LANCASTER PA 17601-4340
717-397-4724
SHERBAN, MD, PAUL R DR
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300
SHERTZER, MD, JOHN H ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
717-299-4871
SHOWERS, DO, THOMAS L NEP
955 E KING ST
LANCASTER PA 17602
717-299-0305
SHULTZ, MD, ROBERT G IM
1300 MILLERSVILLE PIKE
LANCASTER PA 17603-6614
SHUMAN, MD, LEIGH S DR
1182 OAKMONT DR
LANCASTER PA 17601-5079
717-299-4173
SIEBER, MD, PAUL R U
620 N DUKE ST
LANCASTER PA 17602-2234
717-393-1771
SIEGER, MD, DAVID D ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
717-299-4871
SIEGRIST, MD, J DONALD IM
EASTBROOK FAM HLTH CTR
RONKS PA 17572
717-299-5711
SIGAFOOS, SALLY J EXEC
137 E WALNUT ST
LANCASTER PA 17602-5110
717-393-9588
SIGMUND, MD, WILLIAM J D
511 S SPRUCE ST
LITITZ PA 17543-2611
SILVERSTEIN, DO, SCOTT D PUD
955 E KING ST
LANCASTER PA 17602-3275
717-299-0305
SINGH, MD, SURENDER CD
622 N QUEEN ST
LANCASTER PA 17603-3029
717-299-5000
SKINNER III, MD, ROBERT W GS
1927 MILLERSVILLE PIKE
LANCASTER PA 17603-6212
SKONIECZKI III, MD, STAN R EM
1347 PROSPECT ST
YORK PA 17403-5722
717-299-5511
SLENKER, MD, KEVIN F AN
1048 BUCHANAN AVE
LANCASTER PA 17603-3103
717-394-9621
SLOVAK, MD, JOHN P CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
SMALL, MD, ROY S IM
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
SMIGOCKI JR, MD, GENE C R
135 RIDGE RD
MILLERSVILLE PA 17551-9773
717-295-8300
SMITH, DO, COLEEN M FP
868 BRIDGE VALLEY RD
COLUMBIA PA 17512-9691
717-898-2413
SMITH, MD, EUGENE C GP
647 E ROSEVILLE RD
LANCASTER PA 17601-4235

SMITH, MD, IAN D CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
SMOKER-JOHNSTON, MD,
CYNTHIA B FP
48 N DUKE ST
MILLERSVILLE PA 17551-1602
717-299-6371
SNYDER, MD, RICHARD L FP
849 COLEBROOK RD
MOUNT JOY PA 17552-9014
717-653-1467
SOLOMON, MD, ELIAS M GP
516 N DUKE ST
LANCASTER PA 17602-2208
717-392-7631
SPITLER III, MD, WILLIAM M OPH
1655 CROOKED OAK DR
LANCASTER PA 17601-4299
717-569-7000
SPRINGER III, MD, ROBERT M R
ST JOSEPH HOSP
LANCASTER PA 17604
717-291-8131
STAUFFER, MD, HAROLD E * GER
154 E MAIN ST
LEOLA PA 17540-1917
STEINMAN, MD, ROBERT C PM
204 BUTLER AVE
LANCASTER PA 17601-6307
717-397-3137
STENGEL, MD, ROBERT J FP
440 W CHESNUT ST
LANCASTER PA 17603
717-393-9679
STIEBER, MD, SCOTT F AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9621
STONER, MD, ROBERT E EM
54 JACKSON DR
LANCASTER PA 17603-4709
717-295-8322
STOUT, MD, WILLIAM J GP
108 N CLAY ST
MANHEIM PA 17545-1102
STRANGARITY, MD, JOSEPH W FP
320 SCHOOL RD
DENVER PA 17517-9726
215-445-4371
STRITTMATTER, MD, JOHN M FP
876 E MAIN ST
NEW HOLLAND PA 17557-1426
717-354-4671
STUART, MD, THOMAS J N
535 N LIME ST
LANCASTER PA 17602-2215
717-394-9074
STULL, MD, MARK W AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9621
SUMMERS, MD, KERMIT L EM
WHITE HORSE ROAD
GAP PA 17527-0167
717-295-8322
SUPERDOCK, MD, DAVID T FP
562 W 2ND AVE
LITITZ PA 17543-1818
717-626-2167
SUPPLE, MD, EDWARD W CD
LANCASTER MEDICAL CENTER
LANCASTER PA 17603-2900
717-397-5484
SZARKO, MD, RICHARD J * AN
480 BRENTWATER RD
CAMP HILL PA 17011-2006
717-291-6274
SZUTOWICZ, DO, MICHAEL P FP
11 S STATE ST
EPHRATA PA 17522-2410
717-733-2485
TALBERT, MD, MADONNA L OBG
1059 COLUMBIA AVE
LANCASTER PA 17603-3130
717-393-1338
THEODORAN, DO, CHRIS G U
120 FOXSHIRE DR
LANCASTER PA 17601-3982
717-560-9601
TINDALL, MD, HERBERT L FP
121 GERMANTOWN AVE
CHRISTIANA PA 17509-9797
TINDALL, MD, JANICE C FP
COUNTY LINE MED CTR
GAP PA 17527-9701
717-442-6111
TINNEY JR, MD, WILLIAM S IM
109 E ROSEVILLE RD
LANCASTER PA 17601-3836
TURULA, MD, JON B AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9621
TYLER, MD, JOHN R FP
89 LEAMAN RD
LANCASTER PA 17603-9696
717-786-7383
TYMON, MD, TIMOTHY P ORS
LANCASTER ORTHOPEDIC GP
LANCASTER PA 17601-6805
717-560-4200

VAFEAS, MD, JOYCE A FP
EASTBROOK FAM HLTH CTR
RONKS PA 17572-9770
717-299-5711
VARANO, MD, LOTTIE A R
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8300
VAZALES, MD, BRAD E CDS
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8395
VISNESKI, DO, PAUL E OBG
1725 OREGON PIKE
LANCASTER PA 17601-4208
717-569-2965
VNENCHEK, MD, PAMELA A FP
701 WYNCROFT TER APT 6
LANCASTER PA 17603-6970
VOLLMAR II, MD, WILLIAM R FP
672 PATRIOT DR
LANCASTER PA 17601-6734
717-299-5511
WAGNER JR, MD, RICHARD S AN
1411 HILLCREST RD
LANCASTER PA 17603-2414
WALKER, MD, JON G U
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-397-4254
WALKER, MD, WILLIAM R OBG
313D PRIMROSE LN
MOUNTVILLE PA 17554-1229
717-285-5433
WALLS, DO, THERESA A P
1100 E ORANGE ST
LANCASTER PA 17604-3216
717-397-3711
WEAVER, MD, AARON R GS
210 3RD ST
EPHRATA PA 17522-1751
717-733-2055
WEBER, MD, RICHARD H FP
617 N CHERRY ST
LANCASTER PA 17602-2009
717-397-2812
WEED, MD, MICHAEL K FP
405 MAIN ST
LANDISVILLE PA 17538-1317
717-898-2413
WEIDA, MD, THOMAS J FP
1810 ROTHSVILLE RD
LITITZ PA 17543-9029
717-627-1214
WEINBERG, MD, J DAVID FP
45 S 8TH ST
COLUMBIA PA 17512-1516
WEINER, MD, MARC H NEP
439 N DUKE ST
LANCASTER PA 17602-4967
717-299-4032
WEINGOLD, MD, DAVID H D
66 RUN VALLEY RD
CONESTOGA PA 17516-9734
717-392-6267
WEISMER, MD, RICHARD M * R
2469 RALEIGH DR
LANCASTER PA 17601-2952
717-291-6132
WENGER, MD, MARLIN E RHU
217 HARRISBURG AVE STE 104
LANCASTER PA 17603-2900
717-299-1301
WENTZ, MD, HENRY S FP
160 W HILLCREST AVE
STRASBURG PA 17579-9614
WESTPHAL, MD, THOMAS R ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
717-299-4871
WETZEL, DO, GEHRED D OBG
1240 E ORANGE ST
LANCASTER PA 17602-3220
717-397-3711
WHEATLY, MD, WILLIAM K OPH
1424 HILLCREST RD
LANCASTER PA 17603-2415
WHETSTONE, MD, CHARLES L OM
LANCASTER PA 17605-0547
717-295-1467
WHITE, MD, JAMES W GS
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8395
WHITE JR, MD, ROBERT H OPH
1254 LITITZ PIKE
LANCASTER PA 17601-4340
717-397-4724
WHITEBLOOM, DO, DALE GE
1576 LITITZ PIKE
LANCASTER PA 17601-6511
717-396-7800
WIELAND, MD, WINFRIED G * FP
71 WILLOW VALLEY DR
LANCASTER PA 17602-4787
717-299-5511
WILCOX JR, MD, WINTHROP P AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
WILEY, DO, DAVID E OBG
EDEN PARK OBGYN ASSOC
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717-394-9821
WILSON, MD, JAMES A FP
EASTBROOK FAM HLTH CTR
RONKS PA 17572-9770
717-299-5911
WINIARSKI, MD, GENEVIEVE C EM
ST JOSEPHS HOSP
LANCASTER PA 17604
WINTER, MD, CHARLES R ORS
120 RIDER AVE
LANCASTER PA 17603-4831
215-397-9726
WISSLER, MD, ROBERT U GP
49 OLD MILL RD
EPHRATA PA 17522-1806
WITMER, MD, DONALD B GP
PO BOX 189
WILLOW STREET PA 17584-0189
WITMER, MD, ROBERT H TS
1333 HUNSICKER RD
LANCASTER PA 17601
WOLBACH JR, MD, ALBERT B FP
923 W MAIN ST
EPHRATA PA 17522-1329
717-733-7500
WOLFE, MD, DWIGHT D FP
676 E MAIN ST
NEW HOLLAND PA 17557-1426
717-354-4671
WOLGEMUTH JR, MD, JOHN M FP
1886 ROHRERSTOWN ROAD
LANCASTER PA 17601
717-569-7011
WOOD, MD, ERNEST M OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
WORLEY, MD, SETH J CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
YEAKEL, MD, ALLEN E AN
14770 N WINSHADE DR
TUCSON AZ 85737
YINGLING, MD, BRYAN L OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-6177
YODER, MD, JOHN J FP
725 PARKHILL DR
MANHEIM PA 17545
717-653-1467
YOUNG, MD, JAMES F GE
1286 MEADOWBROOK RD
LANCASTER PA 17603-4712
YOUNG, MD, WILLIAM W R
315 WINDING HILL DR
LANCASTER PA 17601-1761
717-299-4173
YUNGINGER, MD, RICHARD C FP
416 CLOVERLEAF RD
ELIZABETHTOWN PA 17022-9614
717-653-1467
ZADEH, MD, BARRY J CDS
233 COLLEGE AVE STE 203
LANCASTER PA 17603
717-291-6750
ZAEPFEL, MD, JOSEPH P GS
241 ROHRERSTOWN RD
LANCASTER PA 17603-2230
717-397-9555
ZERVANOS, MD, NIKITAS J FP
555 N DUKE ST
LANCASTER PA 17604-3555
717-295-8340

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ABUL-ELA, MD, MOHAMAD IM
2 CORONADO DR
NEW CASTLE PA 16105-1010
ACOSTA II, MD, ELBERT R * IM
3128 WILMINGTON RD
NEW CASTLE PA 16105-1132
412-658-3020
ALI, MD, MOHAMMAD I PUD
217 N JEFFERSON ST
NEW CASTLE PA 16103-1449
412-658-9721
AMINA, MD, SURESH P * U
1401 WILMINGTON AVE
NEW CASTLE PA 16105-2526
412-658-7790
BALDERACH, MD, RONALD R GS
2103 WILMINGTON RD
NEW CASTLE PA 16105-1930
412-656-6066
BANNISTER JR, MD, WILLIAM B GS
23 BELLAIRE DR
NEW CASTLE PA 16105-1614
412-654-4791
BARSZCZOWSKI JR, MD, PETER J FP
141 S MARKET ST
NEW WILMINGTON PA 16142-1201
412-946-2714
BASHARA, MD, THOMAS J GP
335 ROBERTS LN
NEW CASTLE PA 16105-1351
BASSALY, MD, RIFAAT R OBG
106 E NORTH ST
NEW CASTLE PA 16101-3736
412-652-2255
BELLA, MD, ROMEO H AN
ELLWOOD CITY HOSP
ELLWOOD CITY PA 16117-1499
412-283-8291
BOKER, MD, STEVEN M * DR
2712 ALBERT ST
NEW CASTLE PA 16105-1751
412-656-4127
BOWER, MD, JAMES N FP
103 S MERCER ST
NEW CASTLE PA 16101-3829
412-658-2688
BROOKS, MD, JACK C FP
26 PITTSBURGH CIR
ELLWOOD CITY PA 16117-2136
CALLAGHAN, MD, DANIEL J * OTO
226 CAROL DR
NEW WILMINGTON PA 16142-1419
412-656-5050
CAPLAN, MD, AARON GP
729 PLYMOUTH LN
ELLWOOD CITY PA 16117-1335
CAPLAN, MD, MILTON L GP
903 CRESTVIEW DR
ELLWOOD CITY PA 16117-1413
CHATREE-DUANGNET, MD, CHAD PD
MEDICAL ARTS BUILDING
NEW CASTLE PA 16105-1537
412-658-5437
CHUNG, MD, CHIN D GE
2602 WILMINGTON RD
NEW CASTLE PA 16105-1537
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CORBETT, MD, JOHN M ORS
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DHEEN, MD, MOHAMED H R IM
3256 GREENTREE CIR
NEW CASTLE PA 16105-1145
412-652-7864
FARONE, DO, FRANK G * IM
141 E WINTER AVE
NEW CASTLE PA 16101-2375
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3206 WILMINGTON RD
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3216 GRENWAY RD
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29 E NORTH ST STE 100
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NEW CASTLE PA 16101-3740
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3121 WILMINGTON RD
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2602 WILMINGTON RD
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101 GREENFIELD RD
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809 WILMINGTON AVE
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3121 WILMINTON RD
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3246 GREENTREE CIR
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100 S DIVISION ST
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LEBANON PA 17042-6245
717-273-6708
WAGNER, MD, J KENT L FP
322 E MAIN ST
PALMYRA PA 17078-1827
717-838-1301
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MOUNT GRETNA PA 17064-9999
717-273-8871
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322 E MAIN ST
PALMYRA PA 17078-1827
717-838-1301
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323 CUMBERLAND ST
LEBANON PA 17042-5310
717-272-2127
WHISNANT, MD, ROBERT A U
411 BARRINGTON CT
PALMYRA PA 17078-9365
717-531-8848
WHITING, MD, R KEITH FP
73 LOCUST AVE
MOUNT GRETNA PA 17064-0603
717-964-2152
WINER, MD, STEPHEN F * GS
225 ROYAL RD
LEBANON PA 17042-9579
WORRILOW, MD, SUZANNE H * FP
419 CUMBERLAND ST
LEBANON PA 17042-5316
717-273-3781
YARUS, DO, LANCE O ORS
410 CUMBERLAND ST
LEBANON PA 17042-5314
717-274-3693
YEAMANS, MD, BRUCE E FP
21 SCHOOL LN
LEBANON PA 17042-8012
717-866-5755
YOCUM, DO, MARTIN D US
404 PARK DR
LEBANON PA 17042-6423
YODER, MD, J BYARD FP
283 S BUTLER RD
MT GRETNA PA 17064-0550
717-273-8871

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818 CORNWALL RD
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717-942-6544

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3131 COLLEGE HEIGHTS BLVD
ALLENTOWN PA 18104-4858
215-776-1966
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317 BRIDGE ST
CATASAUQUA PA 18032-2546
215-264-1893
ALTOBELLI, MD, JOHN A * PS
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ALLENTOWN PA 18103-3032
215-437-2378
ALTOMARE JR, MD, FRANK J * NM
SACRED HEART HOSP
ALLENTOWN PA 18102-3490
215-776-4674
ANDERKO, MD, FRANK T GP
414 RIDGE AVE
ALLENTOWN PA 18102-5212
215-434-1133
ANGELICO, MD, RICHARD J * CDS
2021 WEYHILL DR
CENTER VALLEY PA 18034-9543
215-954-3019
ANSON, MD, PETER M * ORS
1401 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2307
215-821-4848
ARANGIO, MD, GEORGE A ORS
1230 S CEDAR CREST BLVD #103
ALLENTOWN PA 18103-6212
215-434-8441
AUTERI, MD, ANTHONY G GE
451 W CHEW ST STE 401
ALLENTOWN PA 18102-3424
215-821-2826
BAKER, MD, DAVID C * ORS
10 PARK BLVD
ALLENTOWN PA 18104-6124
BARILLA, MD, DONALD E END
401 N 17TH ST STE 215
ALLENTOWN PA 18104-5050
BARNES, MD, BEN C IM
180 114TH ST
STONE HARBOR NJ 08247-2115
BARONE, MD, ANTHONY AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
215-821-2820
BARRETT, MD, STEPHEN J P
PO BOX 1747
ALLENTOWN PA 18105-1747
215-437-1795
BAUM, MD, EDGAR S GP
424 N MAIN ST
ALLENTOWN PA 18104-4855
215-434-9010
BAUSCH, MD, ANDREW N * OPH
1837 W LINDEN ST
ALLENTOWN PA 18104-5633
215-433-3907
BAUSCH, MD, RICHARD D FP
2505 W UNION ST
ALLENTOWN PA 18104-6222
BAUSCH JR, MD, FREDERICK R GP
142 N 9TH ST
ALLENTOWN PA 18102-3908
215-433-0493
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1198 MEADOWBROOK CIR W
ALLENTOWN PA 18103-5470
BEITEL JR, MD, ROBERT J * OPH
800 HAUSMAN RD APT 384
ALLENTOWN PA 18104-9398
215-433-3907
BELL, MD, MICHAEL A FP
5222 BASS DRIVE
EMMAUS PA 18049
BELMONT, MD, DONALD J CD
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-437-5505
BENAVAGE, MD, MICHAEL F FP
5827 LINDBERGH ST
OREFIELD PA 18069-2251
215-264-0411
BERG, DO, RICHARD E FP
2912 W WASHINGTON ST
ALLENTOWN PA 18104-3817
215-395-1993
BERGER, MD, ALAN * VS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-432-1214
BLAISDELL, MD, C THEODORE AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
215-821-2820

BLAKE, MD, DOUGLAS R AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
215-821-2820
BLASIOL, DO, JOSEPH J GP
225 CONSTITUTION BLVD
KUTZTOWN PA 19530-1702
215-682-7131
BLINDER, MD, JEFFREY S * DR
918 N 25TH ST
ALLENTOWN PA 18104-3618
215-439-0868
BODISH, MD, ERIC J IM
ALLENTOWN HOSP
ALLENTOWN PA 18102
215-262-2621
BONEKEMPER, MD, THOMAS W IM
1760 JOANNE DR
QUAKERTOWN PA 18951-3830
215-776-4349
BONOS III, MD, CHARLES T EM
6802 HAMILTON BLVD
TREXLERTOWN PA 18087
215-395-1924
BOO, MD, KI T IM
1322 W HAMILTON ST
ALLENTOWN PA 18102-4315
215-434-3473
BOORSE, MD, RICHARD C * GS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-439-4055
BOUCHER, MD, WILLIAM F FP
234 E 20TH ST
NORTHAMPTON PA 18067-1332
215-262-2201
BOYER, MD, GEORGE S GS
740 N 19TH ST
ALLENTOWN PA 18104-4041
BRADY, DO, J GREGG D
2200 HAMILTON ST STE 106
ALLENTOWN PA 18104-6329
215-770-1922
BREN, DO, DEBORAH A GP
4112 LOCUST DR
NORTHAMPTON PA 18067-9547
215-767-4315
BRENNEN, MD, ROBERT F GP
346 5TH ST
WHITEHALL PA 18052-6511
BRETZ, MD, KAREN A AN
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-402-8810
BRNDJAR, DO, JON E IM
406 EAGLE DR
EMMAUS PA 18049
215-402-8200
BROWN, MD, CHRISTOPHER L DR
4747 PARKVIEW DR S
EMMAUS PA 18049-1213
BUCH, MD, RAYMOND S * FP
4TH AND CHEW STS
ALLENTOWN PA 18102
215-776-4888
BUCHANAN IV, MD, HARRY W * OPH
400 N 17TH ST STE 200
ALLENTOWN PA 18104-5052
215-433-2021
BUSCH, MD, MICHAEL F * ORS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-821-4802
CANDAL, MD, MARIO A OBG
451 CHEW ST
ALLENTOWN PA 18102
215-821-2829
CARAPELLA, MD, JOHN D GP
2790 ROLLING GREEN PL
MACUNGIE PA 18062-1440
CARBAUGH, MD, HOWARD L * GP
614 N 6TH ST
ALLENTOWN PA 18102-1666
215-432-6032
CASSEL, MD, JOHN J * CD
1259 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
CASTALDO, MD, JOHN E N
5225 ANDREA DR
WESCOSVILLE PA 18106-9457
215-402-8420
CASTALDO, MD, WILLIAM A PUD
451 W CHEW ST STE 310
ALLENTOWN PA 18102-3423
215-821-2826
CELANI, MD, VICTOR J * VS
1275 B CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-439-0372
CERCIELLO, MD, MARK J * ORS
451 W CHEW ST STE 207
ALLENTOWN PA 18102-3414
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701 HARRISON ST APT 324
ALLENTOWN PA 18103
215-432-2706
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ALLENTOWN PA 18104-1960
CHENG, MD, HARVEY S OPH
501 N 17TH ST STE 204
ALLENTOWN PA 18104-5044
215-821-6806

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2710 W LIBERTY ST
ALLENTOWN PA 18104-4734
CHERNOFSKY, MD, MICHAEL A PS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-432-1953
CHOVANES, MD, GEORGE I * NS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-433-3143
CHOWDARY, MD, RAJ P PS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-432-1953
CHRISTINE, DO, CRAIG R FP
RR 2 BOX 461A
OREFIELD PA 18069
215-767-4315
CLAIR, MD, DAVID L U
1230 S CEDAR CREST BLVD #302
ALLENTOWN PA 18103-6212
215-770-0618
COHEN, DO, LAURIE A PD
CHILDRENS HEALTHCARE CTR
LENTOWN PA 18104-2253
215-395-4444
COLA, DO, CAROL D D
6213 MERTZ DR
ALLENTOWN PA 18104-9455
215-435-7546
COLLINS II, MD, J JOHN AN
2781 EARHART CT
OREFIELD PA 18069-2253
215-366-0535
COLON-DELGADO, MD, RAFAEL I PD
2223 LINDEN ST
BETHLEHEM PA 18018
215-866-2277
CONNELLY, DO, JOHN E * GP
2200 HAMILTON ST
ALLENTOWN PA 18104
215-434-4780
CONSTANTIN, MD, LUIS * CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
215-433-6442
CORNELL, MD, JAMES F GE
451 W CHEW ST STE 401
ALLENTOWN PA 18102-3424
215-821-2828
CRUZ, MD, EDGARDO S AN
3811 TREXLER BLVD
ALLENTOWN PA 18104-3424
215-821-0750
CUMMINGS, MD, ROBERT V * OBG
1627 CHEW ST
ALLENTOWN PA 18102
215-402-2412
CUSTODIO, MD, EDGARDO C DR
785 WEDGEWOOD RD
BETHLEHEM PA 18017-2430
CZAJKOWSKI, MD, THOMAS J * FP
36 S 17TH ST
ALLENTOWN PA 18104-5844
215-433-8615
DEANGELIS, DO, PATRICIA A FP
1791 AIRPORT RD
ALLENTOWN PA 18103-9528
215-266-0230
DEBUQUE, DO, JEFFERY A IM
LEHIGH VALLEY HOSP
ALLENTOWN PA 18105-1556
215-402-8999
DEDIO, MD, ROBERT M OTO
400 N 17TH ST STE 202
ALLENTOWN PA 18104-5052
215-437-5222
DEEB, MD, RAMON J * AN
FAIRGROUNDS MED CTR
ALLENTOWN PA 18104-5052
215-435-5655
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210 W 39TH ST
READING PA 19606-3007
DESAI, DO, PRAGNESH A U
1422 HAMILTON ST
ALLENTOWN PA 18102-4293
215-435-2261
DESHPANDE, MD, VILAS K * PD
401 N 17TH ST STE 307
ALLENTOWN PA 18104-5051
215-434-2162
DEUTSCH, DO, JEROME C GP
104 S 7TH ST
COPLAY PA 18037-1110
215-262-4992
DEX, MD, WALTER J * DR
LEHIGH VALLEY HOSP
ALLENTOWN PA 18102
215-402-2214
DIBENEDETTO, MD, THOMAS D ORS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-820-9829
DICKSON JR, MD, THOMAS B ORS
1730 W CHEW ST
ALLENTOWN PA 18104-5549
215-433-6045
DILCHER, MD, ROBERT H U
515 N MAIN ST
ALLENTOWN PA 18104-4737

DIMICK, MD, DEAN F END
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-402-1150
DOLL JR, MD, ROBERT B END
401 N 17TH ST STE 215
ALLENTOWN PA 18104-5050
215-820-9557
DORSEY, MD, JAMES T GYN
160 MAIN ST
EMMAUS PA 18049-4018
215-967-3196
DORVAL, MD, JANE PM
GOOD SHEPHERD REHAB HOSP
ALLENTOWN PA 18103
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601 DELAWARE AVE
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1218 EAGLE ST
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2347 RIVERBEND RD
ALLENTOWN PA 18103-9231
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ALLENTOWN PA 18104-5050
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WAYNE PA 19087-2902
DWECK, MD, MONICA M OPH
2004 W ALLEN ST
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EARNEST, MD, TAMAR D GS
2820 W WALNUT ST
ALLENTOWN PA 18104
215-402-8490
EDDINGER, MD, LEO C * FP
407 OAKWOOD DR
WHITEHALL PA 18052-7217
EISTER, LOUIS L EXEC
1620 HIGHLAND ST
ALLENTOWN PA 18102
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6000 MAIN ST
FOGELSVILLE PA 18051
ENZMAN, DO, PATRICIA M GP
RR 1 BOX 834
FOGELSVILLE PA 18051
ESLER JR, MD, JAMES W AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
215-821-2820
FALCONE, MD, DOMENICO AN
2335 RIVERBEND RD
ALLENTOWN PA 18103-9660
FARR, MD, JAMES OBG
160 N 12TH ST
LEHIGHTON PA 18235-1115
215-377-3652
FARRELL, MD, PETER E OTO
1020 S CEDAR CREST BLVD
ALLENTOWN PA 18103-5427
215-770-9393
FASSL, MD, JOSEPH J EM
2820 OAKLAND RD
BETHLEHEM PA 18017-1224
215-402-8111
FEHRLE, MD, WILFRID M US
1665-D 32ND ST SW
ALLENTOWN PA 18103
FELDMAN, DO, NEIL H AI
1398 DOE TRAIL RD
ALLENTOWN PA 18104-2053
215-437-0711
FETTERMAN, MD, HENRY H * OBG
501 N 17TH ST
ALLENTOWN PA 18104-5044
215-435-8562
FETZER, MD, ARTHUR E U
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-770-0618
FIELD MUNVES, MD, ELLEN M RHU
2045 WESTGATE DR BLDG 102
BETHLEHEM PA 18017-7474
215-691-6222
FINNEGAN, MD, WALTER J ORS
40 S CEDAR CREST BLVD
ALLENTOWN PA 18104-5912
215-433-7589
FISTER, MD, FREDERICK D * GP
6411 HAASADAHL ROAD
ALLENTOWN PA 18106
FITZGERALD, MD, JAMES L OBG
3345 W HIGHLAND ST
ALLENTOWN PA 18104-2670
215-395-2164
FOLLWEILER, MD, BARRY R GP
RR 3 BOX 3160
NEW TRIPOLI PA 18066-9128
215-298-8521
FOX, MD, WILLIAM F OM
9 N 4TH ST
COPLAY PA 18037-1321
FRANKENFIELD, MD, BRUCE A IM
2200 W HAMILTON ST RM 203
ALLENTOWN PA 18104-6329
215-433-7481

FRIEDBERG, MD, MILTON J ON
2328 RIVERBEND RD
ALLENTOWN PA 18103
215-433-4852
GALGON, MD, JOHN P PUD
1162 BELLAIR DR
ALLENTOWN PA 18103-5404
215-435-4958
GALTMAN, MD, LAWRENCE M PD
528 N 25TH ST
ALLENTOWN PA 18104-4921
215-861-9480
GARCIA, MD, JOSE R * IM
451 W CHEW ST STE 306
ALLENTOWN PA 18102-3423
215-821-2850
GARY, MD, ROBERT J U
4896 SKYTOP DR
EMMAUS PA 18049-4603
215-437-9888
GAUSLING, MD, SHARON C PD
THE CHILDRENS HEALTHCARE CTR
ALLENTOWN PA 18104-2253
215-395-4444
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3781 DEVONSHIRE RD
ALLENTOWN PA 18103-9628
GEARHART, MD, LYSTER M OBG
334 N 26TH ST
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GEE, MD, WILLIAM * VS
1524 W LINDEN ST
ALLENTOWN PA 18102-4251
215-435-3722
GERCHMAN, MD, LEROY B * FP
3710 BROADWAY
ALLENTOWN PA 18104-5218
215-395-0307
GEVIRTZ, MD, JEFFREY L U
1251 S CEDAR CREST BLVD #305D
ALLENTOWN PA 18103-6205
215-432-7780
GIANGIULIO, MD, DENNIS J * ON
450 PERSHING BLVD
WHITEHALL PA 18052-6452
215-435-6966
GINSBERG, MD, GENE H IM
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-434-2044
GITTLEMAN, MD, MARK A * GS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
GLAZERMAN, MD, LARRY R * OBG
322 S 17TH ST
ALLENTOWN PA 18104-6709
215-434-4015
GOFF, MD, ELIZABETH PD
1836 W CHEW ST
ALLENTOWN PA 18104-5524
215-435-6352
GOLDFARB, MD, DANIEL D P
121 N CEDAR CREST BLVD
ALLENTOWN PA 18104-4864
215-432-5202
GOLDFARB, MD, HAROLD J OPH
2004 W ALLEN ST
ALLENTOWN PA 18104-5053
215-435-0956
GOLDNER, MD, DAVID B * CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
215-433-6442
GOLDSMITH, MD, CHARLES P OPH
930 S HILLVIEW RD
ALLENTOWN PA 18103-6154
215-434-3024
GOOD, MD, HARRY S GS
1711 W HAMILTON ST
ALLENTOWN PA 18104-5627
GOODREAU, MD, JAMES J * VS
PERIPHERAL VASC SURG PC
ALLENTOWN PA 18103-6207
215-437-0200
GOPAL, MD, T A * OBG
401 N 17TH ST STE 304
ALLENTOWN PA 18104-5051
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GORDON, MD, CHARLES A IM
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-433-1366
GORDON, MD, DAVID A TS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-770-1350
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1575 POND RD STE 203
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215-366-7788
GRASSI, MD, JOSEPH J PM
1259 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-439-0400
GREENBERG, DO, MARNA RAYL * EM
1909 EARLS CT
ALLENTOWN PA 18103-6960
215-377-1300
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401 N 17TH ST STE 306
ALLENTOWN PA 18104-5051
215-433-8853

GUARINO, MD, EDWARD F * PS
2365 WESTMINSTER DR
EMMAUS PA 18049-4752
215-439-1866
GULOTTA, MD, PAUL CD
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-437-5505
GUZZO, MD, JOSEPH C NEP
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-432-4529
HALLOCK, MD, GEOFFREY PS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-435-7555
HAMADANI, MD, HOUSHANG G P
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ALLENTOWN PA 18104-6172
215-820-0644
HANLEY, DO, PATRICK J IM
4573 N HEDGEROW DR
ALLENTOWN PA 18103
215-402-6999
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227 N 28TH ST
ALLENTOWN PA 18104-5339
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50 S 18TH ST
EASTON PA 18042-3912
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4750 HUCKLEBERRY RD
OREFIELD PA 18069-9632
215-402-8810
HARTZELL JR, MD, GEORGE W * GS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-439-4055
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302 WALNUT ST
CATASAUQUA PA 18032-2327
HARWICK, MD, JOHN D OTO
FAIRGROUNDS MED CTR
ALLENTOWN PA 18104-5084
215-437-5222
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3536 NEW SMITHVILLE RD
KEMPTON PA 19529
HEFFERNAN, MD, ANDREW H PS
3858 MANCHESTER RD
ALLENTOWN PA 18104-2118
HEILIGMAN, MD, NATHAN H GER
823 N 23RD ST
ALLENTOWN PA 18104-3907
HENRIQUEZ, MD, JACK A EM
2280 YORKSHIRE CIR
ALLENTOWN PA 18103-3754
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451 W CHEW ST STE 102
ALLENTOWN PA 18102-3412
215-821-9703
HENTOSH, MD, JOHN P PD
401 N 17TH ST BLDG 205
ALLENTOWN PA 18104-5050
215-439-0044
HERTZ, MD, CHARLES S GS
119 LAKE SHORE DRIVE
POCONO LAKE PRES PA 18348
HERTZ, MD, JONATHAN IM
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-439-8856
HILL, MD, E MERTON PH
1332 S LAKESHORE DR
SARASOTA FL 34231
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3710 BROADWAY
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2416 3RD ST
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HOFFMAN-TERRY, MD,
MARGARET L ID
413 N JASPER ST
ALLENTOWN PA 18103-2646
215-776-8001
HOLLAND, MD, CLARENCE A GS
222 N 28TH ST
ALLENTOWN PA 18104-5340
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451 W CHEW ST STE 407
ALLENTOWN PA 18102-3424
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219 N 17TH ST
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2535 W ALLEN ST
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5992 BEVERLY HILLS RD
COOPERSBURG PA 18036-1802
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4887 MEADOWVIEW DR
MACUNGIE PA 18062-9014
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HYMAN, MD, HERBERT L GE
401 N 17TH ST STE 207
ALLENTOWN PA 18104-5050
215-434-5300
ISRAEL, MD, HOWARD A AI
3131 COLLEGE HEIGHTS BLVD
ALLENTOWN PA 18104-4858
215-820-7811
JAEGER, MD, ROBERT M NS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
JAFARI, MD, NERCY CDS
1107 EATON AVE STE D
BETHLEHEM PA 18018-1862
215-866-3220
JAFFE, MD, JOHN S * U
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-437-9988
JOHNSON, MD, CHARLES F GPM
2881 GOLF CIR
EMMAUS PA 18049-1733
JOHNSON, MD, DOUGLAS E NEP
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
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ALLENTOWN PA 18104
215-437-1931
JUNG, MD, JAY SOO AN
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ALLENTOWN PA 18104
215-821-0750
KALE, MD, SANJAY D GP
1462 PRINCETON CT
ALLENTOWN PA 18104-2247
215-740-3227
KANWIT, MD, BERT A GS
108 ROSEDALE AVE
COVINGTON VA 24426-1244
KARESS, MD, GINA M IM
ALLENTOWN HOSP
ALLENTOWN PA 18102
215-776-8999
KARRON, MD, BETTY CHP
LIBERTY SQ MEDICAL BLDG
ALLENTOWN PA 18104
215-434-7899
KASPRENSKI, MD, MATTHEW A FP
1574 DUXBURY CT
ALLENTOWN PA 18104-1943
KASPRENSKI, MD, MATTHEW L IM
2418 3RD ST
WHITEHALL PA 18052-4822
215-264-4042
KAUFFMAN JR, DO, JOHN M IM
1255 S CEDAR CREST BLVD
ALLENTOWN PA 18103
215-437-9006
KAUFMAN, MD, BARRE D RHU
1405 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2308
215-435-2423
KAUFMAN, MD, JAY H PUD
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-439-8856
KAUFMANN, MD, MICHAEL W * P
FAIRGROUNDS MED CTR
ALLENTOWN PA 18104-5052
215-778-9710
KAVCHOK, MD, JOSEPH OPH
2015 W HAMILTON ST
ALLENTOWN PA 18104-8447
215-434-9585
KEAN, MD, DENNIS W PD
2839 W GORDON ST
ALLENTOWN PA 18104-4862
215-435-6352
KEBLISH JR, MD, PETER A ORS
1730 W CHEW ST
ALLENTOWN PA 18104-5549
215-433-6045
KEIL, MD, LORETTA W IM
912 HAWTHORN RD
ALLENTOWN PA 18103-4678
215-776-4803
KELLEY JR, MD, CHARLES F PD
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-437-5750
KENVIN, MD, JOHN E PD
1240 N 36TH ST
ALLENTOWN PA 18104-2638

KEVITCH, MD, ROBERT B * PS
842 N 19TH ST
ALLENTOWN PA 18104-4039
215-437-2378
KHAN, MD, YASIN N * AN
217 PRESTON RD
FLOURTOWN PA 19031-2111
215-776-8216
KHUBCHANDANI, MD, INDRU T CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-433-7571
KIBELSTIS, MD, JOHN A PUD
3775 FOX RUN DR
ALLENTOWN PA 18103-9211
215-439-8856
KIESEL, MD, ROBERT OPH
400 N 17TH ST STE 102
ALLENTOWN PA 18104-5052
215-439-8910
KIM, MD, CHUNG H TR
500 CENTRAL PARK AVE #J-233
SCARSDALE NY 10583-1055
KIM, MD, JIN I AN
1809 WOODS HOLLOW LN
ALLENTOWN PA 18103-9273
215-462-2233
KIMMEL, MD, DEBORAH N PM
GOOD SHEPHARD REHAB HOSP
ALLENTOWN PA 18103
215-776-3315
KINTZEL, MD, JAMES E NEP
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-432-4529
KISTLER, MD, KERMIT K OPH
1605 LEHIGH PKY N
ALLENTOWN PA 18103-2913
215-791-2010
KLASKO, MD, STEPHEN K * OBG
322 S 17TH ST
ALLENTOWN PA 18104-6709
215-434-4015
KLEAVELAND, MD, JOSEPH P * CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
215-433-6442
KLECKNER, MD, FRANCIS S * GE
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-439-8595
KLEES, MD, ATHANASIUS PTH
1879 LEHIGH PKY N
ALLENTOWN PA 18103-2913
KLOIN, MD, JAY E * IM
431 CHESTNUT ST
EMMAUS PA 18049-2401
215-965-6041
KLOTZ, MD, DONALD J FP
2811 PARKWAY BLVD
ALLENTOWN PA 18104-5362
KNAPPER, MD, ELIZABETH J D
2250 W TILGHMAN ST
ALLENTOWN PA 18104-4364
215-437-6868
KNECHT, MD, CHARLES L R
3131 COLLEGE HEIGHTS BLVD
ALLENTOWN PA 18104-4858
215-435-2001
KNOUSE, MD, MARK C ID
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-7991
215-776-8430
KOCH, MD, THOMAS J OTO
4961 BRIARWOOD DR
MACUNGIE PA 18062-9003
215-366-7788
KOHAN, DO, DAVID A AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
215-821-2820
KOPENHAVER, MD, DONALD B GYN
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-820-5800
KOPYT, DO, NELSON P * NEP
50 S 18TH ST
EASTON PA 18042-3912
215-432-8468
KRALSTEIN, MD, JEFFREY R GE
4435 FARM DR
ALLENTOWN PA 18104-1937
215-434-5300
KRATZER, MD, GUY L * CRS
1447 W HAMILTON ST
ALLENTOWN PA 18102-4231
215-433-8181
KRAYNICK, MD, BENJAMIN M ORS
40 S CEDAR CREST BLVD
ALLENTOWN PA 18104-5912
215-433-7589
KREITHEN, MD, HAROLD * A
401 N 17TH ST STE 211
ALLENTOWN PA 18104-5050
215-437-0711
KRISCH, MD, RONALD A P
4081 FAWN TRAIL RD
ALLENTOWN PA 18104-2022
215-432-5444
KUCHARCZUK, MD, JOHN B OBG
1357 MAIN ST
NORTHAMPTON PA 18067-1613
215-262-9091

KUEHNER, DO, P DENIS * GP
P O BOX 189
OREFIELD PA 18069
215-395-1993
LAM, MD, CARL A * OBG
401 N 17TH ST STE 302
ALLENTOWN PA 18104-5051
215-820-7071
LANG, MD, GREGORY M * OBG
440 S 15TH ST
ALLENTOWN PA 18102-4618
215-437-7000
LAPOS, MD, LINDA L * CRS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-402-1095
LEAHEY, MD, ALAN B OPH
400 N 17TH ST STE 102
ALLENTOWN PA 18104
215-439-8910
LEE, MD, EDWIN N IM
935 BEVERLY DR
ALLENTOWN PA 18103-3723
LEET, MD, THOMAS E * DR
1247 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2867
LEHRICH, MD, HENRY E * FP
825 N CEDAR CREST BLVD
ALLENTOWN PA 18104-3437
215-437-0739
LENTZ, MD, ROBERT E GP
2004 S 5TH ST
ALLENTOWN PA 18103-6802
LERNER, MD, SAMUEL M AN
3655 FOX RUN DR
ALLENTOWN PA 18103-9210
LESTER, MD, MARK C * NS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-433-3143
LEVIN, MD, MARC W D
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-435-7546
LEVINE, MD, ARTHUR L * NEP
50 S 18TH ST
EASTON PA 18042-3912
215-258-3608
LEVINE, MD, CHARLES R * ORS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
LEVITT, MD, LAWRENCE P N
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-776-8420
LIEBERMAN, MD, FRANCIS A GP
1751 W TURNER ST
ALLENTOWN PA 18104-5645
LIEBERMAN, MD, RICHARD M U
1259 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-770-9700
LIEBERMAN JR, MD, JOSEPH A FP
LUTHERCREST
ALLENTOWN PA 18014
LINDENFELD, MD, ARTHUR P
800 HAUSMAN RD APT 102
ALLENTOWN PA 18104-9395
508-366-7269
LINN, MD, SHELDON H * OBG
322 S 17TH ST
ALLENTOWN PA 18104
215-257-1153
LISTWA, DO, HOWARD M * OBG
322 S 17TH ST
ALLENTOWN PA 18104-6709
215-434-4015
LOMBOY, MD, NORMA T IM
2949 ALLEN ST
ALLENTOWN PA 18104
215-437-0408
LONGENHAGEN, MD, JOHN B IM
2870 MEADOWBROOK CIR S
ALLENTOWN PA 18103-5428
215-433-7481
LUSSER, MD, MARTHA A N
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-432-4114
LUTZ, MD, RAYMOND J DR
3615 W HIGHLAND ST
ALLENTOWN PA 18104-2653
LUTZ, MD, RONALD A EM
LEHIGH VALLEY HOSP
ALLENTOWN PA 18105
215-776-8130
LYNCH, MD, CHRISTOPHER G * PM
1259 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-434-8510
MADERA, MD, FREDDY A GS
323-10 SPRINGHOUSE RD
ALLENTOWN PA 18104
MADONNA, MD, JOHN J GS
134 SOCIETY PARK CT
EMMAUS PA 18049-4214
MAFFEO, MD, ALPHONSE A AN
4787 BELMONT DR
EMMAUS PA 18049-1236
215-402-8810
MAQUERA, MD, ANDRE G GS
BUTZ TOWER
ALLENTOWN PA 18102-3408
215-770-9680

MARGRAF, MD, JOHN W N
1251 S CEDAR CREST BLVD
STE 202A
ALLENTOWN PA 18103-6205
215-434-0107
MARTIN, MD, FREDERICK H * GP
RR 1 BOX 95
ZIONSVILLE PA 18092
MARTINEZ-RAMOS, MD, MARIA A * PD
1728 JONATHAN ST
ALLENTOWN PA 18104
215-866-2277
MARTZ, MD, MARK N TS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-821-8790
MARVI, MD, DAVOUD P
609 N 29TH ST
ALLENTOWN PA 18104-4237
215-434-4617
MATTA, DO, ROBERT A FP
827 W WYOMING ST
ALLENTOWN PA 18103-3961
215-435-8643
MCCONNEL JR, MD, CHARLES S OTO
1259 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-435-5858
MCCULLOUGH JR, MD, JAMES L * VS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-439-0372
MCDONALD, MD, KENNETH M * VS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-439-0372
MCDONOUGH, MD, GERARD A TS
5512 SEQUOIA TRL
ALLENTOWN PA 18104
MCGINLEY, MD, GEORGE W OPH
401 N 17TH ST STE 103
ALLENTOWN PA 18104-5049
215-821-4454
MEADE, MD, THOMAS D ORS
1730 W CHEW ST
ALLENTOWN PA 18104-5549
215-433-6045
MECCA, MD, JOHN J * GP
3710 BROADWAY
ALLENTOWN PA 18104-5218
215-395-0307
MELMAN, MD, JAY E GP
1020 BARNSDALE RD
ALLENTOWN PA 18103-3720
MERCADO, MD, MODESTO G AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
215-821-2820
MERKLE, MD, LARRY N END
401 N 17TH ST STE 215
ALLENTOWN PA 18104-5050
215-837-7902
MILLER, MD, JOSEPH A OBG
401 N 17TH ST STE 309
ALLENTOWN PA 18104-5051
215-437-5218
MILLER, MD, KERRY D * RHU
3131 COLLEGE HEIGHTS BLVD
ALLENTOWN PA 18104-4858
215-776-1786
MISENHIMER, MD, MARTIN D PD
281 CHERRYVILLE RD
NORTHAMPTON PA 18067-9548
215-262-5616
MISHKIN, MD, MARK H IM
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-433-1818
MITCHELL, MD, JOHN F * P
1259 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-435-8545
MOERKIRK, MD, GEORGE E EM
806 S 25TH ST
ALLENTOWN PA 18103-3718
215-402-8600
MONTANER, MD, CARMEN S * AN
4308 BOULDER DR
COOPERSBURG PA 18036-9339
215-402-8810
MONTELLA, MD, DIANE L IM
4191 E TEXAS RD
ALLENTOWN PA 18103-9757
215-402-8999
MORAN, DO, MARK E OPH
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-435-8068
MORFFI, MD, OSCAR A * PD
3394 COVELLE RD
ALLENTOWN PA 18104-9785
215-434-2162
MORRIS, MD, DENNIS L * CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
215-433-6442
MORRISON, MD, ALAN N ON
3821 TREXLER BLVD
ALLENTOWN PA 18104-3424
215-867-3115
MORRISON, MD, MARJORIE G P
803 N WAHNETA ST APT 56
ALLENTOWN PA 18103-2414

MORROW, MD, ROBERT A * NS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-433-3143
MORROW-CONNELLY, DO,
RENEE D PD
10 CLIFFTOP RD
NORTHAMPTON PA 18067
215-435-6352
MOTRONI, MD, ALEXSANDRA K IM
RR 2 BOX 20A
TAMAQUA PA 18252-9610
215-298-8521
MULLIN JR, MD, EDWARD M * U
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
MUNCHAK JR, MD, JOHN GP
440 RIDGE AVE
ALLENTOWN PA 18102-5212
215-434-8154
MURPHY, MD, BRIAN P * U
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-437-9988
MURPHY JR, MD, ROBERT X HS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-432-1953
NADER, MD, JOSEPH N * CD
401 N 17TH ST STE 308
ALLENTOWN PA 18104-5051
215-434-5592
NEDWICH, MD, ALEXANDER PTH
1461 RED MAPLE LN
ALLENTOWN PA 18104-2009
NGUYEN, MD, MINHLY T ID
1802 PICCADILLY CIR
ALLENTOWN PA 18103-6466
NICHOLAS, MD, GARY G * GS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-432-1214
OKUNSKI, MD, WALTER J PS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-432-1953
OLIVER, MD, GLEN L * OPH
400 N 17TH ST STE 200
ALLENTOWN PA 18104-5052
215-820-6320
ORDWAY JR, MD, EUGENE E * CD
451 CHEW ST STE 302
ALLENTOWN PA 18102-3423
215-821-2810
ORR, MD, PAUL L * P
2844 W PENNSYLVANIA ST
ALLENTOWN PA 18104-2854
OTERO, MD, JORGE A * PD
1728 W JONATHAN ST
ALLENTOWN PA 18104-3120
215-776-4141
PANEBIANCO, MD, ANTONIO C CD
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-770-1350
PAPOLA, MD, JOHN S OTO
729 N 25TH ST
ALLENTOWN PA 18104-3931
215-437-5222
PARSONS, ROBERT R EXEC
1620 HIGHLAND ST
ALLENTOWN PA 18102-1033
215-437-2288
PASCAL, MD, JOSEPH U
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-432-7760
PATHARE, MD, MEERA V IM
1307 ASHLEY LN
ALLENTOWN PA 18103-9753
PATRIARCO, DO, MICHAEL S OBG
3468 STURBRIDGE PL
ALLENTOWN PA 18104-1753
215-437-1931
PETERS, MD, CHARLES D IM
401 N 17TH ST STE 201
ALLENTOWN PA 18104-5050
215-432-6862
PETZ, MD, COLIN J IM
1521 UNION ST APT 201
ALLENTOWN PA 18102
PHELAN, MD, WILLIAM J PD
1831 W LINDEN ST
ALLENTOWN PA 18104-5863
215-770-9111
PHILLIPS, MD, THEODORE G CDS
1230 S CEDAR CREST BLVD #202
ALLENTOWN PA 18103-6212
215-770-1350
POST, MD, ROBERT M ON
FAIRGROUNDS MED CTR
ALLENTOWN PA 18104
215-433-6691
POWERS, MD, VICTOR J * IM
451 W CHEW ST STE 308
ALLENTOWN PA 18102-3423
215-821-2850
PRAGER, MD, DAVID ON
FAIRGROUNDS MED CTR
ALLENTOWN PA 18104
215-433-6691

PROOTHI, MD, SUBHASH C ON
701 OSTRUM ST STE 302
BETHLEHEM PA 18015-1152
215-867-3115
PRYBLICK, DO, JUDITH R FP
1330 WYOMING ST
ALLENTOWN PA 18103
215-437-7181
PURCELL, DO, STEPHEN M D
2200 HAMILTON ST STE 106
ALLENTOWN PA 18104
215-770-1922
PUSCHAK, MD, RUSSELL B PD
401 N 17TH ST STE 210
ALLENTOWN PA 18104-5050
215-821-4920
QUEVEDO, MD, JONATHAN P PM
5TH AND ST JOHN STS
ALLENTOWN PA 18103
215-776-3278
RAI, MD, MANDEEP K IM
710 NORTHWOOD DR
WILLIAMSVILLE NY 14221-3869
215-776-8999
RAMOS-CARO, MD, JOSE L * PD
1728 JONATHAN ST
ALLENTOWN PA 18104
215-776-4141
RAPHAEL, MD, PAUL S PM
1314 ANTLER CT
ALLENTOWN PA 18104-2029
215-776-4520
RAPPAPORT, MD, DANIEL M IM
1728 W JONATHAN ST STE 204
ALLENTOWN PA 18104-3120
215-262-7123
RAPPAPORT, MD, MELVIN M FP
2327 FOX MEADOW DR
ALLENTOWN PA 18104
215-262-9003
REINBOLD, MD, PAUL M IM
1065 BERNICE DR
COPLAY PA 18037
REINHARDT, MD, PAULINE K OS
625 N OTT ST
ALLENTOWN PA 18104-4233
REINHART, MD, JOHN W GP
2200 W HAMILTON ST
ALLENTOWN PA 18104-6329
215-434-7641
RENINGER, MD, CHARLES W OBG
2200 W HAMILTON ST
ALLENTOWN PA 18104-6329
RENNER, DO, STEPHEN A US
3666 MOUNTAIN VIEW DR
DANIELSVILLE PA 18038
215-402-8200
RENTLER, MD, RUSSELL J * IM
7377 HILLCREST DR
MACUNGIE PA 18062-9461
RESPET, MD, PATRICK B ORS
1730 CHEW STREET
ALLENTOWN PA 18104-5548
215-433-6045
REX, MD, JAMES C CRS
3780 MANCHESTER RD
ALLENTOWN PA 18104-2240
RHODES, MD, MICHAEL TRS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-402-8445
RHODES III, MD, LUTHER V ID
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-7991
215-402-8430
RIENZO, MD, ROBERT J DR
1200 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6202
215-402-8383
RIETHER, MD, ROBERT D CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-433-7571
RODENBERGER, MD, BRUCE M GYN
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-820-5800
ROGERS, DO, JEFFREY S AN
4433 SPRUCE ST
WHITEHALL PA 18052-1107
215-456-6650
ROJY JR, MD, THOMAS J PS
2872 W EMAUS AVE APT 302
ALLENTOWN PA 18103
215-402-8999
ROSEN, MD, LESTER CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-433-7571
ROSEN, MD, RANDY A NEP
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-432-4529
ROSENAU, DO, ALEXANDER M EM
1140 N BROAD ST
ALLENTOWN PA 18104-2912
ROSENBERG, MD, HOWARD D * DR
3741 DEVONSHIRE RD
ALLENTOWN PA 18103-9628
ROSS, MD, ABRAHAM AN
451 W CHEW ST STE 408
ALLENTOWN PA 18102-3424
215-821-2820
ROSS, MD, DANIEL I OPH
2004 W ALLEN ST
ALLENTOWN PA 18104-5053
215-435-0956
ROSS, MD, DAVID S IM
775 RUTH RD
TELFORD PA 18969-2328
ROSSI, MD, MICHAEL A CD
4227 WINCHESTER RD
ALLENTOWN PA 18104-1929
215-433-6442
ROSSMAN, MD, MAX CHP
2855 GULF TO BAY BLVD APT 38
CLEARWATER FL 34619-4018
ROTHENBERGER, MD, MARVIN K OTO
210 N 8TH ST
ALLENTOWN PA 18102-4013
ROVITO, MD, PETER F GS
842 N 19TH ST
ALLENTOWN PA 18104-4039
215-437-6119
RUHT, MD, BARRY A * ORS
1401 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2307
215-821-4848
SADR, MD, FARROKH S CDS
1230 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6212
215-770-1350
SAMIES, MD, JOHN H ID
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-7991
215-402-8430
SANDBERG, MD, JAMES A CD
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-437-5505
SANGWAN, MD, YASH P CRS
120 SOCIETY PARK CT
EMMAUS PA 18048
215-433-7571
SARACHEK, MD, NORMAN S CD
1351 HIGHLAND CT
ALLENTOWN PA 18103-6025
SARUBIN, MD, DANIEL R DR
1815 SHERWOOD RD
ALLENTOWN PA 18103-2946
SAWYNA, MD, VITALY GS
2224 W LIBERTY ST
ALLENTOWN PA 18104-4324
215-437-3585
SCARPINO, MD, LEO J * ORS
1401 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2307
215-821-4848
SCHENCK, MD, PAUL H OPH
5239 HAMILTON BLVD
ALLENTOWN PA 18106-9714
215-398-2800
SCHONROCK, MD, KRISTA L IM
442 SPRINGTON RD
GLENMOORE PA 19343
SCHRAGGER, MD, ALAN H * D
1317 W HAMILTON ST
ALLENTOWN PA 18102-4314
215-437-5433
SCHWARTZ, MD, MELVIN H * CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
215-433-6442
SCHWARTZ, MD, MICHAEL D PD
2475 RIVER ROCK DR
MACUNGIE PA 18062-9098
215-435-6352
SCHWIEP, MD, FRANCIS PUD
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
215-439-8856
SCHWINGE, MD, ELAINE A P
2895 HAMILTON BLVD STE 103
ALLENTOWN PA 18104-6172
215-776-7951
SECKINGER, MD, RAYMOND P P
451 W CHEW ST STE 301
ALLENTOWN PA 18102-3423
215-821-2808
SEWARDS, MD, PATRICK M * ORS
514 N 24TH ST
ALLENTOWN PA 18104-4917
215-433-4490
SHAMPAIN, MD, MARK P * AI
3131 COLLEGE HEIGHTS BLVD
ALLENTOWN PA 18104-4858
215-820-7811
SHANER, MD, CATHARINE L * PD
401 N 17TH ST
ALLENTOWN PA 18104-5051
215-434-2182
SHEETS, MD, JAMES A CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
215-433-7571
SHIEH, MD, KAN C R
SACRED HEART HOSP
ALLENTOWN PA 18102
SHIELDS, MD, MARY S AI
400 N 17TH ST STE 106
ALLENTOWN PA 18104-5052
215-432-5100
SHOEMAKER, MD, PATRICIA L PD
401 N 17TH ST
ALLENTOWN PA 18104-5048
215-435-3562
SHOLEHVAR, MD, JAVAD OTO
ALLEN EAR NOSE & THROAT
ALLENTOWN PA 18104-2254
215-366-7788
SHOLEVAR, MD, FARHAD * P
1840 SHERWOOD RD
ALLENTOWN PA 18103-2943
215-435-8966
SHORE, MD, STEPHEN R IM
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
215-439-4997
SIEGFRIED, MD, MYRTLE M * GP
2745 PARKWAY BLVD
ALLENTOWN PA 18104-5376
SILVERBERG, MD, BRUCE J * CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
215-433-6442
SILVERBERG, MD, DANIEL M * U
1255 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6256
215-432-1423
SILVERMAN, MD, HOWARD A * FP
3131 COLLEGE HEIGHTS BLVD
ALLENTOWN PA 18104-4858
215-435-0811
SILVERMAN, MD, MORTON I CD
2147 W UNION ST
ALLENTOWN PA 18104-6445
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GREENVILLE NC 27834-8405
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WILKES-BARRE GEN HOSP
WILKES-BARRE PA 18764-0001
717-829-8111
PEGUERO, MD, O ALBERTO GS
1730 E BROAD ST
HAZLETON PA 18201-5652
717-459-5611

PELCZAR, MD, EUGENE W GP
171 STANTON ST
WILKES-BARRE PA 18702-4705
717-823-7691
PENUGONDA, MD, DWARAKI B PD
166 HANOVER ST
WILKES-BARRE PA 18702-3543
717-823-6184
PENUGONDA, MD, HARAGOPAL S U
35 W LINDEN ST STE 240
WILKES-BARRE PA 18702-2619
717-826-1111
PETERS JR, MD, ROBERT H GP
974 KASKO RD
SHAVERTOWN PA 18708-9776
717-696-1480
PILAREK, MD, VALENTINE F GP
40 N MARKET ST
NANTICOKE PA 18634-1411
717-735-3300
PISZCZEK, MD, JOSEPH E IM
72 E MAIN ST
PLYMOUTH PA 18651-3017
717-779-5312
POLASHENSKI, DO, EDWARD S IM
128 W 14TH ST
HAZLETON PA 18201-3266
717-455-7677
POLIDORA, MD, FRANK C ORS
1710 E BROAD ST
HAZLETON PA 18201-5695
717-455-3270
POTERA, MD, LEO P IM
1755 WILKES-BARRE BLVD
WILKES-BARRE PA 18702
717-829-2621
POTORSKI, MD, ROBERT D J OS
166 HANOVER ST
WILKES-BARRE PA 18702-3543
717-826-6875
PRAKASH, MD, MURTHAPPA N CD
1730 E BROAD ST
HAZLETON PA 18201-5652
717-454-2467
PRASAD, MD, SHISHIR C * GS
1099 S TOWNSHIP BLVD
PITTSTON PA 18640-3247
717-655-9300
PRATER, MD, JOHN M FP
836 N WASHINGTON ST
WILKES-BARRE PA 18705-1823
717-822-8106
PRAWDZIK, MD, LEOCADIA T IM
20 N LAUREL ST STE 2A
HAZLETON PA 18201-5919
717-459-1485
PRESPER, MD, JOHN H NS
1010 E MOUNTAIN DR
WILKES-BARRE PA 18702-7905
717-820-6028
PRINCE, DO, SCOTT S FP
540 PIERCE STREET
KINGSTON PA 18704
717-288-7451
PUFFENBERGER, MD, MARK W * FP
113 N MEMORIAL HWY
SHAVERTOWN PA 18708-1426
717-675-8377
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601-605 WYOMING AVE
KINGSTON PA 18704
717-288-7405
PUMA, MD, SAMUEL J GS
44 W BENNETT ST
KINGSTON PA 18704-3906
717-287-4139
PUTPRUSH, MD, JOSEPH R PTH
1000 E MOUNTAIN DR
WILKES-BARRE PA 18711-0002
717-826-7831
QUERCI, DO, JOHN C * IM
1825 WYOMING AVE
EXETER PA 18643-1444
717-693-3515
RACHO, MD, GEORGE J OTO
22 N CHURCH ST
HAZLETON PA 18201-6261
717-455-8581
RAKLEWICZ, MD, MICHAEL C * ORS
390 PIERCE ST
KINGSTON PA 18704-5502
717-288-3535
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171 WYOMING AVE
WYOMING PA 18644-1708
REISER, MD, HARVEY J OPH
181 KIMBERLY LN
TRUCKSVILLE PA 18708-1839
717-283-2233
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187A RESERVOIR RD
DALLAS PA 18612
717-829-8111
RIMPLE, MD, DAVID F CD
810 WYOMING AVE
KINGSTON PA 18704-3702
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445 WYOMING AVE
KINGSTON PA 18704-3601
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JERMYN PA 18433-9754
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47 PIERCE ST
KINGSTON PA 18704-4632
717-288-1359
RODA, MD, PAUL I * ON
1740 E BROAD ST
HAZLETON PA 18201-5622
717-459-2901
RODRIGO, MD, CONCEPCION V IM
1333 E BROAD ST
HAZLETON PA 18201-5603
717-459-5378
RODRIGUEZ, MD, ALFONSO NEP
56-58 W LINDEN ST
WILKES-BARRE PA 18702
717-823-8896
ROE, MD, ROBERT E OBG
1010 E MOUNTAIN DR
WILKES-BARRE PA 18702-7905
717-826-7923
ROGERS, MD, WILLIAM E GS
118 ORCHARD E
DALLAS PA 18612
717-675-6379
ROJAS, MD, JULIO R * OPH
1720 E BROAD ST
HAZLETON PA 18201-5667
717-455-3391
ROSENBLATT, MD, STANLEY A * N
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717-826-3867
ROSENSTEIN, MD, JEROME H OBG
1010 E MOUNTAIN DR
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717-826-7918
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11067 HIGHLAND CIR
BOCA RATON FL 33428-2717
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WILKES-BARRE PA 18702-3517
717-822-9822
ROTHSCHILD, MD, JOHN A NEP
56-58 W LINDEN ST
WILKES-BARRE PA 18702
717-823-8896
RUDUSKY, MD, BASIL M * CD
15 PUBLIC SQ
WILKES-BARRE PA 18701-1702
717-824-7115
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225 S RIVER ST
PLAINS PA 18705-1123
717-823-1111
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455 WYOMING AVE
KINGSTON PA 18704-3619
717-288-3601
SAIDMAN, MD, BRUCE H * ON
382 PIERCE ST
KINGSTON PA 18704-5527
717-288-7231
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468 NORTHAMPTON ST
EDWARDSVILLE PA 18704-4565
717-288-8890
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668 N CHURCH ST
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717-455-7796
SAMII, MD, ABDOL H N
20 REYNOLDS ST
KINGSTON PA 18704-4725
717-287-0285
SANCHEZ, MD, EDGAR H * PUD
98 N RIVER ST
PLAINS PA 18705-1312
717-824-3521
SANDS, MD, JEFFREY J NEP
56 W LINDEN ST
WILKES-BARRE PA 18702-2628
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SARAS, MD, PETER L IM
10 W CHESTNUT ST
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150 MUNDY ST STE 2096
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28 CENTER AVE
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271 N CEDAR ST
HAZLETON PA 18201-5551
717-454-8949
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20 N LAUREL ST STE 2C
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717-455-5551
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545 BENNETT ST
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SCHLESINGER, MD, SAM GP
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HAZLETON PA 18201-3106
SCHMIDT, MD, ARNOLD P PTH
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717-542-4750
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SPAZIANI, MD, JOSEPH T ON
WYOMING VALLEY CANCER CTR
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717-822-9822
SPECTOR, DO, HOWARD L R
1010 E MOUNTAIN DR
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SPERANZA, MD, DAVID N GE
1010 E MOUNTAIN DR
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540 PIERCE ST
KINGSTON PA 18704-5751
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STACHOWIAK, MD, EDWARD J FP
RT 940
WHITE HAVEN PA 18661
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WILKES-BARRE PA 18702-2819
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STISH, MD, EUGENE R FP
600 PENN ST
WEST HAZLETON PA 18201-1514
717-455-3866
STISH JR, MD, ANTHONY G GP
600 PENN LANE
WEST HAZLETON PA 18201
717-455-3866
STRANG, MD, DAVID J D
1111 E END BLVD
WILKES-BARRE PA 18702-7935
717-788-3078
STREET, MD, THOMAS F GS
CENTER PLAZA SUITE 10
HAZLETON PA 18201-6419
717-459-1524
STUCCIO, MD, DOMINICK A U
1010 E MOUNTAIN DR
WILKES-BARRE PA 18702-7905
717-829-1221
STUCCIO, MD, JOSEPH J U
21 FORDHAM RD
WILKES-BARRE PA 18702-7312
SZUSTAK, DO, JOSEPH J * IM
87 N GOODWIN AVE
KINGSTON PA 18704-5101
717-288-8890
TAGGART, MD, GEORGE W * OPH
2 EAST BROAD STREET
HAZLETON PA 18201
717-455-1531
TALATI, MD, DINESHKUMAR C PUD
272 PIERCE ST STE 110
KINGSTON PA 18704-5141
717-288-2119
TAROLI, MD, ANDREA C PD
1010 E MOUNTAIN DR
WILKES-BARRE PA 18702-7905
717-826-7996
TEDESCO, DO, J MICHAEL OBG
534 WYOMING AVE
KINGSTON PA 18704-3727
717-288-4566
TEITELBAUM, MD, CARL OS
13 SUMMIT VIEW DR
MOUNTAIN TOP PA 18707-1112
717-474-6955
TOMEDI, MD, JOHN R FP
BACK MT FAM PRAC
DALLAS PA 18612
TORONY-OKUN, MD, JEANNE A FP
568 WESTMINISTER RD
WILKES-BARRE PA 18702-9601
717-824-1110
TSOUTSOPLIDES, MD,
GEORGE C OBG
534 WYOMING AVE
KINGSTON PA 18704-3727
717-287-5900
TURCAN, DO, ELAINE C FP
317 S MAIN ST PLAZA
WILKES-BARRE PA 18701
717-829-6222
TURISSINI, MD, THOMAS J * IM
225 S RIVER ST
PLAINS PA 18705-1123
717-823-1111
TURNAMIAN, MD, RICHARD J OBG
OB/GYN ASSOC OF KINGSTON
KINGSTON PA 18704-5624
717-288-6618

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PO BOX 115
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717-824-0100
UDOSHI, MD, MALLAPA B IM
166 HANOVER ST
WILKES-BARRE PA 18702-3543
717-826-6875
UMALI, MD, IDONA C AN
542 E KEIFER AVE
HAZLETON PA 18201-7722
717-459-4490
UNRUH, MD, THOMAS W VS
MEDICAL ARTS BLDG
WILKES-BARRE PA 18765
USHINSKI, MD, STANLEY C * PDA
480 PIERCE ST STE 209
KINGSTON PA 18704-5512
717-288-8401
USTYNOSKI, MD, KENNETH R CRS
1732 WYOMING AVENUE
FORTY FORT PA 18704
717-288-7840
VALDERRAMA, MD, HUGO T PTH
25 CHURCH ST
WILKES-BARRE PA 18765-0002
717-826-3475
VALENTA, MD, GEORGE F OBG
1010 E MOUNTAIN DR
WILKES-BARRE PA 18702-7905
717-826-7916
VEGLIA, MD, KATHLEEN S * D
FIRST VALLEY BANK BLDG
HAZLETON PA 18201
717-454-5222
VENIT, MD, BETHANY A PD
881 N CHRUCH ST
HAZLETON PA 18201-1837
717-455-8557
VILLACRUSIS, MD, OSCAR C P
400 3RD AVE STE 101
KINGSTON PA 18704-5818
717-283-1594
VOUTSINAS, MD, LOUISA V * OBG
668 N CHURCH ST STE 209
HAZLETON PA 18201-3189
717-454-6264
WALSH, MD, JAMES C D
1516 WYOMING AVE
FORTY FORT PA 18704-4225
717-288-8408
WARTELLA JR, MD, STEPHEN R
25 JAMES ST
KINGSTON PA 18704-4722
WASNICK, MD, WILLIAM GP
22 LEE PARK AVE
WILKES-BARRE PA 18702-4014
717-822-3994
WEAVER, DO, GLENN E AN
50 TAMANINI DR
WYOMING PA 18644-9372
717-288-1411
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717-823-2155
WEISS, MD, WILLIAM B * PUD
375 PIERCE ST
KINGSTON PA 18704-5528
717-288-1449
WENNER, MD, ROBERT B FP
54 CALBETH PLACE
HAZLETON PA 18201
717-454-8327
WIESENFELD, MD, NATHANIEL H DR
1010 E MOUNTAIN DR
WILKES-BARRE PA 18702-7905
717-826-7779
WISE, MD, RICHARD J GP
GENERAL DELIVERY
CONYNGHAM PA 18219-9999
717-788-3544
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40 TILBURY AVE
WEST NANTICOKE PA 18634-1125
717-823-7975
WITT, MD, PAUL J FP
59 E CAREY ST
PLAINS PA 18705-2007
717-823-7643
WOLANIN, MD, JANUSZ FP
233 S PROSPECT ST
NANTICOKE PA 18634-2443
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GENEVIEVE A IM
15 WINDSOR DR
DALLAS PA 18612-1409
YAGER JR, DO, ROBERT G P
123 HILLCREST DR
DURYEA PA 18642-1532
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717-675-2000
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WILKES-BARRE PA 18702-7905
717-826-7996
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YOON, MD, MYUNG S CD
668 N CHURCH ST STE 203
HAZLETON PA 18201-3189
717-454-1401
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LYCOMING

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WILLIAMSPORT PA 17701
717-322-7127
AHMED, MD, GALAL M PTH
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717-326-8167
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699 HASTINGS ST
S WILLIAMSPORT PA 17701-7606
BALLENTINE, MD, GEORGE N OBG
RR 3
MUNCY PA 17756-9803
BARTLOW, MD, WILLIAM P FP
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1001 GRAMPIAN BLVD
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712-326-9181
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WILLIAMSPORT PA 17701-1909
BECKLEY, MD, ROBERT F R
46 INDIAN TRL
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WILLIAMSPORT PA 17701-3109
BELLES, MD, TERRY A FP
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WILLIAMSPORT PA 17701-6727
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WILLIAMSPORT PA 17701-3250
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430 S MAIN ST
HUGHESVILLE PA 17737-1618
717-584-5181
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717-326-8181
BLOISO, MD, GLENN T * U
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3 WHITE PINE DR
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ARTHUR, MD, JAMES B OPH
49 NOOKSIDE LN
BRADFORD PA 16701-2762
814-362-4654

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565 MINARD RUN RD
BRADFORD PA 16701
814-362-6535

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COMMUNITY HOSP
KANE PA 16735-1372
814-837-8585

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BRADFORD PA 16701-1061
814-368-1020

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BRADFORD PA 16701
814-362-8239

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125 MAIN ST
BRADFORD PA 16701-2025
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1126 STATE AVE
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BRADFORD HOSP
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110 CAMPUS DR
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617-362-6535

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124 JACKSON AVE
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300 HOOKER-FULTON BLDG
BRADFORD PA 16701
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GUENTER, MD, FRITZ E ABS
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199 PLEASANT ST STE 21
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7344 E ROSE LN
SCOTTSDALE AZ 85250-5511
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13 UPLAND TER
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35 HEMLOCK AVE
KANE PA 16735-1612
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BRADFORD PA 16701
814-362-6911
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199 PLEASANT ST
BRADFORD PA 16701-1098
814-368-5080
KIRSCH, MD, PAUL B IM
1223 E MAIN ST
BRADFORD PA 16701
814-368-5402
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199 PLEASANT AVE STE 12
BRADFORD PA 16701-1078
814-362-2267
MARRERO, MD, LUIS B * GE
SENECA BLDG
BRADFORD PA 16701
814-362-9804
MEDDEN, MD, EDWIN J GS
125 MAIN ST
BRADFORD PA 16701-2025
NAYAK, MD, NARAYAN P PD
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11 S TIONESTA AVE
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133 BIDDLE ST
KANE PA 16735-1303
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119 JACKSON AVE
BRADFORD PA 16701-1311
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2 THOMPSON PARK
KANE PA 16735-1334
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KANE PA 16735-0196
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195 PLEASANT ST
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GREENVILLE PA 16125-1210
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3936 WYNWOOD DR
SHARPSVILLE PA 16150
412-983-1220
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GROVE CITY HOSP
GROVE CITY PA 16127
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BASHLINE, DO, H WOODROW GP
635 N BROAD ST EXT
GROVE CITY PA 16127-9759
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BEH, MD, WALTER P U
61 N MAIN ST
GREENVILLE PA 16125-1781
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198 JONATHAN PLACE
HERMITAGE PA 16148-1770
BRANDT, MD, DOUGLAS M * P
60 S RACE ST
GREENVILLE PA 16125-2227
412-588-2404
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53 N MAIN ST
GREENVILLE PA 16125-1809
412-588-2330
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412-981-8840
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53 N MAIN ST
GREENVILLE PA 16125-1809
412-588-2330
BROWN, MD, MATTHEW G FP
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412-342-0660
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412-981-2535
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2213 SHENANGO VALLEY FWY
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412-348-1234
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GROVE CITY PA 16127
412-458-0770
COHEN, MD, DONALD L PTH
SHARON GENERAL HOSP
SHARON PA 16146-3328
412-983-3950
COLE, DO, DERHYMERE L R
854 DOGWOOD LN
HERMITAGE PA 16148-2438
412-983-7179
CONLIN, MD, EDWARD F IM
486 FORKER BLVD
SHARON PA 16146-3630
CONNELLY, MD, MICHAEL E CRS
902 LINDEN ST
SHARON PA 16146-3449
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2213 SHENANGO VALLEY FWY
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524 WOODLAND AVE
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90 SHENANGO ST
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428 S MAIN ST
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FILE, MD, JAMES C GP
LINDEN AND LAKE STS
STONEBORO PA 16153
FLAMBERG, MD, IRA W AN
950 FOREST LN
SHARPSVILLE PA 16150-1725
GARRIOTT, MD, JOHN C DR
106 MEDICAL ARTS BLDG
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412-981-6732
GIORDANO, MD, JOSEPH A IM
32 JEFFERSON AVE
SHARON PA 16146-3354
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701 N HERMITAGE RD
SHARON PA 16146-3234
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1109 HIGHLAND RD
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110 N MAIN ST
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HERMITAGE PA 16146-3405
412-981-1911
HOLT, MD, ALLEN H R
300 FORKER BLVD
SHARON PA 16146-3609
HOOVER, MD, PAUL M PM
3110 HIGHLAND RD
HERMITAGE PA 16148-4504
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HOYT, DO, BERNARD S GS
400 W BUTLER ST
MERCER PA 16137-1031
412-662-3530
HOYT, DO, DAVID G GP
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MERCER PA 16137-1031
412-662-3530
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GREENVILLE PA 16125-1726
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2151 SHENANGO VALLEY FWY
HERMITAGE PA 16148-2586
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180 MAIN ST
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SHARON PA 16146
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GROVE CITY HOSPTIAL
GROVE CITY PA 16127
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MESSINA, DO, MICHAEL P PD
132 BUHL BLVD
SHARON PA 16146-3706
412-981-1940
MILLER, MD, JOHN L DR
204 LYNWOOD DR
GREENVILLE PA 16125-1312
MOON, MD, SANGGIU * PTH
157 BLAZING STAR DR
BUTLER PA 16001-3969
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2151 SHENANGO VALLEY FWY
HERMITAGE PA 16148-2586
412-981-3336
MORRIS, DO, MATILDA J GP
2000 MEMORIAL DR
FARRELL PA 16121-1356
412-981-8070
MUELLER, MD, HENRY M * OBG
22ND AVE
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1405 ROEMER BLVD
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412-342-2977
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198 SCOTT RD
JAMESTOWN PA 16134-9330
412-588-8884
PERFETT, MD, ALFRED A OBG
2400 HIGHLAND RD
HERMITAGE PA 16148-2868
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32 JEFFERSON AVE
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HERMITAGE PA 16148-2536
412-983-1820
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RAISCH, MD, FREDERICK J PTH
529 N KEEL RIDGE RD
HERMITAGE PA 16148-3153
RAU, MD, RAMNATH S IM
2213 SHENANGO VALLEY FWY
HERMITAGE PA 16148-2544
412-981-5721
RAUCH, MD, DOUGLAS OBG
2151 SHENANGO VALLEY FWY
HERMITAGE PA 16148-2586
412-981-5440
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GREENVILLE PA 16125-1726
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1636 W RIDGE AVE
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GROVE CITY PA 16127
412-458-5730
SACHDEVA, MD, RAVINDRA K GS
2213 SHENANGO VALLEY FWY
HERMITAGE PA 16148-2544
412-981-0630
SAKKAL, MD, SAAD END
10 MEADOW LN
GREENVILLE PA 16125
412-588-1200
SANDERSON, MD, VINCENT A OPH
955 FOREST LN
SHARPSVILLE PA 16150-1724
412-346-4104
SANTIAGO, MD, JOSE W P
274 BUTTERFLY LN
HERMITAGE PA 16148-3576
412-981-2773
SAWARDEKAR, MD, ARUN S PD
635 W MAIN ST
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GREENVILLE PA 16125-1210
412-588-7250
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2501 SHENANGO VALLEY FWY
HERMITAGE PA 16148-2536
412-981-0454
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740 E STATE ST
SHARON PA 16146-3328
412-983-3911
SMART, MD, PAUL E R
310 REXFORD DR APT 6
HERMITAGE PA 16148
412-981-6732
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GREENVILLE PA 16125
412-588-2100
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160 MAIN ST
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1126 E STATE ST
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42 COLUMBIA AVE
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STOUDT, MD, K DONALD GP
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HERMITAGE PA 16148-2536
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355 VOGAU DRIVE
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SHARON PA 16146
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655 BRIARWOOD RD
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SUSAN L GS
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430 SHADY DR
GROVE CITY PA 16127-1998
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SHARON PA 16146-2338
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13 PEACE DR
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12 E 3RD ST
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LEWISTOWN PA 17044-1310
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625 RADNOR VALLEY DR
VILLANOVA PA 19085-1201
215-272-3253
BELBER, MD, ARTHUR D CD
1330 POWELL ST STE 301
NORRISTOWN PA 19401-3350
215-272-3253
BELKOFF, DO, LAURENCE H U
GSB BLDG STE 714
BALA CYNWYD PA 19004
215-667-3020
BELL, MD, H CRAIG P
1335 HIGHLAND AVE
ABINGTON PA 19001-3310
215-886-4000
BELL, MD, RANDALL W OPH
124 BLOOMINGDALE AVE
WAYNE PA 19087-3929
215-688-3012
BELLUS, MD, JOHN J PTH
HIGH ST & FIRESTONE BLVD
POTTSTOWN PA 19464
215-327-7117
BELMONT, MD, JONATHAN B OPH
124 DEKALB PIKE
NORTH WALES PA 19454-1803
215-699-7600
BENDER, DO, JOHN D PM
155 WILSON AVE
WASHINGTON PA 15301-3398
412-223-3281
BENDER, MD, JOSEPH IM
1544 DEKALB ST
NORRISTOWN PA 19401-3425
215-279-7696
BENNER, MD, PRISCILLA J IM
PO BOX 216
PENNSBURG PA 18073-0216
215-679-8071
BENNETT, MD, JOHN A IM
1020 INDIAN CREEK RD
WYNNEWOOD PA 19096-3407
215-642-6649
BENNETT, MD, JOHN T * GYN
1330 POWELL ST STE 510
NORRISTOWN PA 19401-3352
215-275-6946
BENZ, MD, ROBERT L IM
NEPH ASSOC STE 130 LANKENAU
WYNNEWOOD PA 19096
215-649-1175
BERGELSON, MD, VICTOR D R
NE HOSP
PHILADELPHIA PA 19134
215-291-3645
BERGEY, MD, PHILIP D DR
109 BENTLEY AVE
BALA-CYNWYD PA 19004
215-896-9357
BERGNES, MD, MANUEL A PTH
1735 W MAIN ST
NORRISTOWN PA 19403-3264
215-278-8700
BERK, MD, HENRY M FP
CORNER BERGAN RD
ORELAND PA 19075-2540
215-233-3600
BERKOW, MD, ROBERT IM
MERCK SHARP & DOHME
WEST POINT PA 19486
215-834-2340
BERLIN, MD, ROGER G GE
MERCK SHARP & DOHME
WEST POINT PA 19486
215-834-2615
BERMAN, MD, GAIL O * CD
58 ALLENDALE ROAD
WYNNEWOOD PA 19096
215-663-1188
BERNSTEIN, MD, GUY T U
245 S BRYN MAWR AVE
BRYN MAWR PA 19010-2221
215-525-2515
BIMSON, MD, STEVEN S FP
351 HOMESTEAD DR
HARLEYSVILLE PA 19438-2113
215-723-3280
BINNICK, MD, STEVEN A * D
531 W GERMANTOWN PIKE
PLYMOUTH MTNG PA 19462-1325
215-828-0400
BISHOP, MD, ROBERT P OM
MERCK & CO INC
WEST POINT PA 19486
215-661-5735
BLATT, MD, BRUCE I IM
2 BALA PLZ STE PL15
BALA CYNWYD PA 19004-1502
215-667-1115
BLUESTEIN, MD, HAZEL M FP
1330 POWELL ST
NORRISTOWN PA 19401-3353
215-277-0964
BLUMENTHAL, MD, ANDREW R FP
996 HEMLOCK DR
BLUE BELL PA 19422-1573
215-643-0707
BLUMSTEIN, MD, CHARLES G A
BENSON E APT 210
JENKINTOWN PA 19046-2895
215-884-7400
BOLMANN, MD, ANDREW R P
2195 E HIGH ST
POTTSTOWN PA 19464-3235
215-323-6077
BONNER, MD, EILEEN M IM
770 NORRISTOWN RD
SPRING HOUSE PA 19477
215-283-2500
BONNER JR, MD, FRANCIS J PM
1430 DEKALB ST
NORRISTOWN PA 19401-3406
215-278-8460
BONONI, MD, PAULA A END
1245 HIGHLAND AVE STE 102
ABINGTON PA 19001-3714
215-886-2980
BORDEN, DO, STANLEY J OPH
1474 WELSH RD
HUNTINGDON VLY PA 19006-5832
215-423-1560
BOTHWELL, MD, WILLIAM N GS
23 BARK HOLLOW LN
HORSHAM PA 19044-1969
BOWEN JR, MD, THALES AN
255 KENT RD
WYNNEWOOD PA 19096-1820
BOWIE, MD, MORRIS A RHU
535 GRADYVILLE RD
NEWTOWN SQUARE PA 19073-2815
BOXER, MD, ARTHUR D * P
931 HOLLOW RD
RADNOR PA 19087-2807
215-825-7227
BRACKIN, MD, PHILLIP S R
805 EVANS RD
GWYNEDD VALLEY PA 19437
215-785-9200
BRADFORD, MD, PAUL L GP
VALLEY STREAM APTS A101
LANSDALE PA 19446-1044
BRANT, MD, ARTHUR M OPH
18 PINEY POINT PL
SICKLERVILLE NJ 08081-4333
215-662-8066
BRAY, MD, JOSHUA C FP
213 MAIN STREET
GREEN LANE PA 18054-0098
215-234-4575
BRECKENRIDGE, MD, JOHN W DR
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
215-576-2050
BREST, MD, NORMAN A OBG
731 WYNNEWOOD RD APT 31
ARDMORE PA 19003-2956

BROCKMAN, MD, RONALD J OPH
612 BUSTLETON PIKE
RICHBORO PA 18954-1357
215-947-3855
BROOKS, MD, RONALD J IM
980 JOLLY ROAD
BLUE BELL PA 19422
215-265-2240
BROWN, MD, GEORGE L D
3001 LITITZ PIKE
LANCASTER PA 17606-5093
BROWN, MD, WILLIAM E GP
107 GLENVIEW AVE
WYNCOTE PA 19095-1307
BROWN JR, MD, M EVANS IM
MARTINSBURG WV 25401
630-426-3061
BUCH, MD, DAVID L * P
306 WYNCOTE ROAD
JENKINTOWN PA 19046
215-448-7352
BUCK, MD, RUTH E R
338 DRESHERTOWN RD
FT WASHINGTON PA 19034-3009
BUCKO JR, MD, MATTHEW I OTO
3213 POLK RD
NORRISTOWN PA 19403-4030
215-272-3098
BUCKWALTER, MD, RICHARD A GP
WELSH RD AT IVERNESS DR
HORSHAM PA 19044
215-659-1113
BUERK, MD, MINERVA S D
MAYBROOK CHALET
WYNNEWOOD PA 19096-1401
BUINEWICZ, MD, BRIAN R PS
2701 BLAIR MILL RD STE B
WILLOW GROVE PA 19090
215-957-1545
BUONOCORE, MD, BONNITA K IM
2009 SPRING VALLEY RD
LANSDALE PA 19446-5113
215-285-2240
BURDEN, MD, SAMUEL S A
8470 LINEKILN PIKE APT 1019
WYNCOTE PA 19095
BURKE, MD, M SUSAN GPM
915 CEDAR GROVE ROAD
WYNNEWOOD PA 19096
215-645-2636
BURKE, MD, MARY D * ON
241 BRYDON RD
WYNNEWOOD PA 19096-3306
215-487-3070
BURNETT, DO, CARL D FP
555 GLASGOW ST
STOWE PA 19464-6557
215-323-4510
BURNEY, MD, LEROY E PH
901 ROCK CREEK RD
BRYN MAWR PA 19010-1922
BUYERS, MD, ROBERT A GS
14 SPRINGHOUSE LN
BLUE BELL PA 19422
BYRNE, MD, EARL B OM
1767 HAMILTON DR
VALLEY FORGE PA 19481-0434
215-648-1293
BYRON, MD, HAROLD J * P
322 W JOHNSON HWY
NORRISTOWN PA 19401-1960
215-277-5600
CALBOT-SCZEPANSKI, MD,
CYNTHIA L * IM
4030 HAIN DR
LAFAYETTE HILL PA 19444-1515
215-649-5306
CALETRI, MD, DAVID K TR
721 W MT VERNON
LANSDALE PA 19446
215-456-6280
CAMP, MD, ANTHONY M FP
170 N HENDERSON RD STE 206
KNG OF PRUSSA PA 19406-2123
215-337-3350
CANALS, MD, JOAQUIN P
117 S SCHUYLKILL AVE
NORRISTOWN PA 19403-3143
CANCELMO, MD, RICHARD P R
BRYN MAWR HOSP
BRYN MAWR PA 19010-3143
215-526-3453
CARELLA, MD, RICHARD J RO
BRYN MAWR HOSP
BRYN MAWR PA 19010-3143
215-526-3370
CARLIN, MD, ELWIN S OBG
2955 ARCH RD
NORRISTOWN PA 19401-1564
CARLSON, MD, ROBERT E GS
21 W FORNANCE ST
NORRISTOWN PA 19401-3313
215-279-3300
CARNAVIL, DO, BRIAN D * IM
217 CYPRESS LN
HATBORO PA 19040-1610
215-947-7924
CARPENTIERI, MD, DAVID F PTH
834 CHESTNUT ST APT 905
PHILADELPHIA PA 19102
215-645-2628

CARSON, MD, GREGORY B GS
1580 MEDICAL DRIVE
POTTSTOWN PA 19464
215-326-8400
CARSON, MD, JOHN S AN
825 GREAT SPRINGS RD
ROSEMONT PA 19010-1719
CARSON, MD, TERESA C PD
1340-4 DEKALB ST
NORRISTOWN PA 19401
215-272-4550
CARTY JR, MD, JAMES B OPH
BRYN MAWR MEDICAL BLDG
BRYN MAWR PA 19010
215-527-0990
CARUSO, DO, THOMAS D PM
275 S BRYN MAWR AVE APT N1
BRYN MAWR PA 19010-4090
CASELLA, MD, SALVATORE R AI
1650 HUNTINGDON PIKE
MEADOWBROOK PA 19046-8094
215-947-6690
CASEY, MD, THOMAS J PD
1201 COUNTY LINE RD
BRYN MAWR PA 19010-2614
215-525-3335
CASSON, MD, LISA N FP
2967 SCHOOLHOUSE LN
PHILADELPHIA PA 19144-5207
CASTELLI JR, DO, JOSEPH L OBG
170 N HENDERSON RD STE 204
KING OF PRUSSIA PA 19406-2123
215-265-0164
CAUTILLI, MD, GEORGE P * ORS
32 HALS DR
LANGHORNE PA 19053-1520
215-725-8500
CAUTILLI, MD, RICHARD A * ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
215-725-8500
CAVANAUGH, MD, MICHAEL F ORS
801 GLENSIDE AVE
WYNCOTE PA 19095-1201
215-233-1001
CAVOTO, MD, FRANCIS V U
704 FITZWATERTOWN RD
GLENSIDE PA 19038-1306
215-884-2187
CELEBRE, MD, JOAN A GYN
2705 DEKALB PIKE STE 207
NORRISTOWN PA 19401-1852
215-279-0222
CHANG, MD, CLAYTON W IM
933 N CHARLOTTE ST
POTTSTOWN PA 19464-3974
215-323-6566
CHANNICK, MD, STEVEN A IM
HORSHAM MEDICAL ASSOC
MAPLE GLEN PA 19002-2942
215-646-0642
CHAPIS, MD, NICHOLAS J OBG
1597 MEDICAL DR
POTTSTOWN PA 19464-3246
215-326-8732
CHARLES, MD, ROBERT S U
1245 HIGHLAND AVE STE 105
ABINGTON PA 19001-3714
215-887-3242
CHATZINOFF, MD, MARTIN GE
1503 BASSWOOD GROVE
AMBLER PA 19002-5060
215-885-8787
CHECCHIO, MD, LEONARD M EM
805 GALER DR
NEWTOWN SQUARE PA 19073-3502
215-526-3581
CHECK, MD, JEROME H * END
7447 OLD YORK RD
MELROSE PARK PA 19126-1832
215-635-6621
CHEIKIN, MD, MICHAEL I PM
112 GRANDVIEW RD
ARDMORE PA 19003-3113
215-649-8544
CHESNICK, MD, STEVEN R OTO
306 W LOGAN ST
NORRISTOWN PA 19401-2973
215-275-6153
CHEVRES, MD, ANITA NM
847 YOUNGFORD RD
GLADWYNE PA 19035-1610
215-448-7676
CHEYNEY II, MD, JAMES B GP
1915 HARTE RD
JENKINTOWN PA 19046-1534
CHOI, MD, TOHSHIK * GP
1533 W TOWNSHIP LINE RD
BLUE BELL PA 19422-3572
215-277-1922
CHRISTENSEN, DO, G CHRIS PUD
1245 HIGHLAND AVE STE 504
ABINGTON PA 19001-3714
215-576-6161
CHRISTIANSEN, MD, KJELL H TS
BOX 200-A
GLEN MILLS PA 19342
CHUA, MD, CHONG V AN
1600 E HIGH ST
POTTSTOWN PA 19464-5008
215-327-7186

CHUNG, MD, HACK R P
273 WOODCOCK LN
AMBLER PA 19002-5415
215-641-5300
CIROTTI, MD, JOSEPH J PD
2701 BLAIR MILL RD
WILLOW GROVE PA 19090-1041
215-672-6622
CLADER, MD, STANLEY C OBG
449 S ITHAN AVE
ROSEMONT PA 19010-1226
CLARK, MD, FRANCIS J OPH
OPHTHALMOLOGY ASSOC
HATBORO PA 19040-2033
215-672-0777
CLARKE, MD, CATHERINE F IM
5 E WYNNEWOOD RD
WYNNEWOOD PA 19096-1921
215-649-3456
CLASSEN, MD, CHARLES H PD
864 COUNTY LINE RD
BRYN MAWR PA 19010-2501
215-525-0560
CLEAVER, MD, DOROTHY M P
182 LEVEL RD
COLLEGEVILLE PA 19426-3318
CLEAVER, MD, E EUGENE GP
27 VIRGINIA AVE
BEACH HAVEN NJ 08008-3068
CLEMENT, MD, GORDON S * GS
15 W WOOD ST
NORRISTOWN PA 19401-3300
215-272-3030
CLEMENTS, MD, WILLIAM W FP
517 TORY HILL RD
DEVON PA 19333-1236
CLYMAN, MD, BYRON D
1329 DEKALB ST
NORRISTOWN PA 19401-3403
215-272-8841
COATS, MD, THOMAS D US
1115 CUMBERLAND RD
ABINGTON PA 19001-3640
COCHRAN, MD, WILLIAM C GS
124 SUMMIT AVE
JENKINTOWN PA 19046-3136
COGEN, MD, FREDERICK C AI
1650 HUNTINGDON PIKE STE 101
MEADOWBROOK PA 19046-8095
215-947-6690
COHAN, MD, HAL D FP
2610 WISSTR CT
LANSDALE PA 19446
215-393-9950
COHEN, MD, DAVID E AN
227 ALMUR LN
WYNNEWOOD PA 19096-1712
215-596-1881
COHEN, MD, IVAN S P
411 GILPIN RD
NARBERTH PA 19072-1614
215-667-6172
COHEN, MD, SAMUEL F GP
2000 VLY FORGE CIR APT 1024
KING OF PRUSSIA PA 19406-1119
COLCHER, MD, IRVING S PD
2795 EGYPT RD
AUDUBON PA 19403-2254
215-886-7078
COLCHER, MD, ROBERT E GS
1033 E GERMANTOWN PIKE
NORRISTOWN PA 19401-2311
215-539-8500
COLT, MD, CATHY A OPH
711 HARVEST HILL ROAD
CHALFONT PA 18914-1526
215-672-0777
COOPER, MD, MURRAY S OBG
2300 COMPUTER AVE BLDG E-25
WILLOW GROVE PA 19090
215-659-8080
CORBOY, MD,
MARGARETMARY E IM
14 SNOWDEN RD
BALA CYNWYD PA 19004-2633
CORKHILL JR, MD, ERIC A OBG
1280 ARGYLE ROAD
BERWYN PA 19312-2052
CORNFELD, MD, MARK J ON
1544 DEKALB ST
NORRISTOWN PA 19401-3425
215-279-7896
CORNMAN III, MD, HENRY D DIA
229 CONSHOHOCKEN STATE RD
GLADWYNE PA 19035-1331
CORRIGAN, MD, DOMINIC F END
2300 COMPUTER RD APT H39
WILLOW GROVE PA 19090-1740
215-884-5600
COTLER, MD, MARC D AI
35 E WYNNEWOOD RD
WYNNEWOOD PA 19096-1917
215-215-3884
COX, MD, LINDA C EM
403 EDGEWOOD DR
TELFORD PA 18969-1216
COZEN, MD, BENNETT H IM
1125 DUNDEE DR
DRESHER PA 19025-1815
215-576-1776
COZZARELLI, MD, JAMES D GS
S BROAD ST & ALLENTOWN RD
LANSDALE PA 19446-5374
215-855-9501

CRAPARO, MD, FRANK J MFM
1200 OLD YORK RD STE 111R
ABINGTON PA 19001
215-572-5270
CRAVETZ, MD, HOWARD FP
5TH AND FORD STS
BRIDGEPORT PA 19405
215-279-4977
CRAWFORD, DO, DAVID L IM
46 TOWNSHIP LINE RD APT 124
ELKINS PARK PA 19117-2227
CRITS, MD, HARRY J IM
777 GERMANTOWN PIKE
LAFAYETTE HILL PA 19444-1620
215-275-9818
CRIVARO, MD, MICHAEL A GS
71 QUAKER DR
NEWTOWN PA 18940-1164
215-947-9272
CULP, MD, BRUCE R FP
PO BOX 1278
LANSDALE PA 19446-0727
CURRAN, MD, MARILYN R * P
1124 INDIAN CREEK RD
WYNNEWOOD PA 19096-3409
215-642-3255
CURTIN, MD, ANDREW J R
LANKENAU HOSP
WYNNEWOOD PA 19096-3496
215-645-2802
CUSTER, MD, DIANE E P
111 N 49TH ST
PHILADELPHIA PA 19139-2716
215-471-2527
CUTLER, MD, CHARLES * IM
1411 POWELL ST
NORRISTOWN PA 19401-3356
215-279-8300
D'ANTONIO, MD, JOSEPH C P
231 AVON ROAD
NARBERTH PA 19072-2307
215-668-1957
DALY, MD, CHRISTOPHER X EM
298 S ROBERTS RD
ROSEMONT PA 19010-1351
215-526-3581
DANKMYER, MD,
CHRISTOPHER C PM
107B HAMPDEN AVE
NARBERTH PA 19072-1907
DANNY, DO, MADELINE A * IM
14 LOUELLA CT #1ST FL
WAYNE PA 19087-3528
215-688-8240
DANOFF, MD, DAVID M DR
842 MOUNT PLEASANT RD
BRYN MAWR PA 19010-1824
215-526-3453
DANTE, MD, STEPHEN J * NS
11 SADDLEBROOK DR
NORTH WALES PA 19454-3634
215-829-3263
DASCHER JR, MD, JOHN J DR
1010 PHEASANT MEADOW RD
BLUE BELL PA 19422-1565
215-278-8475
DATTA, MD, SATYA P P
1260 BIRCH ST
BLUE BELL PA 19422-3313
717-884-5566
DAVIDSON, MD, WALLACE L OM
PO BOX 208
SUMNEYTOWN PA 18084-0208
DAVIS, MD, EDWARD W GP
137 ORCHARD CT
BLUE BELL PA 19422-2834
215-539-0835
DAY, MD, H JAMES HEM
1124 SHAW DR
FT WASHINGTON PA 19034
215-221-4162
DE RIVAS, MD, CARMELA F P
700 JOSEPH DR
WAYNE PA 19087-1021
215-783-5025
DEAROLF III, MD, WALTER W ORS
7500 CENTRAL AVE STE 108
PHILADELPHIA PA 19111-2432
215-745-4050
DEBACCO, MD, PAUL FP
114 BRIDLE LN
LOWER GWYNEDD PA 19002-2044
215-576-2725
DEBIAS, MD, DENNIS A * FP
3307 WINDSOR DR
NORRISTOWN PA 19403-4121
215-539-0835
DEFRANCISCO, MD, MARY E OPH
5001 FRANKFORD AVE
PHILADELPHIA PA 19124-2619
215-288-5000
DEGLIN, MD, EDWARD A OPH
780 PERIWINKLE LN
WYNNEWOOD PA 19096-1653
215-667-4289
DEIN, MD, ROBERT A OBG
1030 E LANCASTER AVE
ROSEMONT PA 19010-1451
215-525-3225
DEITZ III, MD, GEORGE W CD
7 ROYAL PALM WAY APT 609
BOCA RATON FL 33432-7835

DEL GIORNO, MD, JAMES J CD
561 MEADOWBROOK DRF
HUNTINGDON VALLEY PA 19006-6862
713-791-4135
DELLAVECCHIA, MD,
MICHAEL A OPH
630 OLD LANCASTER RD
BRYN MAWR PA 19010-3116
215-527-0990
DENT, MD, THOMAS L GS
1245 HIGHLAND AVE STE 604
ABINGTON PA 19001-3714
215-576-7464
DEPILLIS, MD, VINCENT J PTH
BRYN MAWR HOSP
BRYN MAWR PA 19010-3143
215-526-3553
DERSTINE, MD, RALPH L FP
PO BOX 227
HARLEYSVILLE PA 19438-0227
215-256-8040
DESAI, MD, ANSUYA M OBG
662 DODDS LANE
GLADWYNE PA 19035-1424
215-265-0184
DESAI, MD, MOHAN G R
622 DODDS LN
GLADWYNE PA 19035-1515
215-427-7308
DESAI, MD, SHIVRAJ J PUD
1501 MT PLEASANT AVE
VILLANOVA PA 19085
215-337-1933
DETWEILER, MD, THOMAS C IM
2405 N BROAD ST
COLMAR PA 18915-9702
215-822-6333
DEVENNEY, MD, JOHN E * NM
9501 WHEELPUMP LN
PHILADELPHIA PA 19118-2627
DEVINE, MD, JEAN K PD
600 GAWAIN RD
PLYMOUTH MTNG PA 19462-2108
DEVINE, MD, MICHAEL F * IM
100 CHURCH RD
ARDMORE PA 19003-2316
215-649-6481
DEVINEY, MD, JOHN P IM
1519 MEDICAL DR
POTTSTOWN PA 19464-3224
215-326-8005
DI TIZIO, MD, ROBERT P IM
491 ALLENDALE STE 307
KING OF PRUSSIA PA 19406
215-265-2240
DIAMOND, MD, B FRANKLIN N
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-7000
DIENER, MD, IAN L FP
310 CONESTOGA RD
WAYNE PA 19087-4701
215-525-8450
DIGIACOMO JR, MD, PHILIP J * GE
1330 POWELL ST
NORRISTOWN PA 19401-3350
215-277-2635
DILLON, MD, RICHARD S DIA
BRYN MAWR MED BLDG N
BRYN MAWR PA 19010
215-527-1604
DILLOW, MD, JEFFREY R GS
4222 BROOKVIEW PL
ELKINS PARK PA 19117-2610
DOHERTY JR, MD, HENRY J AN
LANKENAU ANES ASSOC
WYNNEWOOD PA 19096
215-645-2141
DOLSKY, MD, RICHARD L PS
191 PRESIDENTIAL BLVD APT 105
BALA CYNWYD PA 19004-1208
215-667-3341
DONAHUE, MD, JOHN R * ORS
1603 E HIGH ST
POTTSTOWN PA 19464-5061
215-327-2400
DONNER, MD, WILLIAM T P
1245 HIGHLAND AVE STE 403
ABINGTON PA 19001-3714
215-887-5220
DORFMAN, MD, ALAN M OPH
510 WEST AVE
JENKINTOWN PA 19046-2725
215-884-8419
DORIAN, MD, ALAN L GS
4509 SKIPPACK PIKE
SKIPPACK PA. 19474
DORNSTEIN, MD, PERRY I IM
7703 SEMINOLE AVE
PHILADELPHIA PA 19126-1425
215-885-8550
DRISCOLL, MD, GENEVRA Z * P
1333 HAGYS FORD RD
NARBERTH PA 19072-1104
DRIZIN, MD, GARY S PUD
1330 POWELL ST STE 508
NORRISTOWN PA 19401-3352
215-275-2448
DUMARAN, MD, DELFA G IM
306 HUNTINGDON PIKE
ROCKLEDGE PA 19111-1729
215-663-8880

DYNAN, MD, JAMES E GS
S BROAD ST AND ALLENTOWN RD
LANSDALE PA 19446-5374
215-855-9501
ECHIKSON, MD, EDWARD H * IM
1245 HIGHLAND AVE STE 106
ABINGTON PA 19001-3714
215-886-1882
ECKER, MD, ANDREW M PM
491 ALLENDALE RD
KING OF PRUSSIA PA 19406-1426
215-265-2240
EHRLICH, MD, CLIFFORD L CD
LANSDALE MEDICAL GP
LANSDALE PA 19446-2408
215-855-9501
EHRLICH, MD, LEONARD D GE
2303 N BROAD ST
COLMAR PA 18915-9786
215-997-9377
EINHORN, MD, KENNETH H OTO
1245 HIGHLAND AVE STE 502
ABINGTON PA 19001-3714
215-886-1482
EISENBERG, MD, FLOYD P ID
15 W WOOD ST
NORRISTOWN PA 19401-3300
215-275-5958
EISENBERG, DO, MAUREEN E IM
208 WASHINGTON CT
TRAPPE PA 19426-2235
ELDAIEF, MD, DAISY S PD
900 WHARTON CIRCLE
LOWER GWYNEDD PA 19437
215-272-4550
ELLIS, MD, DAVID M CHP
240 MERION RD
MERION STATION PA 19066-1751
215-664-3211
ELLIS, EDD, U BERKLEY EXEC
1529 DEKALB ST
NORRISTOWN PA 19401-3421
215-277-3690
ELLISON, MD, NORIG * AN
332 ARDMORE AVE
ARDMORE PA 19003-1012
215-662-3782
ELLISON JR, MD, RICHARD T PD
669 PINETREE RD
JENKINTOWN PA 19046-2229
215-887-2360
EMPER, MD, WILLIAM D ORS
27 S BRYN MAWR AVE
BRYN MAWR PA 19010-3406
215-527-1762
ERHARD, MD, DANIEL T AN
212 DRAKES DRUM DR
BRYN MAWR PA 19010-1129
215-645-2141
ERSNER, MD, ARTHUR R IM
1411 POWELL ST
NORRISTOWN PA 19401-3356
215-279-8300
ESKIN, MD, DAVID J CD
1245 HIGHLAND AVE STE 107
ABINGTON PA 19001-3714
215-887-6668
ESKREIS, MD, BEVERLY D D
840 COUNTY LINE RD
BRYN MAWR PA 19010-2501
215-527-1510
EVANGELISTA, MD, SIMPLICIO E DR
BRYN MAWR HOSP
BRYN MAWR PA 19010-3143
215-526-3453
EVANS, MD, HAYDEN O GP
637 HIGH STREET
POTTSTOWN PA 19464-5784
215-326-6041
EWING, MD, CHARLES H * FP
RYDAL PARK
RYDAL PA 19046
215-885-6800
FAIRFIELD, MD, JAMES C D
LANSDALE MEDICAL GP
LANSDALE PA 19446-0508
215-855-9501
FALCO, MD, FRANK J E PM
4584-E VALLEY PKWY
SMYRNA GA 30082
FALK, MD, ARTHUR E OBG
8680 S OCEAN DR APT 301
JENSEN BEACH FL 34957-2136
FALKER, MD, JOHN M DR
1648 HUNTINGDON PIKE
MEADOWBROOK PA 19046-8001
215-947-3000
FALLICK, DO, HARRY A FPS
877 W DEKALB PIKE
KING OF PRUSSIA PA 19406
215-337-4700
FANG, MD, JOHN Y N
834 CHESTNUT ST APT 1523
PHILADELPHIA PA 19107-5147
FARB, MD, STANLEY N OTO
306 W LOGAN ST
NORRISTOWN PA 19401-2973
215-275-8153
FAYNBERG, MD, NORA GP
5827 RISING SUN AVE
PHILADELPHIA PA 19120-1143
215-745-5083

FEE, MD, EUGENE A P
821 MANCILL MILL RD
KING OF PRUSSIA PA 19406
FEIN, DO, HOWARD K GP
922 FAYETTE ST
CONSHOHOCKEN PA 19428-1565
215-825-3464
FELDMAN, MD, ELLEN K P
812 BUSTLETON PIKE
RICHBORO PA 18954-1357
215-938-4908
FENN, MD, PATRICIA A RHU
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
215-525-4463
FENSTEMACHER, MD,
PAMELA A FP
617 OLD YORK ROAD
JENKINTOWN PA 19046
215-576-2725
FILIP, MD, JOHN R IM
1073 MONTGOMERY AVE
PENN VALLEY PA 19072-1605
215-482-0900
FILOSA, MD, ROBERT J OBG
LANSDALE MEDICAL GP S
LANSDALE PA 19446-2408
215-855-9501
FINGERUT, MD, JERALD C GE
2106 PENNSYLVANIA AVE
FT WASHINGTON PA 19034-2913
FINGO, MD, ALBERT J FP
1610 SPERA LN
NORRISTOWN PA 19403-2627
407-748-5333
FINK, MD, JACK W GYN
2303 N BROAD ST
COLMAR PA 18915-9786
215-997-8969
FINKELSTEIN, DO, LEONARD H U
GSB BLDG STE 714
BALA CYNWYD PA 19004
215-667-3020
FISHER, MD, NORMAN J FP
197 E MILL RD
HATBORO PA 19040-4009
FISHER, MD, ROBERT M FP
447 GREAT SPRINGS RD
BRYN MAWR PA 19010-1715
215-525-4547
FITZGERALD, DO, JOHN J OBG
760 JOHNS LN
AMBLER PA 19002-2616
215-279-6621
FITZGERALD, MD, MARY P OBG
129 CEDAR ST 2ND FL
JENKINTOWN PA 19046
215-842-6000
FLEEKOP, MD, PHILIP D IM
1245 HIGHLAND AVE STE 107
ABINGTON PA 19001-3714
215-887-6668
FLEMING, MD, KENNETH D PD
170 NORTH HENDERSON RD
KING OF PRUSSIA PA 19406
215-992-1181
FOSTER, MD, SYLVIA L * P
1021 W UPSAL ST
PHILADELPHIA PA 19119-3716
215-842-4225
FOX, MD, MICHAEL L IM
45 OAK AVE
LANSDOWNE PA 19050-2746
215-668-1330
FRANK, MD, LEONARD A U
1313 DEKALB ST
NORRISTOWN PA 19401-3443
215-272-1881
FRANK, MD, MARTIN N CD
1245 HIGHLAND AVE STE 308
ABINGTON PA 19001-3714
215-572-0960
FRANK, MD, PAUL E OPH
331 N YORK RD
HATBORO PA 19040-2033
215-672-0777
FRANK, MD, ROBERT L OPH
331 N YORK RD
HATBORO PA 19040-2033
215-672-0777
FRANK, DO, RONALD B FP
2026 N BROAD ST
LANSDALE PA 19446-1059
215-368-4434
FRANK, MD, TOBY L IM
506 BARBARA CIR
MERION STATION PA 19066-1322
FRANKEL, MD, ARTHUR M * GS
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-1020
FRANKEL, MD, LESLIE B OBG
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-1234
FRAZIER, MD, THOMAS G ON
FOUNDERS BANK BLDG
BRYN MAWR PA 19010
215-520-0700
FREEBERG, MD, JOHN R AN
622 OXFORD RD
BALA CYNWYD PA 19004-2217
215-645-2141

FREEDMAN, MD, LAWRENCE T OBG
12 FARRIER LN
BLUE BELL PA 19422-2465
215-835-2642
FREEMAN, MD, DANIAL M A CHP
721 UPSAL RD
JENKINTOWN PA 19046-3329
215-884-3568
FREIMUTH, MD, ERICH J * N
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
215-527-8140
FREUDENBERG, MD, DORIS T * PM
267 ANDERSON RD
KING OF PRUSSIA PA 19406-1940
215-526-3361
FRIEDBERG, MD, ANDREA L OPH
408 SPRAGUE RD
NARBERTH PA 19072-1126
215-337-7215
FRIEDMAN, DO, DAVID S FP
2026 N BROAD ST
LANSDALE PA 19446-1059
215-368-4434
FRIEDMAN, MD, PAUL A IM
403 GREAT SPRINGS RD
ROSEMONT PA 19010-1715
215-527-8424
FROST, MD, ALBERT G CRS
15 W WOOD ST
NORRISTOWN PA 19401-3300
215-272-3030
FUGARO, DO, ANTHONY J AN
LANKENAU MEDICAL BLD STE 418
WYNNEWOOD PA 19096
215-645-2141
FURGIUELE, MD, FRANCIS P OPH
725 SKIPPACK PIKE STE 3A1
BLUE BELL PA 19422
215-542-0500
GABRIEL, MD, VERONICA FP
6017 W VALLEY GREEN RD
FLOURTOWN PA 19031-1214
215-248-5800
GALASSI JR, MD, JOSEPH W AN
2709 ASPEN CIR
BLUE BELL PA 19422-3401
GALELLA, MD, NANCY M * OBG
308 HEMLOCK DR
HATBORO PA 19040-1630
215-576-2000
GANIME, MD, PETER D P
322 W JOHNSON HWY
NORRISTOWN PA 19401-1960
215-277-5600
GATTI, MD, DOMINIC L GP
142 SOMERSET RD
HUNTINGDON VLY PA 19006-6723
215-425-7029
GAZDICK, MD, MARY ANNE PD
1 RED ROWAN LN
PLYMOUTH MTNG PA 19462-2135
215-825-3500
GEIGER, MD, LEONARD R N
BRYN MAWR MEDICAL BLDG S
BRYN MAWR PA 19010
215-527-3366
GERHART, MD, WILLIS C GP
200 N WYNNEWOOD AVE
WYNNEWOOD PA 19096-1433
GERMAN, MD, TERRY M OBG
201 OLD YORK RD
JENKINTOWN PA 19046-3200
215-885-8887
GERSHENSON, MD, STEPHEN R PD
41 ANDREW LN
LANSDALE PA 19446-1431
GERSON, MD, ANDREW G * OBG
353 LANKENAU MEDICAL BLDG
PHILADELPHIA PA 19151
215-649-9021
GIAMMANCO, DO, PETER P * GP
314 YORK ROAD
JENKINTOWN PA 19046
215-884-7620
GILBERT, MD, BETTYJANE FP
200 DAVID DR APR I-1
BRYN MAWR PA 19010
GILL, MD, ROY A FP
1955 W MAIN ST
NORRISTOWN PA 19403
215-539-0835
GINSBURG, MD, SILAS OBG
2300 COMPUTER AVE E-25
WILLOW GROVE PA 19090
215-886-1234
GLANZBERG, MD, PAULINE FP
614 DEKALB ST
NORRISTOWN PA 19401-3991
215-272-3008
GLASER, MD, BARRY L * GS
1521 AMITY RD
RYDAL PA 19046-1203
215-887-3990
GLAUSER, MD, TERRY A EM
103 N WOODBINE AVE
NARBERTH PA 19072-1815
215-662-3920
GLUNK, MD, RICHARD P PS
PO BOX 743
WILLIAMSPORT PA 17703-0743

GOLDBERG, MD, LOUIS OPH
2000 W VALLEY FORGE CIR
KING OF PRUSSIA PA 19406-1132
215-783-5835
GOLDBERG, DO, RICHARD A FP
ABINGTON BACK INST
WILLOW GROVE PA 19090-1041
215-443-7878
GOLDEN, MD, MANO R U
6022 SHEAFF LN
FT WASHINGTON PA 19034-1615
GOLDENER, MD, JOHN F PD
LANKENAU MEDICAL BLDG STE 400
PHILADELPHIA PA 19151
215-649-7042
GOLDSCHMIDT, MD, HERBERT D
620 1 BALA CYNWYD PLZ
BALA CYNWYD PA 19004
215-664-3300
GOLDSTEIN, MD, PHILIP D PD
1511 GLEN DR
MAPLE GLEN PA 19002-3106
215-433-2205
GONZALEZ, MD, MELCHOR E IM
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
215-576-2000
GOOD, MD, ROBERT P ORS
830 OLD LANCASTER RD BLDG 300
BRYN MAWR PA 19010-3118
215-527-6800
GOODMAN, MD, CARL R PM
MONTGOMERY HOSP
NORRISTOWN PA 19404
215-270-2041
GOODMAN, MD, DAVID A * AN
1200 OLD YORK RD
ABINGTON PA 19001
215-576-2336
GOODMAN, MD, SANFORD M FP
BEAVER HILL S APT F-6
JENKINTOWN PA 19046-2643
GOPPELT, MD, JOHN W P
EXETER ROAD
HAVERFORD PA 19041
215-649-2047
GORDON, MD, ARTHUR E OBG
401 CRESCENT RD
WYNCOTE PA 19095-1702
215-934-7277
GORDON, MD, GARY V RHU
320 LANKENAU MED BLDG
WYNNEWOOD PA 19096-3427
215-896-6400
GORDON, MD, LEONARD F DR
1700 GOVERNORS WAY
BLUE BELL PA 19422-2555
215-278-8475
GORDON JR, MD, KENNETH H P
1250 UPPER GULPH RD
RADNOR PA 19087-2734
215-688-8256
GOREN, MD, ELIHU N DIA
1451 DEKALB ST
NORRISTOWN PA 19401-3405
215-275-3673
GOTLIEB, MD, JERRY U
214 JEFFREY LN
NEWTOWN SQUARE PA 19073-2506
215-272-1881
GRAEFFE, MD, ESTELLA F RO
MONTGOMERY CANCER CTR
NORRISTOWN PA 19401
215-270-2192
GRAFF, MD, HAROLD A P
OMEGA DR STE E66
NEWARK DE 19713
302-731-1900
GRATCH, MD, MICHAEL J ORS
1327 OLD YORK RD
ABINGTON PA 19001-3403
215-885-1112
GREEN, MD, BARRY P GP
PO BOX 1278
LANSDALE PA 19446-0727
215-855-1054
GREEN, MD, GEORGE R * IM
1245 HIGHLAND AVE STE 107
ABINGTON PA 19001-3714
215-887-6668
GREEN, MD, LELAND J A
LANSDALE MEDICAL GP
LANSDALE PA 19446
215-855-9501
GREENBAUM, MD, MARVIN H OPH
328 PEMBROKE RD
BALA CYNWYD PA 19004-2819
215-667-4066
GREENBERG, MD, BRAM PD
300 BALA AVE
BALA CYNWYD PA 19004-2651
215-540-8607
GREENBERG, MD, HOWARD E IM
70 BONSALL AVE
BROOMALL PA 19008-1908
GREENBERG, MD, RICHARD E U
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-887-3242
GREENE, MD, JEFFREY M AI
233 E LANCASTER AVE
ARDMORE PA 19003-2321
215-642-1643

GREENE, MD, THOMAS E ORS
635 N BROAD ST
LANSDALE PA 19446-2316
215-855-4744
GREENSPAN, MD, HERBERT S CHP
100 WEST AVE APT E6
JENKINTOWN PA 19046-2665
GREENSPON, MD, SAMUEL E GP
8450 LIMEKILN PIKE APT A707
WYNCOTE PA 19095-2820
GROHSMAN, MD, JONATHAN M OPH
217 BARKER RD
WYNCOTE PA 19095-1715
215-576-5090
GROSSMAN, MD, SHEILA S * FP
7740 MORGAN LN
LAVEROCK PA 19118-1234
215-885-4733
GUIRNALDA-CASTRO, MD,
NEMESIA G P
3960 N 8TH ST
PHILADELPHIA PA 19140-3208
215-225-3151
GULATI, MD, AMAR N * R
1651 MARKLEY ST
NORRISTOWN PA 19401-2900
215-277-3202
GUTHRIE, MD, WILLIAM J IM
1591 MEDICAL DR
POTTSTOWN PA 19464-9228
215-323-8005
GUTTMANN, MD, HARVEY GE
1245 HIGHLAND AVE STE 101
ABINGTON PA 19001-3714
215-887-9690
GUYER, MD, SAMUEL * GS
934 BLUE ROCK LN
BLUE BELL PA 19422-2002
HADRA, MD, ELLINOR S FP
3500 W CHESTER PIKE APT E313
NEWTOWN SQUARE PA 19073-4101
HAGARTY, MD, JOHN J PTH
501 N BETHLEHEM PIKE APT C4
AMBLER PA 19002-2516
HALE, MD, ROBERT G FP
4004 FAIRWAY RD
LAFAYETTE HILL PA 19444-1304
HALL, MD, I MACDONALD OM
640 LOVES LN
WYNNEWOOD PA 19096-1204
215-864-4670
HALL, MD, NEAL E OPH
815 N MOUNT PLEASANT RD
PHILADELPHIA PA 19119-3303
HALMI, MD, BILL H D
111 S 11TH STREET
PHILADELPHIA PA 19107
215-955-6680
HAMBURG, MD, ALLEN E ORS
532 GEORGIAN RD
GLENSIDE PA 19038-2810
HAMMER, MD, WILLIAM J * CD
8200 FLOURTOWN AVE STE 7
WYNDMOOR PA 19118-1976
215-836-1450
HAMMOND III, MD, N LEROY * ORS
250 LANKENAU MED BLDG
WYNNEWOOD PA 19096
215-649-3200
HAMPE, MD, WARREN W P
1629 BRIAR HL RD
GLADWYNE PA 19035
215-642-7835
HANBY JR, MD, W FORWOOD E R
2815 LUNDY LN
HUNTINGDON VLY PA 19006-5009
215-576-2050
HAND, MD, ROY H GS
914 N BEAVER HILL NORTH
JENKINTOWN PA 19046
215-887-4130
HANHAUSEN JR, MD,
EDWARD H OPH
416 E LANCASTER AVE
WAYNE PA 19087-4310
215-688-4272
HARDEE-CUTHBERT, MD, KAY FP
8909 9TH ST S
ST PETERSBURG FL 33705-6240
HARMON, MD, ELI B P
111 PRESIDENTIAL BLVD STE 235
BALA CYNWYD PA 19004
HARMON-WEISS, MD, SANDRA FP
1739 DEKALB ST
NORRISTOWN PA 19401-5416
215-283-6596
HARPER, MD, JOHN B R
1200 YORK RD
ABINGTON PA 19001-3786
215-885-3110
HARPER, MD, STEVEN G CRS
1245 HIGHLAND AVE STE 204
ABINGTON PA 19001-3714
215-885-4220
HARRIS, MD, KEVIN R PD
727 WELSH RD
HUNTINGDON VLY PA 19006-6357
215-947-1223
HARRISON, DO, KEITH W FP
BALLY MEDICAL GP
BALLY PA 19503

HARRISON JR, MD, JOSEPH OM
888 GLENBROOK AVE
BRYN MAWR PA 19010-2506
215-525-1033
HARTMAN, MD, DANIEL G P
PO BOX 683
HORSHAM PA 19044-0683
215-674-8644
HARTMAN, MD, DENISE L OBG
2329 PLEASANT AVENUE
GLENSIDE PA 19038
215-221-3001
HASKIN, MD, MYRA R PM
495 E ABINGTON AVE
PHILADELPHIA PA 19118-2906
HAUPT, MD, DONALD N * P
523 WYNLYN RD
WYNNEWOOD PA 19096-1311
215-520-1782
HAUSER, MD, NORMAN R
1130 OLD YORK RD
ABINGTON PA 19001-3710
215-884-0462
HAYTHORNTHWAITE, MD,
B MARY PD
313 WELLINGTON TER
JENKINTOWN PA 19046-3831
HECHT, MD, WARREN B A
POTTSTOWN PROF MALL
POTTSTOWN PA 19464-3223
215-326-2820
HELLER, MD, ALVIN G IM
312 LANKENAU MEDICAL BLDG
WYNNEWOOD PA 19096
215-649-4282
HENDRICKSON, MD, CLIFFORD D US
1330 STATESMAN RD
NORRISTOWN PA 19403-5150
HENNESSEY, MD, JOSEPH F * PD
2284 STAHL RD
HUNTINGDON VLY PA 19006-6524
215-947-5656
HERLING, MD, PATTI J DR
1625 MORGAN DR
AMBLER PA 19002-2418
215-278-8475
HESS, MD, IVAN W GP
69 N BORO LINE RD
COLLEGEVILLE PA 19426-2801
215-489-9165
HILLMAN, MD, ALAN L IM
211 GARNET LN
BALA CYNWYD PA 19004
215-896-9400
HIRSCH, MD, MICHAEL A * FP
8634 TRUMBAUER DR
WYNDMOOR PA 19118-1454
HOCKFIELD, MD, HAL S IM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-4950
HOESSLY, MD, MICHEL C ON
PAOLI MEMORIAL HOSP
PAOLI PA 19301
215-647-8885
HOFFMAN, MD, CARL J P
2901 COTTMAN AVE
PHILADELPHIA PA 19149-1404
215-624-2919
HOFFMAN, MD, JAMES P PD
MERCK SHARP & DOHME
WEST POINT PA 19486
215-661-6412
HOFFMANN, MD, RON OBG
1701 HILLIARD CT
MAPLE GLEN PA 19002-3149
215-576-2000
HOFMAN, MD, WALTER I PTH
707 BOWMAN AVE
MERION STATION PA 19066-1432
215-487-4394
HOGAN, MD, W MICHAEL GYN
925 PRIMROSE LN
WYNNEWOOD PA 19096-1648
215-649-8085
HOLM, MD, WILLIAM W * PD
491 ALLENDALE RD
KING OF PRUSSIA PA 19406-1426
215-265-9290
HOLMBERG, MD, DONALD E GP
193 EASTON RD
HORSHAM PA 19044-3101
215-675-1761
HONG, MD, KAB S PM
140 PERRY RD
ELKINS PARK PA 19117
215-782-1610
HOPPER, MD, BRUCE D * OBG
363 POND VIEW RD
DEVON PA 19333-1732
215-525-3225
HORNER JR, MD, DANIEL W CD
1803 OLD YORK RD
ABINGTON PA 19001-1740
215-657-6676
HORWITZ, MD, BRETT R * ORS
1401 DEKALB ST
NORRISTOWN PA 19401-3426
215-275-9400
HUNSBERGER, MD, JOSEPH L GP
2803 STANBRIDGE ST APT 512B
NORRISTOWN PA 19401-1630
215-272-2050

HUTCHISON, MD, JAMES C CD
2073 PARKVIEW AVE
ABINGTON PA 19001-1208
HYATT, MD, GLENN A * IM
233 WESTWIND WAY
DRESHER PA 19025-1419
215-646-0165
HYKES, MD, JAMES I GP
218 GRAYS LN
HAVERFORD PA 19041-1705
215-642-2616
IANNARONE, MD, LORENZ N GS
1650 HUNTINGTON PIKE STE 316
MEADOWBROOK PA 19046
215-947-6616
ICKLER, MD, JOHN L PD
1047 YORK RD
ABINGTON PA 19001-4610
215-884-1240
ILGREN, MD, EDWARD B PTH
830 MONTGOMERY AVE APT 503
BRYN MAWR PA 19010
IVKER, MD, MORRIS R
970 INDIAN CREEK RD
JENKINTOWN PA 19046-3835
215-005-1444
JACKEL, MD, ROY A * N
124 DEKALB PIKE
NORTH WALES PA 19454-1803
215-699-3727
JACOBSON, MD, KENNETH L FP
339 LYCEUM AVE
PHILADELPHIA PA 19128-4815
215-646-0642
JACQUES, MD, JANICE A D AN
211 S 4TH ST
NORTH WALES PA 19454-2901
215-456-6850
JAFFE, MD, JEREMY R AN
371 KESWICK AVE
GLENSIDE PA 19038
215-662-3717
JAFFE, MD, LOUIS D
1210 QUEEN ST
POTTSTOWN PA 19464-5832
JASEK, MD, ANDRZEJ M IM
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
215-576-2000
JIMENEZ-MEDINA, MD, HERNAN J P
700 CASTLEWOOD DRIVE
DRESHER PA 19025
215-834-6000
JOCHNOWITZ, MD, MICHAEL J OBG
902 N BROAD ST
LANSDALE PA 19446-2323
215-368-1950
JOHN, MD, BENJAMIN * GER
1019 GUM PL
HUNTINGDON VLY PA 19006-1716
215-456-2900
JONES, MD, DANIEL C FP
PO BOX 628
ARDMORE PA 19003-0628
JOSSELSON, MD, ALAN S PUD
1330 POWELL ST STE 508
NORRISTOWN PA 19401-3352
215-275-2446
JOYCE, MD, MICHAEL F ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
215-725-8500
JUBELIRER, MD, ROBERT A * GS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001-3714
215-887-3990
JUDD, MD, JAMES D FP
911 LABURNAM LN
WYNCOTE PA 19095-1607
215-675-1516
JULES, MD, ARNOLD J ORS
635 N BROAD ST
LANSDALE PA 19446-2316
215-855-4444
JUNKIN, MD, DAVID M ORS
1327 OLD YORK RD
ABINGTON PA 19001-3403
215-885-1112
KAHN, MD, BERTRAM AI
11714 FULHAM STREET
SILVER SPRING MD 20902
KANE, MD, JOHN S OBG
1802 JOHNSON RD
NORRISTOWN PA 19401-2540
KAPLAN, MD, FRANK E P
2874 PAPRIKA RD
DOYLESTOWN PA 18901-1735
215-794-8046
KARKANIAS, MD, CHEROLYN FP
52 N CENTRE AVE
JEFFERSONVILLE PA 19403
215-539-0835
KARPINSKI JR, MD, FELIX E PD
780 MANCILL RD
WAYNE PA 19087-2043
KATTELMAN, DO, MARC GP
922 FAYETTE ST
CONSHOHOCKEN PA 19428-1565
215-825-3464
KATZ, DO, PAUL M AN
431 CONSHOHOCKEN STATE RD
BALA CYNWYD PA 19004
215-871-1761

KATZ, MD, ROBERT E GP
500 FAYETTE ST
CONSHOHOCKEN PA 19428-1703
KATZ, MD, STUART I D
339 E LANCASTER AVE
WYNNEWOOD PA 19096-1920
215-649-1911
KAUFFMAN, MD, M LUTHER * OPH
2254 PLEASANT AVE
GLENSIDE PA 19038-5125
KAUFMAN, MD, STEPHEN E GE
1245 HIGHLAND AVE STE 101
ABINGTON PA 19001-3714
215-887-9690
KEELING, MD, KATHLEEN A US
76 TOWNSHIP LINE APT 124
ELKINS PARK PA 19117
KELLERMAN, MD, WILMA C PM
801 S BOWMAN AVE
WYNNEWOOD PA 19096-1602
215-278-8467
KELLY, MD, JOHN J * ID
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001-3788
215-576-2608
KELSO, MD, DON R GS
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
KELTON, MD, FRANKLIN C OM
795 MARSHALL ST
WEST CHESTER PA 19380
215-431-2262
KENNEY, MD, LAWRENCE E OPH
1560 MEDICAL DR
POTTSTOWN PA 19464-9226
215-326-9306
KENNING, MD, JAMES A * NS
958 COUNTY LINE RD
BRYN MAWR PA 19010-2502
215-527-2443
KENWORTHY JR, MD, HARRY J IM
1245 HIGHLAND AVE STE 107
ABINGTON PA 19001-3714
215-887-6668
KERN, MD, FRANK US
339 E LANCASTER AVE
WYNNEWOOD PA 19096-1920
KERSON, MD, LAWRENCE A N
NEUROLOGY GP PC
NORRISTOWN PA 19401-3434
215-279-7443
KHAN, MD, ELIZABETH A * FP
217 PRESTON RD
FLOURTOWN PA 19031-2111
215-277-0964
KHAN, MD, MEHER S AI
146 MONTGOMERY AVE
BALA CYNWYD PA 19004
215-668-0836
KHANDELWAL, MD, MANOJ CD
1801 BUTTONWOOD ST APT 1509
PHILADELPHIA PA 19130-3955
215-664-6751
KHELLA, MD, HANI J FP
45 OLD GULPH RD
GLADWYNE PA 19035-1526
KILLIAN, MD, DOROTHEA M IM
BOX 1106
BLUE BELL PA 19422
KIM, MD, HI S * PD
5436 N LAWRENCE ST
PHILADELPHIA PA 19120-2804
215-224-2111
KIM, MD, JIN R IM
1 FAIRWAY PLZ STE 207
HUNTINGDON VLY PA 19006
215-947-7488
KIMELHEIM, DO, ROBERT A RHU
8615 GERMANTOWN AVE STE 33
PHILADELPHIA PA 19118-2722
215-242-1224
KINGSBURY, MD, ROBERT C FP
639 CONESTOGA LN
LANSDALE PA 19446-4665
215-661-5683
KINLAW, MD, W BERNARD CD
1936 LAMBERT RD
JENKINTOWN PA 19046-1545
KIRKPATRICK, MD, DANIEL W GP
623 RENEL RD
NORRISTOWN PA 19401-2413
KIRSCHNER, DO, RONALD A * PS
2 BALA CYNWYD PLZ STE 1L-17
BALA-CYNWYD PA 19004
215-667-4080
KISTLER, MD, PRISCILLA J IM
300 MAIN ST
E GREENVILLE PA 18041-1343
215-679-9261
KISTLER, MD, WILLIAM S GP
300 MAIN ST
E GREENVILLE PA 18041-1343
KLATCHKO, MD, BARBARA A GS
306 BRYN MAWR MED BLDG N
BRYN MAWR PA 19010
215-527-1185
KLINE, MD, EDGAR W FP
DOCK GARDENS
LANSDALE PA 19446-6231
KNAUBER, MD, SUSAN A GS
1202 HUNTINGDON RD
ABINGTON PA 19001-3810

KOFSKY, MD, PHILLIP M CRS
309 BIRCH DR
LAFAYETTE HILL PA 19444-2114
215-279-3300
KOHLHAS, MD, JACOB J END
13 POND LANE
BRYN MAWR PA 19010
KOLLER, MD, HAROLD P OPH
1650 HUNTINGDON PIKE STE 357
MEADOWBROOK PA 19046-8097
215-947-6660
KOLLMER, MD, CHARLES E ORS
103 GROUSE CT
NORTH WALES PA 19454-1114
215-855-4444
KONECKE, MD, LEE L CD
1544 DEKALB ST
NORRISTOWN PA 19401-3425
215-279-7696
KOREVAAR, MD, WILHELMINA C * AN
622 OXFORD RD
BALA CYNWYD PA 19004-2217
215-662-7869
KOVALSKY, MD, EVAN S ORS
1308 DEKALB ST
NORRISTOWN PA 19401-3404
215-279-8686
KRAFT JR, MD, ALBERT J CD
8200 FLOURTOWN AVE
WYNDMOOR PA 19118-1976
215-836-1450
KRAMER, DO, JOEL R OBG
7848 OLD YORK RD STE 202
ELKINS PARK PA 19117-2541
215-635-4848
KRANTZ, MD, WALTER J GP
1650 YORK RD
ABINGTON PA 19001-1032
KRANTZLER, MD, JOSEPH D CD
1591 MEDICAL DR
POTTSTOWN PA 19464-9226
215-326-8006
KRANZ, MD, ARTHUR J P
9002 WOODCLIFF LAKE
DALLAS TX 75343
KRAVIS, MD, LILLIAN P OS
233 E LANCASTER AVE
ARDMORE PA 19003-2321
215-642-1643
KRAVITZ, MD, BERNARD J IM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
KRICH, MD, KAREN L IM
491 ALLENDALE RD STE 307
KING OF PRUSSIA PA 19406
215-265-2240
KROMASH, MD, MARVIN H PD
1590 MEDICAL DR
POTTSTOWN PA 19464-3247
215-326-4960
KRZEMINSKI, MD, JOSEPH P * NS
17 INDUSTRIAL BLVD
PAOLI PA 19301-1607
215-647-1881
KUBICHEK, MD, MARILYN A * CHN
716 E HECTOR ST
CONSHOHOCKEN PA 19428-2355
215-955-6000
KUHNERT, MD, PAUL M * US
1366 TANGLEWOOD DR
NORTH WALES PA 19454-3671
215-834-2805
KUKORA, MD, JOHN S * GS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001-3714
215-578-7462
LABELLE, MD, PATRICE IM
MERCK & CO INC
WEST POINT PA 19486-0004
215-540-8647
LABOWSKIE, MD, EUGENE M FP
1201 CLUB HOUSE RD
GLADWYNE PA 19035-1003
LANDER, MD, WILLIAM W * FP
888 GLENBROOK AVE
BRYN MAWR PA 19010-2506
215-525-6277
LANGER, MD, BURTON H PD
100 LANCASTER AVE STE 400
WYNNEWOOD PA 19096
215-699-7074
LASSON, DO, NANCY C IM
2109 CULVER DR
WILMINGTON DE 19810-1309
215-576-2000
LATTA, MD, RICHARD A * OBG
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001-3788
215-576-4575
LAWLOR, MD, ROBERT J FP
DEVON BLVD
DEVON PA 19333
215-687-0715
LEE, MD, WILLIAM M FP
PO BOX 1278
LANSDALE PA 19446-0727
215-855-1054
LEGENDRE, MD, GERALD M GP
133 4TH ST
BRIDGEPORT PA 19405-1010
215-279-1116

LEIBOLD, MD, DEBRA M IM
777 WEST GERMANTOWN PIKE
PLYMOUTH MTNG PA 19462
215-540-8599
LENROW, MD, DAVID A PM
208 STANDISH RD
MERION STATION PA 19066-1117
215-349-5574
LERMAN, MD, JOEL M * P
717 THATCHER LN
HATFIELD PA 19440-2200
215-361-2847
LEROY, MD, N BLAIR PUD
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
215-527-1074
LETWIN, MD, LEE B AN
2000 W VALLEY FORGE CIR
KING OF PRUSSIA PA 19406-1120
215-649-1400
LEVIN, MD, HOWARD A RHU
536 MONTGOMERY SCHL LN
WYNNEWOOD PA 19096-1119
215-283-6855
LEVIN, MD, STEVEN P PM
1229 JERICHO RD
ABINGTON PA 19001-3609
215-576-2180
LEWIS, MD, REBECCA E GP
2114 DELANCEY PLACE
PHILADELPHIA PA 19103-6512
LEWIS, MD, STEPHEN F N
445 ZEEDOM ST
JENKINTOWN PA 19046
215-955-6692
LIANG, MD, GWENDOLYN J OPH
236 VALLEY RD
MERION STATION PA 19066-1543
215-576-5106
LIMBERT, MD, LAWRENCE GP
SPRINGS OF SCOTTSDALE
SCOTTSDALE AZ 85251-8999
LING, MD, HENRY T * IM
168 SYCAMORE RD
HAVERTOWN PA 19083-3508
215-642-8990
LININGER, MD, JOHN R PTH
MONTGOMERY HOSP
NORRISTOWN PA 19401
215-270-2173
LINTGEN, MD, ARTHUR B IM
1245 HIGHLAND AVE STE 102
ABINGTON PA 19001-3714
215-886-2980
LIPKIN, MD, DAVID E IM
9 PINETREE PL
FT WASHINGTON PA 19034-1631
215-628-2840
LIPNACK, DO, ERIC M PM
5 HASTING DR
BLUE BELL PA 19422-2537
215-662-4000
LIPSHUTZ, MD, HUGH CD
1544 DEKALB ST
NORRISTOWN PA 19401-3425
215-279-7696
LIPTON, MD, STEVEN E OBG
8211 BROOKSIDE RD
ELKINS PARK PA 19117-2403
215-635-2642
LITMAN, DO, RANDY G IM
864 GARFIELD AVE
LANSDALE PA 19446-5569
LITT, MD, LAWRENCE M PUD
1300 ANDREA ST STE 100
BOWLING GREEN KY 42104-3382
LITVIN, MD, HENRY P
134 CARDINAL RD
JENKINTOWN PA 19046-3907
215-784-9129
LITWIN, MD, JEFFREY S CD
141 STINE DR
COLLEGEVILLE PA 19426-2671
215-971-5507
LOCKE, MD, HARRY R ON
1161 WILSON ST
POTTSTOWN PA 19464-4465
215-323-7411
LONGACRE, MD, JANE M PD
1 RED ROWAN LN
PLYMOUTH MTNG PA 19462-2117
215-825-3500
LORRAINE, MD, RICHARD S * IM
176 MAIN ST
HARLEYSVILLE PA 19438-2513
215-256-9531
LOWE, MD, STEPHEN J ORS
7880 OXFORD AVE
PHILADELPHIA PA 19111-2219
215-725-3600
LUNDY, MD, BARBARA S PS
801 E GERMANTOWN PIKE STE E1
NORRISTOWN PA 19401-2485
215-275-6710
LURIE, MD, ABRAHAM A AN
328 STRATHMORE DR
ROSEMONT PA 19010-1231
LUTZ JR, MD, ROLAND B FP
1821 HEMLOCK CIR
ABINGTON PA 19001-4701
LYNESS, MD, SAMUEL S * NS
1004 WEATHERSTONE DR
PAOLI PA 19301-1938
215-380-8170

MACKEY JR, MD, JAMES G GP
DEVON BLVD
DEVON PA 19333
MACY, MD, CHARLES T IM
LANSDALE MEDICAL GP
LANSDALE PA 19446
215-855-9501
MAERZ, MD, JOHN C GP
545 W MAIN STREET
TRAPPE PA 19426
215-489-9374
MAGID, MD, D RIVA AN
PO BOX 384
FT WASHINGTON PA 19034-0384
215-456-7890
MAHONY, MD, ELLEN A PS
CARRIAGE HOUSE
ARDMORE PA 19003-2512
215-534-6117
MAHOOD, MD, WILLIAM H * GE
6250 W VALLEY GREEN RD
FLOURTOWN PA 19031-1106
215-887-9690
MALIT, MD, LEE A AN
LANKENAU MED SCI STE 416
WYNNEWOOD PA 19096
215-645-2093
MALONEY, MD, DONALD W PUD
1245 HIGHLAND AVE STE 107
ABINGTON PA 19001-3714
215-887-6668
MAMBU, MD, JOSEPH F * FP
1400 OLD YORK RD
ABINGTON PA 19001-2628
215-885-4430
MANCANO, MD, LOUIS D FP
NORRISTOWN FAMILY PRAC
NORRISTOWN PA 19401-3351
215-277-0964
MANDLER, MD, JOHN I U
ABINGTON OFFICE MED STE G
ABINGTON PA 19001
215-884-7114
MANFREY, DO, FRANK J OBG
200 LIBERTY CT
NEWTOWN SQUARE PA 19073-1127
215-353-8880
MANFREY, DO, SAMUEL J U
336 ARDMORE AVE
ARDMORE PA 19003-1012
215-667-3020
MANIGLIA, MD, RICHARD J ID
115 ELMWOOD AVE
NARBERTH PA 19072-2409
215-448-7050
MANKO, MD, MICHAEL A IM
LANKENAU HOSP
STE 114
WYNNEWOOD PA 19096-3427
215-645-2008
MANN, MD, ROBERT J IM
7505 CASTOR AVE
PHILADELPHIA PA 19152-4029
215-725-3322
MANZIONE, MD, MARC * ORS
727 WELSH RD
HUNTINGDON VLY PA 19006-6357
215-947-7550
MANZO, MD, THOMAS L * OPH
1329 E HIGH ST
POTTSTOWN PA 19464-4949
215-326-4044
MARCH, MD, HERMAN C R
214 CEDAR ROAD
PHILADELPHIA PA 19117-1603
MARGARIDA, MD, LEOPOLDO E R
2120 BENEZET RD
ABINGTON PA 19001-3622
MARINARI, MD, LAWRENCE A PUD
130 S BRYN MAWR AVE STE 112
BRYN MAWR PA 19010
215-527-3311
MARKOWITZ, MD, GARY D OPH
1315 LEEDOM RD
HAVERTOWN PA 19083
215-662-8100
MARLOWE, MD, JENNIFER O FP
62 DOGWOOD LN
HORSHAM PA 19044-1937
215-646-9220
MARON, MD, JOHN J * GP
336 SPRING ST
ROYERSFORD PA 19468-2518
215-948-8800
MARTIN, MD, JOHN H IM
BRYN MAWR MED SPEC ASSOC
BRYN MAWR PA 19010-3839
215-525-4463
MARTIN, MD, MARTINA M RHU
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
215-525-4463
MARTIN, MD, MELANIE C OPH
8200 FLOURTOWN AVE STE 15
WYNDMOOR PA 19118-1978
215-836-2500
MARX, MD, MARVIN H U
506 N BROAD ST
LANSDALE PA 19446-2418
215-362-5633
MARYMOR, MD, NEIL S GS
51 ALLANDALE ROAD
WYNNEWOOD PA 19096
215-947-9272

MASH, MD, MICHAEL J IM
1639 DEKALB ST
NORRISTOWN PA 19401-5414
215-272-2272
MASSARI, MD, FERDINAND E AI
MERCK SHARP & DOHME RES
WEST POINT PA 19486
215-834-2978
MATEO, MD, MICHAEL G AN
145 MEADOWBROOK DR
HUNTINGDON VALLEY PA 19006-5413
215-576-2336
MATHEWS JR, MD, NEILSON M OBG
115 BLOOMINGDALE AVE
WAYNE PA 19087-4030
215-688-3744
MATTHEWS, MD, WARREN B FP
2826 MOUNT CARMEL AVE
NORTH HILLS PA 19038-2245
215-886-0440
MATTSON, MD, RONALD J GS
BRYN MAWR MEDICAL BLDG
BRYN MAWR PA 19010
215-527-1185
MAXWELL, MD, EMILIE L PM
NORMANDY FARMS EST B211
BLUE BELL PA 19422-0767
MAXWELL JR, MD, ROBERT A * HEM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-887-2034
MAYDONOVITCH, DO, DANIEL J FP
BALLY MEDICAL GRP
BALLY PA 19503
215-845-2011
MAYER, MD, HENRY S CD
933 HAVENFORD ROAD
BRYN MAWR PA 19010
215-525-1202
MC ALLISTER, MD, JOSEPH C IM
1929 MAPLEWOOD AVE
ABINGTON PA 19001-1107
215-886-4950
MC GUIRE, MD, MICHAEL D P
1801 SLADEK RD
NEW HOPE PA 18938
215-836-5459
MC HARG, MD, MALCOLM L CHN
1340 DEKALB ST STE 1
NORRISTOWN PA 19401-3434
215-279-7443
MCCABE, MD, JAMES L * EM
830 OLD LANCASTER AVE STE 204
BRYN MAWR PA 19010-3116
215-649-4514
MCCOMBS, MD, ELAINE M PD
2300 WASHINGTON LN
HUNTINGDON VLY PA 19006-5828
215-886-1240
MCCOMBS, MD, PETER R * VS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001-3714
215-576-7463
MCCORD, MD, JAMES A OBG
902 N BROAD ST
LANSDALE PA 19446-2323
215-368-1950
MCCUSKER, MD, FRANCIS X NEP
2616 SAINT DAVID'S LANE
ARDMORE PA 19003
215-649-1175
MCELROY, MD, PHILIP K AN
912 CHESTERFIELD DR
LOWER GWYNEDD PA 19002-2115
215-728-3425
MCGAVIC, MD, JOHN S * OPH
1104 MONTGOMERY AVE
ROSEMONT PA 19010-2710
MCGEE, MD, ELIZABETH L P
640 N VALLEY FORGE RD
DEVON PA 19333-1200
215-688-3757
MCGLUMPHY, MD, THOMAS H OBG
1245 HIGHLAND AVE STE 504
ABINGTON PA 19001-3714
215-886-0234
MCGOWAN, MD, TRACY A IM
325 S FAWN ST
PHILADELPHIA PA 19107
MCGRATH, MD, GLENN A END
17 BERYL RD
CHELTENHAM PA 19012-1220
215-657-5200
MCKENNA, MD, MARC W FP
1330 POWELL ST
NORRISTOWN PA 19401-3353
215-277-0964
MCKENNA JR, MD, ERNEST L * OTO
416 E LANCASTER AVE
WAYNE PA 19087-4310
215-688-8777
MCNAMARA, MD, ROBERT M EM
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6548
MEADOWCROFT, MD, JAMES A ORS
233 E LANCASTER AVE 1ST FLR
ARDMORE PA 19003-2321
215-649-2885
MEDWAY, MD, MARC J PM
PO BOX 602
GWYNEDD VALLEY PA 19437-0602
215-542-7260

MELITO, MD, BRIAN V EM
65B BUILDING STE 307
BALA CYNWYD PA 19004
215-667-6691
MELLER, MD, STEVEN U
463 COPPER BEECH CIR
ELKINS PARK PA 19117
215-844-5942
MELTZER, MD, DAVID R
3058 MAGEE AVE
PHILADELPHIA PA 19149-2532
215-338-3640
MENA, MD, LILIA D P
222 JOSEPH ST
NORRISTOWN PA 19403-3309
MENKOWITZ, MD, ELLIOT * ORS
1603 E HIGH ST
POTTSTOWN PA 19464-5061
215-327-2400
MERCOGLIANO, MD, GIANCARLO GE
252 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096-3427
215-896-7360
MERLIN, MD, KEITH S OBG
677 W DEKALB PIKE STE 301
KING OF PRUSSIA PA 19406-3065
215-265-1440
MICHAELSON, MD, JANET M * PO
300 E LANCASTER AVE
WYNNEWOOD PA 19096-2139
215-624-6000
MICHAELSON, MD, ROBERT I * OBG
1430 TREETOP LN
AMBLER PA 19002-4032
215-672-2229
MICHELSON, MD, ROBERT PUD
919 CROSSWICKS RD
RYDAL PA 19046-3011
215-663-9095
MILDENBERG, MD, BUDD J * GS
1850 HUNTINGDON PIKE STE 153
MEADOWBROOK PA 19046-8095
215-947-6100
MILITO, MD, STEPHEN J TR
414 PENN RD
NORRISTOWN PA 19401-2635
MILLER, MD, ALAN M OTO
306 W LOGAN ST
NORRISTOWN PA 19401-2973
215-275-6153
MILLER, MD, ANN C IM
1121 JARVIS LN
LANSDALE PA 19446-6514
MILLER, MD, DONALD S RHU
637 OVERHILL ROAD
ARDMORE PA 19003-1026
215-525-4463
MILLER, MD, FRANK L GP
109 S WHITEHALL RD
NORRISTOWN PA 19403-3342
MILLER, MD, MATTHEW C IM
170 HENDERSON ROAD
KING OF PRUSSIA PA 19406
215-768-4020
MILLER, MD, THOMAS J FP
444 N YORK RD
HATBORO PA 19040-2102
215-675-1516
MINARD, MD, WILLIAM D OBG
LANSDALE CLINIC
LANSDALE PA 19446
215-855-9501
MINN, MD, FREDRICK L PA
RWJ PHARMACEUTICAL
SPRING HOUSE PA 19477
215-628-5128
MINO, MD, ROBERT D * U
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-884-7114
MIRABILE, MD, ROBERT J PS
1330 POWELL ST STE 402
NORRISTOWN PA 19401-3351
215-272-8821
MISHEL, MD, HENRY S * IM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-576-6181
MOIDEL, MD, ROBERT A RHU
712 LAWN AVE
SELLERSVILLE PA 18960-1548
215-257-5466
MOLLICK, MD, JAMES A OBG
1437 DEKALB ST
STE 101
NORRISTOWN PA 19401
215-279-6621
MOLLICK, MD, JAMES L OBG
539 CANTEBURY LN
WEST NORRISTOWN PA 19403
215-279-3340
MONAHAN, MD, GEORGE R AN
1106 MARLBROOK LN
LANSDALE PA 19446-5333
215-661-5918
MORGAN, MD, CORINNE M NEP
15 W WOOD ST
NORRISTOWN PA 19401-3300
215-279-0776
MORGENSTERN, MD,
STEPHEN A PYA
1023 INDIAN CREEK RD
WYNNEWOOD PA 19096-3408
215-649-9326

MORRIS, MD, ROBERT S GS
2845 EDGEHILL RD
HUNTINGDON VLY PA 19006-5519
MOST-LEVIN, MD, CAROL IM
21 CHESWOLD DR
SOUTHAMPTON PA 18966-3012
MOTLEY, MD, JOHN F FP
LANSDALE MEDICAL GP
LANSDALE PA 19446-2408
215-855-9501
MOURY JR, MD, NELSON F IM
7002 W BUTLER PIKE STE 260
AMBLER PA 19002-5147
215-643-3110
MUCHA, MD, STEPHEN J OM
230 GODDARD BLVD RM M1145
KING OF PRUSSIA PA 19406-2902
215-354-3761
MULL, MD, THOMAS D AN
9 RABBIT RUN
MALVERN PA 19355-3435
215-525-4966
MURPHY, MD, J THOMAS R
9 CRESTVIEW CIR
WAYNE PA 19087-3812
215-526-3453
MURRAY, MD, JOHN P FP
316 W JOHNSON HWY
NORRISTOWN PA 19401-1928
215-272-0300
MUSHO, MD, MICHAEL A IM
212 N MAIN ST
NORTH WALES PA 19454-3129
215-699-9200
NACK, MD, STEVEN L IM
2303 N BROAD ST
COLMAR PA 18915-9786
215-997-9377
NADLER, MD, MARCUS P D
403 PEMBROKE RD
BALA CYNWYD PA 19004-2724
NAGELBERG, MD, STEVEN B END
555 CITY LINE AVE
BALA CYNWYD PA 19004
215-667-7525
NATOLI, MD, THOMAS J FP
1203 KNOLLBROOK DR
LANSDALE PA 19446-5117
NEALIS, MD, HENRY J OPH
BRYN MAWR MED BLDG S
BRYN MAWR PA 19010
215-527-1133
NEFF, MD, SAMUEL R * NS
3 COOPER PLZ STE 411
CAMDEN NJ 08103-1438
609-342-2701
NEILSON, MD, ROBERT N OBG
13 ARMAND HAMMER BLVD
POTTSTOWN PA 19464-5067
215-326-7172
NEJMAN, MD, JOSEPH H CRS
1245 HIGHLAND AVE STE 204
ABINGTON PA 19001-3714
215-888-4220
NELL-BADRA, MD, ROCIO E * P
MONTGOMERY CO EMERG SERV
NORRISTOWN PA 19404-3005
215-279-6100
NELSON, MD, BARRY K P
809 BETHLEHEM PIKE
SPRING HOUSE PA 19477-1004
215-732-0652
NELSON JR, MD, HARRY M * PVD
15 W WOOD ST STE 404
NORRISTOWN PA 19401-3300
215-272-3030
NEMZOFF, MD, SOL L P
NOBLE PLAZA STE 322
JENKINTOWN PA 19046
215-887-1887
NEVULIS, MD, JOHN J ORS
1308 DEKALB ST
NORRISTOWN PA 19401-3404
215-279-8686
NEVYAS, MD, JOANN Y OPH
1930 CHESTNUT ST
PHILADELPHIA PA 19103-4522
215-561-1411
NEWMAN, MD, GARY A * IM
366 LANKENAU MED BLDG
WYNNEWOOD PA 19096
215-896-8335
NEWMAN JR, MD, CLYDE F OBG
1580 MCDANIEL DR
WEST CHESTER PA 19380-6673
215-696-2800
NIAMI, MD, NEVSI * PD
491 ALLENDALE RD SUITE 121
KING OF PRUSSIA PA 19406
215-265-9290
NICHOLS, MD, WARREN W * PD
MERCK SHARP & DOHME
WEST POINT PA 19486
215-661-7960
NICHOLSON, MD, JOSEPH T IM
644 DORSET RD
DEVON PA 19333-1843
NICKOLAS-SWATSKI, MD,
KARLA M PD
200 N WYNNEWOOD APT B316
WYNNEWOOD PA 19096
215-427-5000

NOAH, MD, JOSEPH * ORS
1308 DEKALB ST
NORRISTOWN PA 19401-3404
215-279-8686
NOLAN, MD, J PHILIP OBG
268 PEPPER ROAD
HUNTINGDON VALLEY PA 19006
NORTHROP, MD, HERBERT L OM
ICI AMERICAS INC
WILMINGTON DE 19897-0001
302-886-5548
NOWACKI, MD, STANLEY M GP
320 N MOUNT VERNON ST
POTTSTOWN PA 19464-4429
NUTT III, MD, JAMES N * ORS
1308 DEKALB ST
NORRISTOWN PA 19401-3404
215-279-8686
O'BRIEN, MD, JAMES J CD
1330 POWELL ST STE 301
NORRISTOWN PA 19401-3350
215-272-3253
O'DONNELL, MD, WARD J * IM
80-6 DREXELBROOK DR
DREXEL HILL PA 19026
215-649-1515
O'MALLEY, MD, JOSEPH F IM
PRUDENTIAL INS CO
HORSHAM PA 19044-2360
215-443-4541
OELS, MD, HELEN C PTH
131 ELM AVE
ROCKLEDGE PA 19111-1108
OLIM, MD, DAVE B D
1244 FORT WASHINGTON AVE
FT WASHINGTON PA 19034-1743
215-643-6868
OLIVIERI, MD, SUZANNE P PD
17 RAMSGATE CT
BLUE BELL PA 19422
215-590-1000
OLLER, MD, SAMUEL GP
18 W DARTMOUTH RD
BALA CYNWYD PA 19004-2518
215-386-2940
OLSON, MD, EMIL W GP
1400 OLD JORDAN RD STE 2170
HOLLAND PA 18966-4817
ONEAL JR, MD, ALEXANDER H FP
413 SAINT DAVIDS RD
ST DAVIDS PA 19087-4309
215-688-0336
ONIFER, MD, THEODORE M * IM
1930 KEITH RD
ABINGTON PA 19001-2602
215-884-0667
OPSASNICK, MD, STEPHEN G IM
8450 LIMEKILN PIKE A BLDG W
WYNCOTE PA 19095-2820
215-424-7038
ORLIN, MD, STEPHEN E OPH
LANKENAU MED BLDG E STE 153
WYNNEWOOD PA 19096
215-649-7000
ORMAN, MD, JACK M GP
233 N YORK RD
HATBORO PA 19040-2003
215-675-1160
OSBORN, MD, HAYLER H DR
864 BLACK ROCK RD
GLADWYNE PA 19035-1403
OSIAS, MD, MARC B U
1313 DEKALB ST
NORRISTOWN PA 19401-3443
215-272-1881
OVERBECK, MD, MICHAEL D IM
1100 FAYETTE ST
CONSHOHOCKEN PA 19428-1564
215-828-2026
PAGNANELLI, MD, DAVID M NS
1564 OLD YORK RD
ABINGTON PA 19001-1709
215-657-8145
PANARO, MD, RUDOLPH J * GP
543 GEN MUHLENBERG RD
KING OF PRUSSIA PA 19406-1627
215-265-0726
PANZER, MD, HERMAN M D
8008 FENTON RD
LAVEROCK PA 19118-1140
152-477-737
PAPPANO JR, MD, JOSEPH E A
BRYN MAWR MED BLDG
BRYN MAWR PA 19010
215-527-2000
PAPPAS, MD, CHARLES E PS
467 PENNSYLVANIA AVE
FT WASHINGTON PA 19034-3414
215-628-4300
PARNES, MD, CURT I PD
1047 OLD YORK RD
ABINGTON PA 19001-4617
215-886-1240
PATEL, MD, NAINESH M IM
1591 MEDICAL DR
POTTSTOWN PA 19464-9228
215-326-8005
PATEL, MD, SANJAY D FP
919 E GERMANTOWN PIKE BLDG 3
NORRISTOWN PA 19401-2442
215-279-1500

PATHROFF, MD, ROBERT FP
28 BUNKER CIR
ROTUNDA WEST FL 33947-2108
PAUL, MD, ALVIN J D
311 STUMP RD
NORTH WALES PA 19454-1906
PAWLOWSKY, DO, MICHAEL GE
30 LEVERING CIR
BALA CYNWYD PA 19004-2610
215-326-8005
PECHSTEIN, MD, GEORGE R R
RR 4
BOYERTOWN PA 19512-9804
215-327-7492
PEDEN, MD, GERALD W GS
234 IONA AVE
NARBERTH PA 19072-1925
215-645-2000
PEIKES, MD, IRWIN L OBG
1609 JUNIPER ST
NORRISTOWN PA 19401-3033
215-279-7998
PEMBERTON, MD, CLIFFORD H HEM
LANKENAU HOSP STE 3312
WYNNEWOOD PA 19096
215-645-2667
PERCH, MD, ROBERT B U
1961 VIRGINIA LN
NORRISTOWN PA 19403-3165
PERERA, MD, L WIMAL NS
1340 DEKALB ST STE 6A
NORRISTOWN PA 19401-3434
215-277-1131
PEREZ, DO, RAYMOND J * R
623 THOMAS JEFFERSON RD
WAYNE PA 19087-1027
215-327-7556
PETERSOHN, MD, J RANDOLPH PD
605 SUTON PL
LONGBOAT KEY FL 34228
PETERSON, MD, ARTHUR L P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2417
PEZZI, MD, PIO J GS
2500 EDGE HILL RD
HUNTINGDON VLY PA 19006
PFISTER, MD, JOHN A IM
230 GLENMORE RD
GLADWYNE PA 19035-1502
PHATAK, MD, MEENA V OBG
2 PENN BLVD SUITE 203
PHILADELPHIA PA 19144-1418
215-849-7150
PHELAN, MD, GERALD R * FP
6005 CRICKET RD
FLOURTOWN PA 19031-1202
215-233-2958
PHELPS, MD, JENNIFER S FP
64 W JOHNSON ST REAR
PHILADELPHIA PA 19144-1910
PHIAMBOLIS, MD, THOMAS P CD
1655 FOREST CREEK DR
BLUE BELL PA 19422-3653
215-849-7825
PICKENS, MD, PETER V * HEM
1245 HIGHLAND AVE STE G01
ABINGTON PA 19001-3714
215-887-2034
PIERCE III, MD, JAMES B P
700 WILLIAMSON RD
BRYN MAWR PA 19010
PIEROTTI, MD, RICHARD J FP
PO BOX 227
HARLEYSVILLE PA 19438-0227
215-256-8040
PIOTROWSKA, MD, LUCY B AN
1439 LAURELWOOD RD
POTTSTOWN PA 19464-7837
PIZZANO, MD, JOSEPH A OPH
NTHRN OPHTH ASSOC INC
JENKINTOWN PA 19046-2890
215-885-6830
POLEY JR, MD, GERALD E PD
10704 WOODSDALE DR
SPRING SPRING MD 20901-1546
POLISH, MD, BERNARDINE M PM
875 LONGFIELD DR
BLUE BELL PA 19422-1263
POLLOCK, MD, DENZEL W CD
808 N BROAD ST
LANSDALE PA 19446-2300
215-362-7878
POLSKY, MD, HARRY S GS
801 COUNTRY CLUB DR
BLUE BELL PA 19422-1720
POORMAN, MD, S STURGIS FP
107 E MONTGOMERY AVE
ARDMORE PA 19003-2515
POPOLOW, MD, MICHAEL L IM
828 BROOKSIDE RD
POTTSTOWN PA 19464-2802
PRIPSTEIN, MD, STEPHEN R
MONTGOMERY CO MED IMAGING
WILLOW GROVE PA 19090
215-441-8770
PRITT, MD, PAULINE OS
1141 TREASURE CAY CT
PUNTA GORDA FL 33950-5826
PRUITT, MD, JOHN D P
1245 HIGHLAND AVE STE 403
ABINGTON PA 19001-3714
215-884-1011

PULLMAN-MOOAR, MD,
SALLY W * RHU
41 LANKENAU MED BLDG
PHILADELPHIA PA 19151
215-896-8105
PUTNAM III, MD, SAMUEL G * R
1 W INDIAN LN
NORRISTOWN PA 19403-3510
QUILL, MD, JOSEPH R * CRS
19 W FORANCE ST
NORRISTOWN PA 19401
215-279-3300
QUINN JR, MD, NORMAN J PD
1 RED ROWAN LN
PLYMOUTH MTNG PA 19462-2135
215-825-3500
QUINT, MD, ANDREW R END
1451 DEKALB ST
NORRISTOWN PA 19401-3405
215-275-3673
QUIRK, MD, EDWARD J * AN
21 PIN OAK CT
LAFAYETTE HILL PA 19444-2509
215-842-6795
RABSON, MD, JOSEPH A PS
601 E GERMANTOWN PIKE STE E1
NORRISTOWN PA 19401-2485
215-275-8710
RAMINANI, MD, LOKADRI N * IM
54 N RIDGE AVE
AMBLER PA 19002-4524
215-646-0984
RAMSEY II, MD, WILLIAM H CRS
15 LANTERN LN
WAYNE PA 19087-5823
RANDALL, MD, J PERLINGIERO PD
1174 HIGHLAND AVE
ABINGTON PA 19001-3704
215-887-7426
RANDALL IV, MD, ALEXANDER PD
1174 HIGHLAND AVE
ABINGTON PA 19001-3704
215-884-6541
RAPHAEL, MD, STEPHEN A PDA
15 W WOOD ST
NORRISTOWN PA 19401-3300
215-279-8445
RAPPAPORT, MD, ELIZABETH B PD
303 BERKLEY RD
MERION STATION PA 19066-1403
215-832-3095
RAVEL, MD, ROBERT L TR
BRYN MAWR HOSP
X-RAY DEPT
BRYN MAWR PA 19010-3143
215-526-3370
RAWSON, MD, HELEN H * PD
707 STOLER AVENUE
LANSDALE PA 19446-5232
RAYMOND JR, MD, FRED D RHU
605 WINSFORD RD
BRYN MAWR PA 19010-3617
REDMOND III, MD, JOHN ON
1200 OLD YORK RD
ABINGTON PA 19001
215-576-2905
REISS JR, MD, G RUSSELL PD
2220 MOUNT CARMEL AVE
GLENSIDE PA 19038-4610
215-884-7861
RELUZ, MD, JAVIER S * PD
MONTGOMERY HOSP
NORRISTOWN PA 19101
215-270-2000
RHODE, MD, MARVIN C GS
100 MEDICAL CAMPUS DR
LANSDALE PA 19446-1259
215-361-4591
RICH, MD, DEAN C * NS
958 COUNTY LINE RD
BRYN MAWR PA 19010-2502
215-647-1881
RICHARDS, MD, HENRY M IM
2314 BROMLEY DR
GILBERTSVILLE PA 19525-9785
215-661-3706
RICHMAN, MD, MORTON W OPH
FOXCROFT SQUARE APT 426
JENKINTOWN PA 19046
215-886-2777
RICHMOND, MD, SPENCER I OPH
1560 MEDICAL DR
POTTSTOWN PA 19464-9226
215-326-9308
RICHTER, MD, DOUGLAS M IM
LANKENAU HOSP
WYNNEWOOD PA 19096-3498
215-645-2000
RICHTER, MD, MELVYN P * TR
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
215-576-2800
RIEDER, MD, MICHAEL J DR
158 E CHURCH RD
ELKINS PARK PA 19117
609-393-0333
RIGOTTI, DO, JOSEPH A IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046-2852
215-886-0174

RISLEY III, MD, WALTER P US
902 YORK RD APT 7
WILLOW GROVE PA 19090-2128
RIVAS, MD, DAVID A * U
1026 PINE ST
PHILADELPHIA PA 19107-6020
215-323-5550
RIVAS-FLORES JR, MD,
AURELIANO U
MEDICAL DRIVE PROF MALL
POTTSTOWN PA 19464
215-323-5550
ROBERTS, MD, LENORE B IM
3525 MORELAND RD
WILLOWGROVE PA 19090
215-659-6301
ROBERTSON, MD, JAMES F CD
1245 HIGHLAND AVE STE 107
ABINGTON PA 19001-3714
215-887-6668
RODGERS III, MD, WILLIAM H FP
1330 POWELL ST
NORRISTOWN PA 19401-3353
215-277-0964
ROEDIGER, MD, PAUL M IM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-4950
ROGERS, MD, JONATHAN J * ORS
1401 BETHLEHEM PIKE
FLOURTOWN PA 19031-1904
215-233-1001
ROHR, MD, ALBERT S AI
BRYN MAWR MED BLDG S STE 107
BRYN MAWR PA 19010
215-527-2000
ROJER, MD, CHARLES L OTO
1245 HIGHLAND AVE STE 306
ABINGTON PA 19001-3714
215-886-1482
RONNERMANN, MD, DREW P GE
1591 MEDICAL DR
POTTSTOWN PA 19464-9228
215-326-8005
RORICK, MD, NICHOLAS R R
1430 DEKALB ST
NORRISTOWN PA 19401-3406
215-278-8479
ROSAN, DO, JAY R FP
PO BOX 525
GWYNEDD VALLEY PA 19437-0525
ROSE, MD, DAVID GS
101 S BRYN MAWR AVE STE 201
BRYN MAWR PA 19010-3120
215-520-0700
ROSE, MD, ROBERT M * U
42 ELEANOR DRIVE
SPRING CITY PA 19475-9601
215-323-5550
ROSEFSKY, MD, JONATHAN B PD
WYETH AYERST LABS
PHILADELPHIA PA 19101
215-971-5515
ROSENBERG, MD, PHILIP PDA
3447 VISTA ST
PHILADELPHIA PA 19136-3822
215-624-8170
ROSENBLUM, MD, FRANCES L PD
MONTGOMERY OFFICE PLZ
MONTGOMERYVILLE PA 18936-9741
215-822-7700
ROSENBLUM, MD, FRED A * AN
CROZER-CHESTER MED CTR
UPLAND PA 19013
ROSENFELD, MD, JACK C FP
112 RED HAVEN DR
NORTH WALES PA 19454-1436
215-279-8600
ROSENFELD, MD, PHILIP A OTO
1245 HIGHLAND AVE STE 502
ABINGTON PA 19001-3714
215-886-1482
ROSENFELD, MD, RICHARD N IM
321 N 18TH ST
PHILADELPHIA PA 19103-1239
215-553-1400
ROSENN, MD, MARC F OBG
2300 COMPUTER RD
WILLOW GROVE PA 19090-1732
215-659-8080
ROSENTHAL, MD, MARK E CD
1245 HIGHLAND AVE STE 107
ABINGTON PA 19001-3714
215-857-6668
ROSNER, MD, MICHAEL J * GE
3929 ROBIN RD
HUNTINGDON VLY PA 19006-2033
215-624-3636
ROWLAND, MD, HAROLD A IM
320 S WAYNE AVE
WAYNE PA 19087-4017
RUBENSTEIN, MD, DAVID L ORS
LANKENAU MEDICAL BLDG
WYNNEWOOD PA 19096
215-649-8055
RUBIN, MD, JEFFRY F ORS
1310 RYDAL RD
RYDAL PA 19046-1417
215-855-1112
RUBIN, MD, PETER E * OS
700 KNOX RD
WAYNE PA 19087-2044
215-687-8595

RUDOLPH JR, MD, SAMUEL F * OBG
1030 E LANCASTER AVE
ROSEMONT PA 19010-1451
215-525-3225
RUSSELL, MD, JOHN J FP
60 PALOMINO CT
HORSHAM PA 19044
215-576-2725
RUTH, DO, SHAWN R IM
28 CENTRAL AVE
SOUDERTON PA 18964-1418
RYAN, MD, LAWRENCE W GYN
221 SINKER DRIVE
RADNOR PA 19087
SABLOSKY, MD, LESTER FP
154 EVERGREEN CT
BLUE BELL PA 19422-2837
215-646-8555
SABOKBAR, MD, NASSER AI
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-723-5111
SACKS, MD, ELLIS H PD
300 E LANCASTER AVE
WYNNEWOOD PA 19096-2139
215-642-6000
SACKS, DO, STEPHEN E N
531 W GERMANTOWN PIKE STE 203
PLYMOUTH MTNG PA 19462-1325
215-825-0610
SADOFF, MD, ROBERT L * P
BENJAMIN FOX PAVILION STE 326
JENKINTOWN PA 19046
215-887-6144
SAGER, DO, MARSHALL H GP
720 GREAT SPRINGS RD
BRYN MAWR PA 19010
215-326-9700
SALINDONG, MD, JAIME P AN
RR 2
POTTSTOWN PA 19464-9802
SALOMON, MD, ALEXANDER R PD
1 RED ROWEN LN
PLYMOUTH MTNG PA 19462
215-825-3500
SAMAHA JR, MD, A MICHAEL U
950 HERMAN RD
HORSHAM PA 19044-1033
SAMUELS, MD, ALLEN J RHU
WYETH ALERST LABS
PHILADELPHIA PA 19101
215-971-4740
SANDLER, MD, SUSAN M FP
310 BRYN MAWR AVE
BALA CYNWYD PA 19004-2822
215-526-3400
SANDS, MD, EARL E OBG
1597 MEDICAL DR
POTTSTOWN PA 19464-3246
215-326-6732
SANDS, DO, SETH C FP
327 FISHER RD
JENKINTOWN PA 19046-3813
215-672-7070
SANDSTROM JR, MD, FRANK T OBG
1245 HIGHLAND AVE STE 106
ABINGTON PA 19001-3714
215-886-1234
SANSONE, MD, THOMAS C * U
830 OLD LANCASTER RD STE 309
BRYN MAWR PA 19010-3118
215-527-5860
SANTANGELO, MD, SAMUEL C ORS
1941 WOODLAND RD
ABINGTON PA 19001-3787
215-887-4510
SANTARELLI, DO, ROCCO J PUD
781 EDGE HILL RD
GLENSIDE PA 19038-3819
SANTORE, MD, LOUIS X OPH
82 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-642-4392
SAPIRA, MD, VALDI IM
1200 OLD YORK RD
ABINGTON PA 19001-3788
215-576-2000
SARIS, MD, ANNE L GE
2701 BLAIR MILL RD STE D
WILLOW GROVE PA 19090-1041
215-885-8787
SARIS, MD, DEMETRIUS S GS
HAHNEMANN
PHILADELPHIA PA 19102
215-448-8172
SARKER, MD, CHITTA R ON
1330 POWELL ST STE 308
NORRISTOWN PA 19401-3350
215-270-2307
SAUNDERS, MD, RICHARD M PUD
590 COLONEL DEWEES RD
WAYNE PA 19087-1357
215-970-9288
SAWIN, MD, HENRY S * CD
LANKENAU HOSP
WYNNEWOOD PA 19096-3498
215-896-4646
SAYLOR, MD, RICHARD F GS
1590 MEDICAL DR
POTTSTOWN PA 19464-3247
215-326-8400

SBAT, DO, KENNEDY J IM
288 STONE RIDGE DR
JEFFERSONVILLE PA 19403-5222
215-326-8005
SCARPA, MD, HARRY C GP
1787 TALBOT ROAD
BLUE BLUE PA 19422-3577
SCHACHTER, MD, LAURENCE H GS
46 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2252
SCHALLER, MD, JAMES A OBG
515 NORTH LATCHER LN
MERION STATION PA 19066
215-335-3236
SCHANK, MD, DENNIS J FP
393 OBERHOLTZER RD
GILBERTSVILLE PA 19525
215-845-2011
SCHARF, MD, RENEE D * PM
332 RIVER BIRCH CIR
ELKINS PARK PA 19117-1338
215-635-7512
SCHEIN, MD, PHILIP S ON
100 FRONT ST STE 400
W CONSHOHOCKEN PA 19428-2874
215-832-4501
SCHINFELD, MD, LOUIS H OBG
7782 CLOVERFIELD CIR
BOCA RATON FL 33433-3049
SCHLECHTER, MD, MICHAEL J IM
3232 ROXBURY RD
HATFIELD PA 19440-4109
SCHMIDT, MD, H WILLIAM PTH
378 ALLENDALE RD
KING OF PRUSSIA PA 19406-1641
SCHMUTZLER III, MD, ROBERT C GS
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
SCHNEIDER, MD, ROBERTA L * EM
139 FERNBROOK AVE
WYNCOTE PA 19095-1506
215-889-6570
SCHOFIELD, MD, JOYCE A IM
1709 SCHOOL HOUSE LN
AMBLER PA 19002-1903
215-576-2000
SCHOFIELD, MD, R ALAN PTH
1025 BRIAR LN
POTTSTOWN PA 19464-2901
SCHOLL, MD, HARVEY W GP
5TH AND JEFFERSON STS
E GREENVILLE PA 18041
SCHULTHEIS JR, MD, CARL F * PD
491 ALLENDALE RD
KING OF PRUSSIA PA 19406-1426
215-265-9290
SCHWAMM, MD, HARRY A * PTH
104 ATLEE CIR
BERWYN PA 19312
215-893-2240
SCHWARCZ, MD, HARRIET B FP
723 SKIPPACK PIKE
BLUE BELL PA 19422-1741
215-542-1300
SCHWARTZ, MD, JOEL L PYA
830 TWINING RD
DRESHER PA 19025-1721
215-643-3847
SCHWARTZ, MD, RONALD J IM
2213 POLO RUN DR
YARDLEY PA 19067-7208
215-456-2900
SCOTT JR, MD, S DAVID * IM
2 CHESNEY LN
ERDENHEIM PA 19118-1802
215-233-9494
SEELAUS, MD, JERE F DR
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
215-576-2050
SEIDMAN, MD, JANICE D IM
275 BRYN MAWR AVE APT F38
BRYN MAWR PA 19010
SEIDNER, MD, MICHAEL R FP
PO BOX 1278
LANSDALE PA 19446-0727
215-855-1054
SELBY, MD, CHARLES L * RHU
RHEUMATOLOGY ASSOC
PHILADELPHIA PA 19144-1403
215-844-1118
SHAFFER, MD, LIONEL B IM
11 PASTERN LANE
BLUE BELL PA 19422-2429
SHAH, MD, MEHUL N IM
491 ALLENDALE RD STE 311
KING OF PRUSSIA PA 19406
215-265-8700
SHANNON, MD, THOMAS O GS
311 N NARBERTH AVE APT 1
NARBERTH PA 19072-1915
215-645-2000
SHAW, MD, ELLEN M GE
1245 HIGHLAND AVE STE 101
ABINGTON PA 19001-3714
215-887-9690
SHEDDEN, MD, ARTHUR H OPH
10 SENTRY PKY
BLUE BELL PA 19422-2323
215-397-2884
SHEPARD, MD, WILLIAM R AN
LANKENAU HOSP SUITE 41
PHILADELPHIA PA 19151
215-645-2141

SHEPPARD, MD, EDITH S P
785 MOREDON RD
MEADOWBROOK PA 19046-1912
215-887-1601
SHERWIN, MD, WILLIAM K D
121 GYPSY LN
WYNNEWOOD PA 19096-1111
215-664-3300
SHIBUTANI, MD, YASUSHI F U
1245 HIGHLAND AVE STE 505
ABINGTON PA 19001
215-887-1306
SHIELDS, MD, JOHN J PD
625 HIGHLAND AVE
JENKINTOWN PA 19046-2250
SHIELDS, MD, THOMAS J OBG
S BROAD ST & ALLENTOWN RD
LANSDALE PA 19446-5374
SHORE, MD, ROBERT A IM
7505 CASTOR AVE
PHILADELPHIA PA 19152-4029
215-725-3322
SHORE, MD, SIDNEY GP
1234 FILLMORE ST
PHILADELPHIA PA 19124-2906
215-288-4340
SIDDIQUI, MD, SHEHLA S P
100 OLD YORK RD
JENKINTOWN PA 19046
215-456-8595
SILLARS, MD, CHARLES H * R
23 POPLAR LN
DOYLESTOWN PA 18901-9748
SILVER, MD, BARRY A ORS
835 N BROAD ST
LANSDALE PA 19446-2316
215-855-4444
SILVER, MD, LAURENCE M IM
635 MEETINGHOUSE RD
AMBLER PA 19002-3912
215-646-0165
SILVERMAN, MD, MORTON L * EM
1418 MALCOLM DR
DRESHER PA 19025-1622
215-536-2400
SILVERS, MD, ABIGAIL A ON
210 MILL CREEK ROAD
ARDMORE PA 19003
215-526-3073
SILVERSTEIN, MD, LEONARD I U
200 OAKHILL RD
BALA CYNWYD PA 19004-2915
215-563-1199
SILVERTON, MD, SUSAN F END
4001 SPRUCE ST
PHILADELPHIA PA 19104-6003
215-898-6627
SIMON, MD, KATHRYN K D
502 DAVENTRY RD
BERWYN PA 19312-1741
SIMONS, MD, ROBERT M GS
1068 HIGHLAND RD
NEWTOWN PA 18940-2802
215-645-2000
SINE-KARASICK, DO, MADELYN DR
1410 COLTON RD
GLADWYNE PA 19035-1106
SINGER, MD, BARRY L ON
1544 DEKALB ST
NORRISTOWN PA 19401-3425
215-279-7898
SIVITZ, MD, MICHAEL C * PD
1047 OLD YORK RD
ABINGTON PA 19001-4617
215-886-1240
SKOWRONSKI, MD,
THEODORE J GER
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
215-885-3737
SKUBICK, MD, DANIEL L * N
124 DEKALB PIKE
NORTH WALES PA 19454-1803
SMITH, MD, DAVID R FP
236 W 11TH AVE
CONSHOHOCKEN PA 19428-1420
215-643-0707
SMITH, MD, IVAN S IM
543 OAK SHADE AVE
ELKINS PARK PA 19117-1711
SMITH, MD, LAURANCE D N
1340 DEKALB ST
NORRISTOWN PA 19401-3434
215-279-7443
SMITH, MD, M SUE PTH
120 E MONTGOMERY AVE APT 204
ARDMORE PA 19003-2419
215-829-7214
SMITH, MD, MARY L PM
902 WEST AVE
JENKINTOWN PA 19046-2819
215-884-3321
SMITH, MD, ROBERT W * CD
1650 HUNTINGDON PIKE STE H303
MEADOWBROOK PA 19046-8094
215-947-4244
SMITH, MD, ROGER M GS
1590 MEDICAL DR
POTTSTOWN PA 19464-3247
215-326-8400
SMITH JR, MD, MORGAN T OBG
HORSHAM BUSINESS CTR
HORSHAM PA 19044
215-657-8430

SMITH-ELEKES, DO, SUZANNE ID
6 DEWEY RD
CHELTENHAM PA 19012-1803
908-937-7710
SMYSER, MD, LINDA M PD
111 KELSEY DRIVE
LANSDALE PA 19446-6484
215-822-7700
SNEDDEN, MD, HAL E ORS
PO BOX 96
GLADWYNE PA 19035-0096
SNEDDEN, MD, MICHAEL H ORS
630 WINSFORD RD
BRYN MAWR PA 19010-3652
215-527-6800
SNYDER, MD, HARRY D OPH
1244 FORT WASHINGTON AVE
FT WASHINGTON PA 19034-1743
215-643-2730
SNYDER, MD, RICHARD W PUD
1245 HIGHLAND AVE STE 504
ABINGTON PA 19001-3714
215-576-6161
SOLOTOFF, MD, STEPHEN A D
191 PRESIDENTIAL BLVD STE 103
BALA CYNWYD PA 19004-1208
215-887-5003
SONG, MD, STEVEN S AN
MONTGOMERY HOSP
NORRISTOWN PA 19401
215-270-2152
SONSINI, MD, GREGG A PD
1 RED ROWAN LN
PLYMOUTH MTNG PA 19462-2135
215-825-3500
SOUSER, MD, ROSLYN C PS
44 W HAVERFORD RD
ARDMORE PA 19003-1021
215-642-9300
SPELLMAN, MD, WILLIAM H ORS
LANSDALE MEDICAL GP
LANSDALE PA 19446
215-855-9501
SPIELBERG, MD, STEPHEN P PD
MERCK RESEARCH LABS
WEST POINT PA 19486
215-652-7930
SPIRITOS, MD, MICHAEL D * HEM
1245 HIGHLAND AVE STE G01
ABINGTON PA 19001-3714
215-887-2034
SPRATT, MD, CHARLES E PDA
2801 STANBRIDGE ST APT 601
NORRISTOWN PA 19401-1608
SPRATT, MD, ROBERT H EM
1130 CHURCH RD
WYNCOTE PA 19095-2203
215-938-2100
SPRINGER, MD, JAY M END
817 LAWN AVE
SELLERSVILLE PA 18960-1549
215-275-2460
SQUADRITO JR, MD, JAMES F * U
101 S BRYN MAWR AVE STE 220
BRYN MAWR PA 19010-3120
215-525-6580
STAFFORD, DO, DOUGLAS T GER
1515 FAIRWAY
RYDAL PA 19046
215-885-6800
STAINBACK, MD, WILLIAM C GS
2221 BUTTONWOOD RD
BERWYN PA 19312-2109
STAPP, MD, HARRIET L GP
312 KING ST
POTTSTOWN PA 19464-5517
STAR, MD, ANDREW M ORS
1327 OLD YORK RD
ABINGTON PA 19001-3403
215-885-1112
STEIGERWALT, MD, JOHN L PD
1201 COUNTY LINE RD STE 200
BRYN MAWR PA 19010-2614
215-525-3335
STEIN, DO, HERMINE FP
1590 MEDICAL DR STE E
POTTSTOWN PA 19464
215-326-7820
STEINMEYER JR, MD, HARRY H R
378 MARGO LN
BERWYN PA 19312-1454
STEPANSKY, MD, DAVID W IM
580 W MAIN ST
TRAPPE PA 19426-1924
215-489-7575
STERNLIEB, MD, JONATHAN M GE
2701 BLAIR MILL RD STE D
WILLOW GROVE PA 19090-1041
215-674-9750
STEVENSON, MD, RICHARD D PD
LANSDALE MEDICAL GP
LANSDALE PA 19446-0508
215-855-9501
STEWART, MD, WILLIAM W OM
700 AMERICAN AVE
KING OF PRUSSIA PA 19406-4031
215-962-0166
STEWART JR, MD, WILLIAM G ORS
27 S BRYN MAWR AVE
BRYN MAWR PA 19010-3406
215-527-1762

STONE, MD, ROBERT K * P
MEDICAL CONFERENCE CTR
DREXEL HILL PA 19026-1129
215-565-3189
STRANG, MD, JOHN E * CD
830 OLD LANCASTER RD
BRYN MAWR PA 19010-3118
215-525-8086
STRIAR, MD, JEFFREY H N
531 W GERMANTOWN PIKE STE 203
PLYMOUTH MTNG PA 19462-1325
STRUMIA, MD, PAUL V PTH
BRYN MAWR HOSP
BRYN MAWR PA 19010-3143
215-526-3556
STUBA, MD, STELLA FP
1808 HARMON RD
CONSHOHOCKEN PA 19428-1207
215-828-3958
SULLIVAN, MD, RICHARD A PM
8601 STENTON AVE
WYNDMOOR PA 19118-2312
215-233-6200
SUN, MD, ELIZABETH A GE
1445 DEKALB ST
NORRISTOWN PA 19401-3405
215-275-6888
SUSSMAN, DO, MARK P FP
2026 N BROAD ST
LANSDALE PA 19446-1059
215-368-4434
SUTLIFF, MD, FREDERICK P OPH
1125 N WOODBINE AVE
NARBERTH PA 19072-1244
215-527-3406
SWEIGARD, MD, KEITH W IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046-2852
215-886-0174
SZYMANSKI, MD, MARK B PTH
H252 SUGARTOWN MEWS
DEVON PA 19333
215-645-2628
TABUENA, MD, AMELIA L PM
1811 BETHLEHEM PIKE STE 213
FLOURTOWN PA 19031-1111
215-233-2810
TAIT, MD, EDWIN C OPH
15 W WOOD ST
NORRISTOWN PA 19401-3300
215-275-5570
TALAMO, MD, ROBERT J FP
1038 HILDEBIDLE DR
COLLEGEVILLE PA 19426-3048
TAMAKI, MD, H TOM * PTH
MONTGOMERY HOSP
NORRISTOWN PA 19401
215-270-2173
TANNENBAUM, MD, DAVID S OBG
12 TARTAN CT
HORSHAM PA 19044-1966
TANYOL, MD, HASIB IM
333 SKIPPACK PIKE
FT WASHINGTON PA 19034-2011
TAUSCH, MD, GILBERT S N
1340 DEKALB ST STE 1
NORRISTOWN PA 19401-3434
215-279-7443
TAYLOR, MD, MARCIA R D
1213 WEYMOUTH RD
WYNNEWOOD PA 19096
215-664-3300
TAYLOR, MD, MEGAN B AI
43 LLANBERRIS RD
BALA CYNWYD PA 19004-2316
215-947-6690
TEEHAN, MD, BRENDAN P NEP
NEPH ASSOC STE 130 LANKENAU
WYNNEWOOD PA 19096
215-649-1175
TEICH, MD, STEPHEN M IM
1245 HIGHLAND AVE STE 308
ABINGTON PA 19001-3714
215-572-0960
TENAGLIA, MD, NICHOLAS C CHP
769 GERMANTOWN PIKE
LAFAYETTE HILL PA 19444-1620
215-836-7020
TENDLER, MD, STEVEN W CD
808 N BROAD ST
LANSDALE PA 19446-2300
215-362-7878
TEUFEL, MD, SEVERIN CLP
831 YOUNGSFORD RD
GLADWYNE PA 19035-1610
215-278-8201
THOMPSON, MD, JAMES W U
265 HOTHORPE LN
VILLANOVA PA 19085-1115
215-525-2515
TINKLEPAUGH, MD, CAROLE N * OM
700 S HENDERSON RD STE 304B
KING OF PRUSSIA PA 19406-4206
215-768-9355
TIU, MD, GRISELDA E HEM
559 TRAYMORE AVE
KING OF PRUSSIA PA 19406-3600
215-645-2667
TOM, MD, CAROL M AN
583 SKIPPACK PIKE
BLUE BELL PA 19422-2150

TOMEO, MD, MICHAEL D
1650 HUNTINGDON PIKE
MEADOWBROOK PA 19046-8097
215-938-8771
TOMPKINS, MD, H ERNEST R
7422 WILLOW WOOD DR
VERO BEACH FL 32966
TOREN, MD, PETER C FP
4001 BRIAR LN
LAFAYETTE HILL PA 19444-1611
215-482-2380
TORNETTA, MD, FRANK J * AN
307 ANTHONY DR
PLYMOUTH MTNG PA 19462-1109
215-270-2127
TOUB, MD, DAVID B OBG
424 S STONE RIDGE DR
LANSDALE PA 19446-6457
TRAN, MD, NEIL N NPM
1724 AIDEN LAIR RD
DRESHER PA 19025-1204
215-663-6222
TRAVALINE, MD, JOHN M PUD
220 W 6TH AVE
CONSHOHOCKEN PA 19428-1818
TRICHTINGER, MD, MARTIN D IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046
215-886-0174
TRINH, MD, CHUONG V * IM
1101 ASHBOURNE RD
CHELTENHAM PA 19012-1102
215-455-5403
TRONCELLITI, MD, A WAYNE IM
1522 WYNNEWOOD RD
ARDMORE PA 19003-2719
215-642-0650
TRONCELLITI, MD, ALFRED E CD
473 MARPLE RD
BROOMALL PA 19008-2835
215-642-0650
TRONCELLITI, MD, MANRICO A GS
1282 ROUND HILL RD
BRYN MAWR PA 19010-1950
TSAI, MD, YU J * GP
3 LORAMAR LANE
PHOENIXVILLE PA 19460-2739
215-631-0550
TSU, MD, JACQUELYNN L * PD
1361 GWYNEDALE WAY
LANSDALE PA 19446-5366
ULASEWICZ, MD, JOSEPH T FP
955 LIMEKILN RD
DOYLESTOWN PA 18901-2311
215-256-8040
UMAR, MD, KENAN * P
2 CREST TER
NORRISTOWN PA 19403-9801
UNDERWOOD, MD, MARA Z AN
180 UPPER GULPH RD
RADNOR PA 19087-4626
UNDERWOOD, MD, SUSAN K FP
484 MAPLE AVE PO BOX 227
HARLEYSVILLE PA 19438
215-256-8040
UNGER, MD, MICHAEL PUD
301 S 8TH ST STE 2-B
PHILADELPHIA PA 19106
215-829-6820
URBACH, MD, FREDERICK D
220 COMMERCE DR
FT WASHINGTON PA 19034-2404
215-643-2411
UTSINGER, MD, PETER D RHU
8815 GERMANTOWN AVE STE 33
PHILADELPHIA PA 19118-2722
215-242-1224
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THEERASAKID PM
1401 SOUTHWIND WAY
DRESHER PA 19025-1025
215-646-6814
VAGANOS, MD, STEVE A CD
1330 POWELL ST STE 301
NORRISTOWN PA 19401-3350
215-272-3122
VAHEDI, MD, HOUSHANG M IM
1227 HUNTINGDON PIKE
HUNTINGDON VLY PA 19006-8326
215-728-2000
VAIL, MD, SYDNEY J GS
41 TAYLORS WAY
HOLLAND PA 18966-2687
VALENTINO, DO, STEVEN J * ORS
700 S HENDERSON RD
KING OF PRUSSIA PA 19406-3530
215-265-5795
VAN VOORHEES, MD, ABBY S D
LANSDALE MEDICAL GP
LANSDALE PA 19446-2408
215-855-9501
VANDERVEER, MD, JOSEPH B CD
1400 WAVERLY RD VILLA 19
GLADWYNE PA 19035-1254
VANSCOTT, MD, EUGENE J D
3 HIDDEN LN
ABINGTON PA 19001-4603
215-884-1726
VARADA, MD, K P BABU PM
1630 CHADWYCK PL
BLUE BELL PA 19422-2912
215-223-2810

VARE JR, MD, VICTOR B ORS
1000 W VALLEY FORGE CIR #110
KING OF PRUSSIA PA 19406-1111
VASSALLO JR, MD, RALPH R IM
200 POLO DR
NORTH WALES PA 19454-4244
215-662-3917
VEACH, MD, STEPHEN R ON
1352 MICHAEL RD
MEADOWBROOK PA 19046
VICTOR, MD, STEPHEN J N
WYETH-AYERST RESEARCH
PHILADELPHIA PA 19101
215-341-2602
VILLEGAS, MD, ANTONIO C PTH
POTTSTOWN MED CTR
POTTSTOWN PA 19464
215-327-7118
VOLIN, MD, JAN J NPM
1511 GLEN DR
MAPLE GLEN PA 19002-3106
215-728-2084
VOSSENBERG, MD, FRANS J IM
491 ALLENDALE RD
KING OF PRUSSIA PA 19406-1426
215-265-2240
VOYE, DO, THOMAS E IM
3525 MORELAND RD
WILLOW GROVE PA 19090
215-659-6301
WAGNER, MD, CHARLES I GE
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-887-9690
WAGNER, DO, PETER B OTO
337 FRANKLIN AVE
CHELTENHAM PA 19012
215-379-3444
WALLIN, MD, BRUCE A RHU
ABBOTT LABS DEPT 432 AP9 1
ABBOTT PARK IL 60064
708-937-8463
WALSH, MD, DEIRDRE V OTO
904 STURGIS LN
LOWER GWYNEDD PA 19002-2021
215-448-7000
WALTZER, MD, FREDERICK N OPH
201 RICES MILL RD
WYNCOTE PA 19095-1707
WARD, MD, STEPHEN D GE
646 WASHINGTON LN
JENKINTOWN PA 19046-2332
215-885-8787
WARREN, MD, KENNETH C U
830 OLD LANCASTER RD STE 309
BRYN MAWR PA 19010-3118
215-525-8775
WATSON, MD, JAMES G GP
809 CLOVER DR
NORTH WALES PA 19454-2749
WEBB, MD, ELIZABETH S P
220 N BENT RD
WYNCOTE PA 19095-1336
215-886-7519
WEBBER, MD, CAROL P OS
452 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-896-8840
WEED, MD, ALLEN S PD
1 RED ROWAN LN
PLYMOUTH MTNG PA 19462-2135
215-825-3500
WEHBE, MD, MARWAN A ORS
101 S BRYN MAWR AVE STE 300
BRYN MAWR PA 19010-3120
215-525-1000
WEINER, MD, BRUCE GS
21 W FORNANCE ST
NORRISTOWN PA 19401-3313
215-542-9911
WEINER, MD, HAROLD M DR
1430 DEKALB ST
NORRISTOWN PA 19401-3406
215-278-8475
WEINER, MD, JEFFERY R * FP
6357 OLD CARVERSVILLE RD
CARVERSVILLE PA 18913-9999
215-297-5051
WEINSTOCK, MD, JEROME L GP
824 MARGO LN
NARBERTH PA 19072-1309
WEISER, MD, MADELEINE C * PD
814 S WOODBINE AVE
NARBERTH PA 19072-1431
215-896-8009
WEISS, MD, ALAN R N
1014 STONE BRIDGE RD
LOWER GWYNEDO PA 19002
215-578-2050
WEISS, MD, FRED H PD
1628 GRASSHOPPER LN
GWYNEDO VALLEY PA 19437
215-265-9290
WEISS, MD, GEORGE H * FP
3023 DEKALB BLVD
NORRISTOWN PA 19401-1502
215-279-1330
WEISS, DO, KENNETH S FP
2826 MOUNT CARMEL AVE
NORTH HILLS PA 19038-2245
215-886-0440
WEISS, MD, NED M END
2701 BLAIR MILL RD STE 8
WILLOW GROVE PA 19090-1001

WEISS, MD, ROBERTA A NEP
936 CLOVER HILL RD
WYNNEWOOD PA 19096-1631
215-662-3605
WENDELL JR, MD, JAMES I PD
327 N ROLAND STREET
POTTSTOWN PA 19464-4442
WERTH, MD, VICTORIA P D
425 WISTER RD
WYNNEWOOD PA 19096-1808
215-662-2399
WERTHER, MD, NORMAN M * GP
1400 YORK RD
ABINGTON PA 19001-2606
215-885-4430
WESTAWSKI, MD, DANIEL B GS
8617 PATTON RD
WYNDMOOR PA 19118-1543
WEXLIN, MD, DONALD J IM
600 LEWIS RD STE 113
KING OF PRUSSIA PA 19406-3425
215-265-2020
WHEELER, MD, JENETTE H * FP
130 LLANFAIR RD
ARDMORE PA 19003-2501
215-662-2850
WHITE, MD, CHERYL JO ID
MSDRL BL3-4
WEST POINT PA 19486
215-397-2554
WHITE, MD, KATHLENE ORS
1928 OLD HUNTINGDON PIKE
HUNTINGDON VLY PA 19006-7710
215-947-3606
WHITTAKER, MD, RICHARD P * ORS
1603 E HIGH ST
POTTSTOWN PA 19464-5061
215-327-2400
WIENER, MD, LAURENCE B AN
45 CHARTER OAK DR
NEWTOWN SQ PA 19073-3044
WIENER, DO, STEPHEN D FP
3200 AYR LANE
DRESHER PA 19025-1604
215-659-3220
WILKERSON, MD, L DOUGLAS * CHN
830 OLD LANCASTER RD
STE 208
BRYN MAWR PA 19010-3118
215-527-8290
WILKINS, MD, H JEFFREY FP
13 WOODLAWN DR BOX 72
BLOOMING GLEN PA 18911
215-723-3280
WILLIAMS, MD, R HALLOCK P
629 MANCHESTER RD
NORRISTOWN PA 19403-4156
215-279-8068
WILLIAMS, MD, STEPHEN K GP
360 MAIN STREET TRAPPE
COLLEGEVILLE PA 19426
WILSON, MD, FREDERICK S PA
WYETH AYERST LABS
PHILADELPHIA PA 19101
215-971-5509
WILSON, DO, JOHN E GP
1438 COLWELL LN APT 304
CONSHOHOCKEN PA 19428-1183
WILSON, MD, WILLIAM W P
239 OLD GULPH RD
WYNNEWOOD PA 19096-1018
215-642-9822
WILSON JR, MD, ROBERT N OBG
WK328 BX
BERMUDA
WINTER, MD, FRED S R
936 SHENKEL RD
POTTSTOWN PA 19464-7210
215-327-7488
WITKIN, MD, EVELYN D ORS
643 2ND ST PIKE
SOUTHAMPTON PA 18966-3940
215-322-6683
WOLDOW, MD, ANDREW B * CD
5401 OLD YORK RD STE 401
PHILADELPHIA PA 19141-3030
215-329-0633
WOLF, MD, LAURENCE R ORS
445 WARICK RD
WYNNEWOOD PA 19096-2343
215-645-0878
WOLF, MD, MELVYN A OPH
909 SUMNEYTOWN PIKE
STE 201
SPRING HOUSE PA 19477-1011
215-642-1522
WOLFE, MD, KENNETH H RHU
TEMPLE UNIVERSITY HOSP
PHILADELPHIA PA 19140
215-221-3606
WOLFERT, MD, IRWIN H FP
909 SUMNEYTOWN PIKE
SPRING HOUSE PA 19477-1011
215-643-2403
WOOD, MD, DAVID W PDA
640 N VALLEY FORGE RD
DEVON PA 19333-1200
215-642-1843
WOOD, MD, HOWARD P P
3300 DARBY RD C802
HAVERFORD PA 19041-1061
WOODRING, MD, ALBERT J * OTO
BRYN MAWR MED BLDG S
BRYN MAWR PA 19010
215-527-3005
WOODRUFF JR, MD, D
STRATTON FP
121 PENNSWOOD RD
BRYN MAWR PA 19010-3660
WORTHINGTON, MD, JOHN J P
HUNTINGTON HOSP
WILLOW GROVE PA 19090-2399
215-657-4010
WRIGHT, MD, THOMAS S * CHP
1245 HIGHLAND AVE STE 208
ABINGTON PA 19001-3714
215-887-1510
WRIGLEY, MD, MICHAEL S OM
1823 W MAIN ST
NORRISTOWN PA 19403-3203
215-841-6395
WULC, MD, ALLAN E OPH
901 WAVERLY RD
BRYN MAWR PA 19010-1930
215-662-8652
WYDAN, MD, ANTHONY G FP
859 OLD LANCASTER RD APT 12-A
BRYN MAWR PA 19010-3203
215-526-3000
YANG, MD, UN-TAEK * AN
626 CREIGHTON RD
VILLANOVA PA 19085-2034
215-525-4966
YANG, MD, WILLIAN PD
370 SYCAMORE AVE
MERION PA 19066-1539
215-751-3023
YANITY, MD, EUGENE J P
247 MEETINGHOUSE RD
JENKINTOWN PA 19046-2938
215-831-4700
YARDUMIAN, DO, JOHN * P
6022 STONEY HILL RD
NEW HOPE PA 18938-9601
215-641-5300
YOST, MD, ROBERT M FP
717 BETHLEHEM PIKE STE C2
ERDENHEIM PA 19118-2111
215-233-1845
YOUNG, MD, IN MIN FP
3209 PATRICIA CIR
NORRISTOWN PA 19401-1567
YOUSSEF, MD, NAWAL A PD
4010 WESTAWAY DR
LAFAYETTE HILL PA 19444-1510
215-272-4214
YUDIS, MD, MELVIN NEP
HYPERTENSION NEPH ASSOC
ABINGTON PA 19001-1023
215-657-2012
YUHAS, MD, THOMAS R CDS
23 E 8TH ST APT A4
POTTSTOWN PA 19464-5200
YUSCHAK, MD, JAMES V TRS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001-3714
215-887-3990
ZAKRZEWSKI, DO, MICHAEL J IM
208 MUSKET CIR
LANSDALE PA 19446-4051
215-855-9501
ZATZ, MD, STEVEN L IM
980 JOLLY RD
BLUE BELL PA 19422-1962
215-283-6495
ZELLEY, MD, LEE S * OBG
1503 SUNSET DR STE 2
POTTSTOWN PA 19464-5023
215-326-4636
ZIMMERMANN, MD, ALBERT W OPH
1 PLYMOUTH MEETING STE 100
PLYMOUTH MTNG PA 19462-1308
215-828-1554
ZINNER, MD, ELI S OBG
902 N BROAD ST
LANSDALE PA 19446-2323
215-368-1950
ZISKIND, MD, MICHELE J D
LANKENAU MED BLDG E STE 453
WYNNEWOOD PA 19096
215-649-8541
ZUCKER, MD, ELI W FP
1256 VALLEY RD
RYDAL PA 19046-1249
215-675-1516
ZUKOSKI, MD, JOSEPH T GP
CHESTNUT LANE
POTTSTOWN PA 19464
215-323-9213
ZVARGULIS, MD, JANIS E * AN
415 CRESCENT RD
WYNCOTE PA 19095-1717
215-525-4966
ZWEIBACK, DO, DAVID J IM
1600 HAGYS FORD RD
PENN VALLEY PA 19072
215-662-8000

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717-271-6924
ALESSI, MD, THOMAS R AN
50 TIMBER WOOD DR
DANVILLE PA 17821-9615
AMACHER, MD, A LOREN NS
N ACADEMY AVE
DANVILLE PA 17821-1208
717-271-6437
ANGUS, MD, LESLIE R P
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DANVILLE PA 17821-8573
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717-271-6439
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717-271-6363
ARISUMI, MD, SUSAN K FP
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MILTON PA 17847-1136
717-742-2655
BAKER, MD, KENNETH M CD
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DANVILLE PA 17822-0001
717-271-6657
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717-271-6052
BALDI, DO, CHRISTOPHER L IM
15 MEADOW LN
DANVILLE PA 17821
717-271-6211
BALLO, MD, FRANCES S D
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-271-6211
BALZ, MD, THOMAS P * IM
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DANVILLE PA 17822-0001
717-271-6211
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GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6531
BARTONE, MD, FRANCIS F OS
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DANVILLE PA 17822-0001
717-271-6376
BATES JR, MD, OLLICE NEP
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DANVILLE PA 17822-0001
717-271-6340
BAXTER, MD, JOHN A DR
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DANVILLE PA 17822
717-271-6307
BECK, MD, LAURENCE H IM
53 TIMBER WOOD DR
DANVILLE PA 17821-9615
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BOX 445
RIVERSIDE PA 17868
BENKOVIC, MD, GREGORY W IM
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BENOIT, MD, CHARLES H TS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
BENSCOTER, DO, DAN T PTH
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-546-8282
BERBERICH, MD, JOEL J AN
819 MT ZION DR
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717-271-6771
BERNATH JR, MD, ALBERT M ON
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DANVILLE PA 17822-0001
717-271-6413
BHATIA, MD, SHYAMSUNDER D
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
BISORDI, MD, JOSEPH E NEP
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8026
BITTERLY, MD, THOMAS J PS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6363
BLAKELY, MD, LINDA U OPH
416 CHURCH ST
DANVILLE PA 17821-1533
717-271-6531
BLANKENSHIP, MD, JAMES C CD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6177
BLODGETT JR, MD,
RANDOLPH C RHU
244 LENAPE DR
BERWYN PA 19312-1849
BONACUM, DO, MICHAEL G CD
207 W CHESTNUT ST
CORYDON IN 47112-1111
717-271-6211
BOWES, MD, DONALD E TS
132 VICTORIA LN
LEWISBURG PA 17837-9219
717-271-6945
BRILL, MD, DAVID R NM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-571-6301
BRISLIN, DO, ROBERT P * AN
942 KENWOOD RD
DREXEL HILL PA 19026
BROSS, MD, JAMES E ID
82 OVERLOOK DR
DANVILLE PA 17821-9618
717-271-6408
BROWN, MD, FREDERICK G * NEP
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6393
BROWN, MD, HAROLD E U
705 RED LANE
DANVILLE PA 17821-8418
BURD, MD, MARK D FP
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-5604
BURKE, MD, GREG F IM
21 3RD ST
DANVILLE PA 17821-1156
717-271-6211
BURNS, MD, J ROBERT PUD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6389
BURNSIDE, MD, JOYCE A OTO
1215 SUMMIT RD
BLOOMSBURG PA 17815-8956
CADMAN, MD, THOMAS E N
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6012
CAHILL, MD, THOMAS J GE
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6439
CARLETON, MD, MARTA J R
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6301
CARLSON, MD, JOHN P N
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6472
CAVACINI, DO, TIMOTHY J IM
106 CHAMBER ST
DANVILLE PA 17821-1120
717-271-6211
CERA JR, MD, PETER J PTH
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6332
CLEMENT, MD, JOHN A TR
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6304
COCHRAN, MD, WILLIAM J PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6052
COHEN, MD, MARK H PDC
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6089
COLE, MD, JAMES M OTO
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6426
COLEMAN, MD, LINDA L R
2 MILLWOOD DR
DANVILLE PA 17821-8459
717-271-6301
COLLEY, MD, ARTHUR T IM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
CONCA, MD, DOMINICK M DR
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6301
COOK, MD, JAMES A NPM
104 S CRESTWOOD ST
DANVILLE PA 17821-8571
717-271-8091
COPELAND, MD, G BRENT IM
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-271-6211
COSTELLO JR, MD, JOHN M IM
52 TIMBER WOOD DR
DANVILLE PA 17821-9615
717-271-6211
CRUCIANI, MD, MARY C IM
201 RIDGEVIEW EASTLAWN
DANVILLE PA 17821
717-271-6211
CURRID, MD, AIDEEN M AN
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
CURTIS, MD, JAMES L OPH
26 FROSTY HILLS DR
DANVILLE PA 17821-9144
DANELLA, MD, JOHN F U
GEISINGER MEDICAL CTR
DANVILLE PA 17822-1316
717-271-6328
DAVIS, DO, CHRISTOPHER J IM
RR 1 BOX 373T
NORTHUMBERLAND PA 17857
DAVIS, MD, DUANE E RHU
GEISINGER MEDICAL CTR
DANVILLE PA 17821
DEANTONIO, MD, ANGELA M IM
N ACADEMY RD
DANVILLE PA 17821-1321
717-271-6211
DECHURCH, MD, FRANCES E IM
RR 6 BOX 111
DANVILLE PA 17821-8712
717-271-5978
DEITRICK, MD, JOHN E GS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6365
DENNEHY, MD, JOHN J * OS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-1341
717-271-6408
DEYSHER, DO, DAVID P GE
100 N ARDMOOR AVE
DANVILLE PA 17821-1212
412-349-8311
DICKEY, MD, ROBERT F D
RR 7 BOX 93
DANVILLE PA 17821
DIETL, MD, CHARLES A CDS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-1343
717-271-6367
DOMINICK, MD, THOMAS F GS
220 CHURCH ST
DANVILLE PA 17821-1910
DORION, MD, ROBERT P PTH
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-271-8332
DULA, MD, DAVID J EM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6812
EKBERG, MD, NORMAN L PUD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6924
ELLISON, MD, NEIL M ON
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6834
ELMORE, MD, JAMES R VS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6369
EVANS, MD, JAMES F GS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6362
EYERLY, MD, ROBERT C ON
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6364
FALES, MD, WILLIAM D EM
49 MEADOW LN
DANVILLE PA 17821-9404
717-271-6195
FANELLI, MD, GREGORY C ORS
303 KASEVILLE RD
DANVILLE PA 17821-9147
717-271-6541
FEITL, MD, MARIANNE E OPH
GEISINGER CLINIC
DANVILLE PA 17822
717-271-6531
FELLIN, MD, CHRIS W IM
GEISINGER MEDICAL CTR
DANVILLE PA 17821-0001
717-271-6211
FESNIAK, MD, HENRY F CD
106 S CRESTWOOD DR
DANVILLE PA 17821-8571
717-271-6523
FISK, MD, DAVID E TS
RR 3 BOX 268
DANVILLE PA 17821-9363
717-271-6655
FLOURAS, MD, KATHY GS
104 POCAHONTAS LN
ELYSBURG PA 17824
FOLDES, MD, STEVEN I AN
400 N FRONT ST
SUNBURY PA 17801-1614
717-271-6587
FORD, MD, ALAN C OTO
PO BOX 197
DANVILLE PA 17821-0197
717-271-1478
FRANKLIN, MD, DAVID P VS
102 S CRESTWOOD ST
DANVILLE PA 17821-8571
717-271-6367

FRANZONI, MD, GARRETT M U
206 COOPER ST
DANVILLE PA 17821
717-271-6211
FRASER III, MD, HUGH E PTH
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6332
FUNKHOUSER, MD, GEORGE R R
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6301
GALLAGER, MD, JAMES G ON
GEISINGER MEDICAL CTR #20-01
DANVILLE PA 17822-0001
GATSKI, MD, ROBERT L P
310 E MARKET ST
DANVILLE PA 17821-2032
717-784-5773
GERIG, MD, JOHN S NEP
GEISINGER MEDICAL CTR
DANVILLE PA 17822-1410
717-271-8026
GHOSH, MD, TARIT K GYN
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
GIANNOTTI, MD, BRADLEY F OBG
306 WALL ST
DANVILLE PA 17821-1785
717-271-6211
GIBSON, MD, KEITH FP
106 CLINTON ST
DANVILLE PA 17821-1712
717-271-6070
GIBSON, MD, WILLIAM S OTO
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6430
GIDDINGS, MD, NEIL A OTO
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6426
GILBERT, MD, CHRISTIAN L CDS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6367
GILLEN, MD, JAMES P EM
45 OVERLOOK DR
DANVILLE PA 17821-9616
717-271-8001
GOLDBERG, MD, RICHARD M ON
GEISINGER MEDICAL CTR
DANVILLE PA 17822-2001
717-271-6413
GOODWIN, MD, MEREDITH A FP
RR 6 BOX 56
DANVILLE PA 17821
GORDON, MD, GERALD ID
188 SMOKETOWN RD
LEWISBURG PA 17837-8705
717-271-6211
GRAMMES, MD, CHARLES F END
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6029
GREENE, MD, JOSEPH S OTO
1323 BLOOM RD
DANVILLE PA 17821-1333
717-271-6429
GREENFIELD, MD, LAWRENCE S IM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-1401
717-271-6165
GUTKNECHT, MD, DAVID R IM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6845
HADDAD, MD, ROBERT M IM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6164
HARRINGTON, MD, THOMAS M RHU
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6409
HESS, MD, WILLIAM F ORS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6541
HOFFER, MD, RICHARD S P
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6516
HOOD, MD, HENRY L NS
GEISINGER FOUNDATION
DANVILLE PA 17822-0001
HOUSTON, MD, JOHN B AN
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6587
HUGHES, MD, HOWARD G EM
GEISINGER HEALTH PLAN
DANVILLE PA 17822-0001
717-271-6760
INDECK, MD, MATTHEW C TRS
GEISINGER CLINIC
DANVILLE PA 17822-0001
717-271-6357
INGRAHAM, MD, HERBERT J OPH
501 LOCUST LN
DANVILLE PA 17821-8567
717-271-6531

JEFFREYS, MD, WILLIAM H N
RR 6
DANVILLE PA 17821-9806
717-271-6419
JENSEN, MD, GORDON L NTR
52 OVERLOOK DR
DANVILLE PA 17821-9616
717-271-4778
KABLER, MD, RONALD L U
GEISINGER MEDICAL CTR
DANVILLE PA 17821
KENNEDY, MD, THOMAS L OTO
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6427
KERBACHER, MD, DANIEL J EM
436 E 11TH ST
BERWICK PA 18603-2228
KIBELBEK, MD, MICHAEL J PD
66 OVERLOOK DR
DANVILLE PA 17821-9616
717-271-6849
KIMBER, MD, WILLIAM J CD
RR 1
DANVILLE PA 17821-9801
717-271-6354
KINSEY, MD, ROBERT H PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6422
KLINGENSMITH, MD, MARK R OTO
104 WEDGEWOOD CT
JEANNETTE PA 15644
717-271-6426
KLINGER, MD, HARRY M GS
4401 GULF OF MEXICO DR
LONGBOAT KEY FL 34228-2414
KNEBEL, DO, RICHARD A AN
104 MEADOW AVE
DANVILLE PA 17821
717-271-6211
KOMAR, MD, MICHAEL J GE
55 OVERLOOK DR
DANVILLE PA 17821-9616
717-271-6856
KOUGH, MD, ROBERT H HEM
11 RED OAK DR
DANVILLE PA 17821-6417
717-271-6413
KRISHNAN, MD, KALYAN S * AN
GEISINGER MEDICAL CTR
DANVILLE PA 17822-2025
717-271-6845
LAFOLLETTE, MD, BRUCE F ORS
GEISINGER CLINIC #21-30
DANVILLE PA 17822-2130
717-271-6541
LANGDON, MD, DAVID R PDE
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6493
LAPORTE, MD, PATRICK J AN
140 RODNEY CIR
BRYN MAWR PA 19010-3728
LARGENT, MD, JILL A PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8055
LASEK, MD, COLETTE R CD
3 MILLWOOD DR
DANVILLE PA 17821-8459
717-271-8067
LAUBACH JR, MD, CHARLES A * CD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8060
LAUGHNER, DO, JAMES P AN
45 ALTON ST
DANVILLE PA 17821
717-271-6211
LEE, MD, MARTIN L A
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6412
LEECH JR, MD, JOHN E U
111 DEWART ST
RIVERSIDE PA 17868
717-271-6328
LEIGHT, MD, MICHAEL J EM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6812
LEICHTER, DO, JEFFREY A PD
214 BECKER ST
DANVILLE PA 17821-1180
717-271-6211
LEITHOLD, MD, KATHLEEN G PD
4 NICHOLAS AVE
DANVILLE PA 17821-1639
717-271-6711
LILLMARS, DO, STEVEN A ORS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6541
LOBEL, MD, JEFFREY S PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6846
MAHMUD, MD, FARUQ PDR
122 GOTSCHAL RD
DANVILLE PA 17821-9114

MAKARY, MD, ADEL Z HEM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
MAKSIMAK, MD, JANIS F PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-5607
MAKSIMAK, MD, MARTIN GE
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
MARCINIK, DO, MARGARET E EM
842 BLOOM RD 2ND FL
DANVILLE PA 17821
717-271-8001
MARKS, MD, VICTOR J D
GEISINGER CLINIC
DANVILLE PA 17821
717-271-8050
MAROON, MD, MICHELE S D
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8050
MARTIN, MD, J SCOTT NS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
MARTIN, MD, THOMAS J PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6424
MARTINSON, MD, MARK W AN
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
MARX, MD, DAVID G EM
117 W MAHONING ST
DANVILLE PA 17821-1806
717-271-8005
MATRAGRANO, MD, ANDREW P PUD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6655
MAYLOCK, MD, JOHN V FP
APT A4 MAHONING TER
DANVILLE PA 17821
MCCORMICK, MD, JOHN V GE
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6439
MCDONALD, MD, BRADLEY A GS
12 MILL ST
DANVILLE PA 17821-1946
MCDONALD, MD, SARAH K FP
12 MILL ST
DANVILLE PA 17821-1946
MCGEEHAN, MD, ANN M DR
108 COOPER ST
DANVILLE PA 17821-2108
MCGILL, MD, CHARLES W PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6365
MCGREGOR, MD, ROBERT S PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6050
MCGREGOR, MD, SHARON A PD
4 PRIMROSE CT
DANVILLE PA 17821-8457
717-271-5607
MCMURRY, MD, FRED G NS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-286-1446
MENAPACE JR, MD, FRANCIS J CD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8053
MESCHTER, MD, STEVEN C PTH
44 TIMBERWOOD DR
DANVILLE PA 17821-9616
717-271-6332
MILLER, DO, LOIS M PM
716 W MARKET ST STE 200
LIMA OH 45821
419-229-9900
MILLER III, MD, O FRED * D
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-275-5224
MINNICH, MD, MARIE E AN
224 MAPLE ST
DANVILLE PA 17821-1316
717-271-6845
MINNICH, MD, STEPHEN J AN
224 MAPLE ST
DANVILLE PA 17821-1316
MONSAERT, MD, RONALD P END
GEISINGER MEDICAL CTR
DANVILLE PA 17821-1343
717-271-6029
MORAN, MD, JOHN J ATP
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6332
MORRISON, MD, SAMUEL S PD
RR 6 BOX 409
DANVILLE PA 17821-8746
MOWAD, MD, JOSEPH J U
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
MUSGRAVE, MD, STEVEN P AN
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-271-6211

MYERS, MD, DANIEL T EM
304 WALL ST
DANVILLE PA 17821-1785
717-271-2611
NASSEF JR, MD, LOUIS A CD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8060
NEWMAN, MD, ERIC D RHU
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6409
NORMINGTON III, MD, ERNEST Y GS
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-271-6365
NOTZ, MD, ROBERT G OPH
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6531
O'ROURKE, MD, JOHN N A
PO BOX 427
RIVERSIDE PA 17868-0427
O'ROURKE, MD, TERENCE L R
209 W MARKET ST
DANVILLE PA 17821-1820
717-271-6301
PACKER, MD, LESLIE A AN
2304 E TILDEN RD
HARRISBURG PA 17112-1054
717-271-6211
PARENTI, MD, JOHN M ORS
RR 5 BOX 138
DANVILLE PA 17821-8937
717-271-5641
PASCUCCI, DO, MARY F PTH
39 MEADOW LN
DANVILLE PA 17821-9412
717-271-6332
PATEL, MD, BAKULESH D NPM
4 ROSEWOOD CT
DANVILLE PA 17821-8593
PELLITTERI, DO, PHILLIP K OTO
GEISINGER MEDICAL CTR
DANVILLE PA 17821-0001
717-271-6428
PERRUQUET, MD, JAMES L IM
53 OVERLOOK DR
DANVILLE PA 17821-9616
717-271-6409
PHARR, MD, WILLIAM F CDS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6367
PILEGGI, MD, ANTHONY J PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8254
POLSTER, MD, SCOTT D GS
206 JADE AVE
DANVILLE PA 17821-8534
POPLAWSKY, MD, DEBORAH A OBG
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-523-1210
PRIDE, MD, HOWARD B D
103 THE HIGHLANDS
DANVILLE PA 17821
717-271-6211
PYTKO, MD, VALENTINE F CD
GEISINGER MEM HOSP
DANVILLE PA 17821
717-231-8524
RANDALL, MD, NEIL W GE
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-271-6856
REAMS, MD, CARL L OT
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6429
RICE III, MD, JOHN E N
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6278
RIXEY, MD, CHARLES O OPH
3202 MCHENRY DR
SAN ANTONIO TX 78239-3082
ROSE, MD, JOHN F U
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6374
ROTHERMEL, MD, FRANKLIN J R
407 LOCUST LN
DANVILLE PA 17821-8565
717-271-6301
RUSS, DO, SHERYL A IM
26 MEADOW LANE
DANVILLE PA 17021
717-271-6211
SABOL, MD, LOUISE J OPH
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6531
SAUL, MD, ROBERT F N
GEISINGER MEDICAL CTR
DANVILLE PA 17822-2120
717-271-6531
SAUTER, MD, ANTHONY L EM
620 PINE ST
DANVILLE PA 17821-1025
SAUTER, MD, MARTHA A PD
620 PINE ST
DANVILLE PA 17821-1025

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PO BOX 10790
FAIRBANKS AK 99710-0790
907-451-3567
SCHUCHMAN, DO, MARGARET M IM
358 CHURCH ST
DANVILLE PA 17821-1963
SCHULLER, MD, DIANE E PDA
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6259
SELTMAN, MD, GARY M P
10 JAMES RD
LEWISBURG PA 17837-8848
717-271-6517
SHAH, MD, NARAYAN HEM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
SIDOROV, MD, JAAN E IM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6164
SILVA-LOPEZ, MD, EDIBALDO OS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6361
SKIENDZIELEWSKI, MD, JOHN J EM
RR 6 BOX 83
DANVILLE PA 17821-8734
717-271-6812
SMITH, MD, JOSEPH L PUD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6389
SNOVER, MD, SETH W EM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6789
SPAHR, MD, ROBERT C NPM
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-271-6211
SPANGLER, MD, JOHN G PDC
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-8069
SPILSBURY, MD, PAUL R N
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6139
SPLANE, MD, BRUCE L OBG
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6296
SQUIERS, MD, ELIZABETH C GS
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6366
STAYER, MD, GLENN A CHN
7 COTSWALD
DANVILLE PA 17821-8445
717-271-8254
STEEN, MD, C A EDWARD AN
GEISINGER MEDICAL CTR
DANVILLE PA 17822
717-291-6211
STILL, DO, CHRISTOPHER D IM
358 CHURCH ST
DANVILLE PA 17821-1963
717-271-6211
STRICKLAND, MD, MARY L DR
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6301
SUNDERLIN JR, MD,
FREDERICK S IM
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6028
SUTTON, MD, PAUL L A
104 CHARLENE DR
DANVILLE PA 17821-9157
717-271-6259
TARASZEWSKI, MD, ROBERT EM
2489 BERK ST
CUYAHOGA FALLS OH 44221
216-747-0777
TENEDIOS, MD, GEORGE PD
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
717-271-6211
THOMAS, DO, PAUL D IM
34 2ND ST
DANVILLE PA 17821-1149
717-271-6211
TORRETTI, MD, DENNIS RHU
GEISINGER MEDICAL CTR
DANVILLE PA 17822-0001
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215-250-0437
IYER, MD, MANNY S PS
175 S 21ST ST
EASTON PA 18042
215-252-4456
JACOB, MD, N J P
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WILKES-BARRE PA 18701
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JACOBIUS, MD, HENRY F OPH
7247 GATESIDE DR
BOCA RATON FL 33496-5919
JACOBS, MD, JOSEPH M NEP
1397 BUCK TRAIL RD
ALLENTOWN PA 18104-2061
215-252-6950
JADIDI, MD, SHIRIN * AI
1368 PLYMOUTH RD
BRIDGEWATER NJ 08807-1410
215-252-7368
JAHRE, MD, JEFFREY A * ID
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-954-4702
JEYARANJAN, MD, A RICHARD IM
275 BROADVIEW AVE UNIT 138
CANADA M4M 3-H5

JOSEPH, MD, GEORGE M IM
STE 301
EASTON PA 18042
215-258-2826
JULIA, MD, RONALD R IM
3844 TRENT CT
BETHLEHEM PA 18017-7577
215-868-0775
KAKODKAR, MD,
VASUNDHARA S PD
1922 HAY TER
EASTON PA 18042-4615
215-252-3042
KANDULA, MD, RAVINDRA R GS
2849 SCHOENERSVILLE RD STE A
BETHLEHEM PA 18017-7317
215-861-0470
KANOFF, MD, STEVEN J OPH
2663 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7325
215-867-9900
KARA, MD, AOUN B CD
701 OSTRUM ST STE 508
BETHLEHEM PA 18015-1153
215-868-3007
KASPAR, MD, ALBERT J CD
2003 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-4337
KEITH, MD, HELEN R H PD
3325 GREEN MEADOW DR
BETHLEHEM PA 18017-1942
215-865-0303
KELLY, MD, JEAN A * DR
MUHLENBERG HOSP CTR
BETHLEHEM PA 18017
215-861-2279
KESSLER, MD, FRANK J GP
32 S BROAD ST
NAZARETH PA 18064-2117
215-759-0245
KHATRI, MD, VIJAY P GS
317 N BROAD ST APT 313
PHILADELPHIA PA 19107-1015
215-250-4014
KILPATRICK, WILLIAM H EXEC
788 REDFERN LN
BETHLEHEM PA 18017-1841
215-865-2900
KIM, MD, DOO T AN
EASTON HOSP
EASTON PA 18042
215-250-4317
KIM, MD, IH C PD
545 HECKMAN ST
PHILLIPSBURG PA 08865-2600
KINTZER JR, MD, JOHN S PUD
510 DELAWARE AVE
BETHLEHEM PA 18015-1104
KITEI, MD, WILLIAM J OPH
65 E ELIZABETH AVE STE 900
BETHLEHEM PA 18018-6506
215-691-3335
KLEINMAN, DO, JAY M R
932 N 33RD ST
ALLENTOWN PA 18104-3404
215-861-2200
KNOLL, MD, GEORGE M D
43 PARKVIEW RD
SLATINGTON PA 18080
KOCH, MD, JOSEPH C OM
5741 SPRINGHAVEN LANE
MACUNGIE PA 18062-1460
KORHAMMER, MD, ALAN F OBG
301 S 22ND ST
EASTON PA 18042-3811
215-253-7550
KOSHAR, MD, MARK I IM
STE 301
EASTON PA 18042
215-258-2826
KOVAR, MD, CHARLES E OBG
301 S 22ND ST
EASTON PA 18042-3811
215-253-7550
KOZINN, MD, WESLEY P ID
2061 FAIRVIEW AVE
EASTON PA 18042-3953
215-253-7818
KRAMER, MD, KENNETH DR
158 SHAWNEE AVE
EASTON PA 18042-1372
KRIEGER, MD, HARRY L GP
1856 FERRY ST
EASTON PA 18042-3969
LAHAV, MD, ERIKA * IM
2454 W PENNSYLVANIA ST
ALLENTOWN PA 18104-2948
215-867-0632
LANG, DO, JOHN B AN
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
215-861-2439
LANGE, MD, MARIANNE K ON
701 OSTRUM ST STE 602
BETHLEHEM PA 18015-1153
215-691-6620
LARGE, MD, HIRAM S AN
3801 TIFFANY DR
EASTON PA 18042-3048
LAUBACH, MD, GEORGE B FP
BETHMAN RD
EASTON PA 18042

LEAVITT, MD, HERBERT M D
421 DOGWOOD TER
EASTON PA 18042-1230
LEE, MD, CHONG S * REN
507 DELAWARE AVE
BETHLEHEM PA 18015-1145
215-868-0661
LEE, MD, H C PD
1825 NORTHAMPTON ST
EASTON PA 18042-3135
215-253-0811
LEE, MD, SANG T OTO
2100 LEHIGH ST
EASTON PA 18042-3830
215-258-4171
LEE, DO, SARAH C * FP
3375 GLOUCHESTER DR
BETHLEHEM PA 18017-1353
215-258-4385
LEFF, DO, DAVID A * IM
1117 N 26TH ST
ALLENTOWN PA 18104-2901
215-854-4000
LENNERT, MD, JOSEPH B * U
940 N NEW ST
BETHLEHEM PA 18018-2756
LENTZ, MD, CONRAD L D
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
215-867-8706
LESSE, MD, S MICHAEL P
STEVENS AND JEWEL ST
EASTON PA 18042
215-253-1781
LEVIN, MD, KENNETH NM
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-954-4800
LIBERTA, MD, THOMAS R IM
1810 STONES CROSSING RD
EASTON PA 18042-5737
LITTLE, MD, THOMAS CD
123 S 22ND ST
EASTON PA 18042-3808
215-258-6211
LONGO, MD, SANTO PTH
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-954-4558
LOWMAN, MD, GERALD F PUD
520 W PIERCE ST
EASTON PA 18042-1759
215-691-3131
LUDIVICO, MD, CHARLES L RHU
701 OSTRUM ST STE 501
BETHLEHEM PA 18015-1153
LUKASZCZYK, MD, JOHN J * GS
701 OSTRUM ST STE 602
BETHLEHEM PA 18015-1153
215-691-6620
LUKASZCZYK, MD, THOMAS A * PTH
801 PINE TOP DR
BETHLEHEM PA 18017-1826
LYCHAK, MD, JOHN C P
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6506
215-865-5775
MAISEL, MD, WILFRED AN
EASTON HOSP
EASTON PA 18042
MAISH JR, MD, GEORGE O * GS
2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7330
215-691-0132
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2100 LEHIGH ST
EASTON PA 18042-3830
215-253-9854
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800 OSTRUM ST STE 202
BETHLEHEM PA 18015
215-861-0377
MANNISI, MD, JOHN A CD
2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7330
215-866-2233
MARCIALES, MD, WERTHER R US
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-954-4000
MARCINCIN, MD, PAUL G D
2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7331
215-861-7727
MARCINCIN, MD, ROBERT P NS
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
215-387-1442
MARGIE JR, MD, WALTER E * IM
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
215-868-8569
MARON, MD, NORMAN L ORS
COVENTRY CENTRE
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MARTIN, MD, ENRICO L IM
ST LUKES HOSP
BETHLEHEM PA 18015-1014
215-954-4644
MATUS, MD, NANCY R * D
2061 FAIRVIEW AVE
EASTON PA 18042-3953
215-252-7961

MAUTHE, MD, ROBERT W PM
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-691-4204
MAZURCZAK, MD, MIROSLAW A US
250 S 21ST ST
EASTON PA 18042
215-250-4000
MCBRIDE, MD, JAMES G OPH
FAIRVIEW MEDICAL BLDG
EASTON PA 18042
215-252-8162
MCCOY, MD, ROBERT L N
728 DELAWARE AVE
BETHLEHEM PA 18015-1135
215-691-1350
MCDONALD, MD, MARILYN R * OPH
1204 DELAWARE AVE
BETHLEHEM PA 18015-4119
215-861-8977
MCEVOY, MD, ROBERT F * IM
125 S 1ST ST
BANGOR PA 18013-2615
215-588-8282
MCGUIRE, MD, JAMES J OBG
701 OSTRUM ST STE 402
BETHLEHEM PA 18015-1153
215-867-6181
MCMAHON JR, MD, JOSEPH F ORS
2005 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-6268
MCNELLIS, MD, DONALD R * U
2001 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-9131
MEHTA, MD, BHARAT K * IM
2632 NAZARETH RD
EASTON PA 18042-2715
215-253-5257
MEROLA, MD, JOSEPH C L OBG
830 OSTRUM ST
BETHLEHEM PA 18015-1013
215-691-3603
MILES, DO, G BRUCE FP
3701 RANEE ST
EASTON PA 18042-3038
215-258-2893
MOHAN, MD, BRIJ DR
3231 REGAL RD
BETHLEHEM PA 18017-1278
717-250-4182
MORALES, MD, GLADYS D IM
800 OSTRUM ST
BETHLEHEM PA 18015-1015
215-865-0410
MORGAN, MD, RUSSELL E GP
839 DELAWARE AVE
BETHLEHEM PA 18015-1148
MORGAN, MD, WILLIAM F P
151 E MARKET ST
BETHLEHEM PA 18018-6225
MORRIS, MD, PATRICIA A * AN
2577 MADISON AVE
BETHLEHEM PA 18017-3872
215-865-7871
MOSCATO, MD, ANTHONY F IM
3527 HECKTOWN RD
BETHLEHEM PA 18017-1301
215-865-1747
MOYER, MD, GLENN E OPH
804 DELAWARE AVE
BETHLEHEM PA 18015-1147
215-868-2235
MUKHERJEE, MD, SHANKER GE
315 S 21ST STREET
EASTON PA 18042
215-258-6635
MUNSON, MD, FREDERICK J R
920 PROSPECT AVE
BETHLEHEM PA 18018-5020
MUNVES, MD, JONATHAN H IM
961 N 32ND ST
ALLENTOWN PA 18104-3403
215-691-6222
MURILLO, MD, OSCAR IM
405 DART DR
HANOVER PA 17331-1327
MURRAY, MD, STEPHEN R GYN
3311 NAZARETH RD
EASTON PA 18042-2017
215-258-6283
NABATI, MD, ISMAIL GS
2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7330
215-691-8074
NAJMI, MD, MOOSA CD
2003 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-4337
NEILL, DO, THOMAS H FP
1091 HORIZON DR
PEN ARGYL PA 18072-9685
215-863-7946
NGUYEN, MD, MINH O * CD
1008 W NORTH ST
BETHLEHEM PA 18018-3504
215-865-9009
NOVAK, MD, CHRISTOPHER PD
800 OSTRUM ST STE 307
BETHLEHEM PA 18015-1010
215-865-6545

O'DONNELL, MD, NANCY J OBG
301 S 22ND ST
EASTON PA 18042
215-253-7550
O'LEARY, MD, JAMES A OBG
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-954-4670
OLEWILER JR, MD, H NEWTON * IM
1 E ELIZABETH AVE
BETHLEHEM PA 18018-6509
215-865-4131
OLIVER, MD, JOHN G FP
527 W PENNSYLVANIA AVE
PEN ARGYL PA 18072-2011
ORR JR, MD, ROSS M GS
744 OSTRUM ST
BETHLEHEM PA 18015-1120
OSTFELD, MD, DAVID A DR
EASTON HOSP
EASTON PA 18042-4625
215-250-4172
PARRY, MD, RHINARD D PD
953 SULLIVAN TRL
EASTON PA 18042-1366
PATEL, MD, ASHVINKUMAR J IM
2180 JOHNSTON DR APT 9
BETHLEHEM PA 18017
215-250-4000
PATRICK, MD, MICHAEL A IM
317 W BROAD ST
BETHLEHEM PA 18018-5526
PATTERSON, MD, JOHN W IM
ST LUKE'S HOSP
BETHLEHEM PA 18018
215-954-4500
PEACOCK, MD, THOMAS E HEM
50 S 18TH ST
EASTON PA 18042-3912
215-250-9794
PETERS, MD, WALTER K GP
724 BARRYMORE LN
BETHLEHEM PA 18017-2522
215-694-5881
PETRUCCELLI, MD, NICHOLAS D FP
313 S WALNUT ST
BATH PA 18014-1024
215-837-6614
PLANO, DO, VINCENT F OBG
301 S 22ND ST
EASTON PA 18042-3811
215-253-7550
POCHCIAL, MD, KAJETAN M IM
105 INDEPENDENCE CT
BETHLEHEM PA 18017
215-250-4000
POLINER, MD, HIME S FP
124 N 4TH ST
EASTON PA 18042-3504
215-252-1662
POLLACK, MD, BARRY J NS
175 S 21ST ST
EASTON PA 18042
215-258-4744
POLLACK, MD, MATTHEW S R
3780 TIFFANY DR
EASTON PA 18042-3041
POMPONIO, MD, JOSEPH G GP
798 BARRYMORE LN
BETHLEHEM PA 18017-2557
215-776-4304
POPKAVE, MD, ARTHUR H * CD
COVENTRY CENTRE A3
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908-859-3800
PRESTIFILIPPO, MD, ORAZIO * FP
4263 LONATE DR
EASTON PA 18042-8809
215-759-5501
PUNDIAK, MD, TERRY J * IM
3321 SHERWOOD RD
EASTON PA 18042-2021
215-253-4380
PURSELL, MD, ROBERT N NEP
3516 MARGATE RD
BETHLEHEM PA 18017-7562
215-252-6950
QUILO, MD, FELICIDAD F * IM
230 STONEBRIDGE RD
NORTHAMPTON PA 18067-9231
215-866-1600
QUILO, MD, LINO S * EM
MUHLENBERG HOSP CTR
BETHLEHEM PA 18017
215-861-2520
QUINEY JR, MD, JAMES J GP
104 PENNSYLVANIA AVE
EASTON PA 18042-1312
QUIRING, MD, MARK E GS
2 CHESTNUT COMMONS CT
EASTON PA 18042
215-250-4000
RAAB, MD, MICHAEL F * FP
3600 NORTHWOOD AVE
EASTON PA 18042-8966
RADER, MD, MARK D * OBG
701 OSTRUM ST
BETHLEHEM PA 18015-1153
215-691-1080
RAMAKRISHNAN, MD,
THEKKEMADOM P AI
550 BARCLAY DR
BETHLEHEM PA 18017-3857
215-559-9622
RAMIREZ-AMAYA, MD, RENE NPM
130 E WALL ST
BETHLEHEM PA 18018-6126
215-954-4000
RASO, MD, DOMINIC J * IM
124 N 14TH ST
EASTON PA 18042-3218
215-258-9091
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7505 WATERS AVE STE E-1
SAVANNAH GA 31405
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2005 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-6268
REFOWICH, MD, RICHARD S * D
65 E ELIZABETH AVE
BETHLEHEM PA 18018-6506
215-868-4411
REGAN, MD, JAMES R * IM
3222 GREEN MEADOW DR
BETHLEHEM PA 18017-1943
215-691-2282
REGANIS, MD, JOHN C GS
2049 STOCKER MILL RD
EASTON PA 18042-8918
REID, MD, JAMES H ORS
2005 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-6268
REINA, MD, CHARLES R ORS
3311 NORTHWOOD AVE
EASTON PA 18042-8955
215-250-0754
REINHART, DO, ROBERT D IM
230 PRINCETON AVE
PALMERTON PA 18071-1218
215-954-4000
REPPERT, MD, WILLIAM D IM
626 NORWAY PL
BETHLEHEM PA 18015-4438
RIVERA, MD, JOSE L AN
1370 GASPAR AVE
BETHLEHEM PA 18017-1051
215-865-7871
ROBB, MD, MARIE E DR
ST LUKES HOSP
BETHLEHEM PA 18015
215-954-4500
ROBSON, MD, PETER A OBG
2038 HENDERSON ST
BETHLEHEM PA 18017-4981
215-258-0159
RODRIGUEZ, MD, VICTOR R PD
188A UPPER MUD RUN
EASTON PA 18042
215-258-9300
ROGERS, MD, JOHN F P
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
215-865-9444
ROHATGI, MD, ANITA IM
20 TAMARACK PATH
EASTON PA 18042-5572
215-258-8948
ROHATGI, MD, CHAND GS
4400 CHARLES ST
EASTON PA 18042-4954
215-250-4000
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2003 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-4337
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744 OSTRUM ST
BETHLEHEM PA 18015-1120
215-867-2371
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510 DELAWARE AVE
BETHLEHEM PA 18015-1104
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EASTON PA 18042
215-250-4143
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825 DELAWARE AVE
BETHLEHEM PA 18015-1136
215-865-5993
SALLASH JR, MD, ROBERT J OBG
701 OSTRUM ST
BETHLEHEM PA 18015-1153
SANTOS, MD, EDWIN M IM
ST LUKE'S HOSP
BETHLEHEM PA 18015-1085
215-954-4000
SARAVITZ JR, MD, EUGENE M OPH
65 E ELIZABETH STE 900
BETHLEHEM PA 18018
215-691-3092
SAUER, MD, THOMAS S ORS
ORTHO ASSOC OF BETHLEHEM
BETHLEHEM PA 18017
215-691-0973
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701 OSTRUM ST STE 603
BETHLEHEM PA 18015-1153
215-691-0351
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2 W MARKET ST
BETHLEHEM PA 18018-5703
215-865-0101
SCHADT, MD, MARK E GS
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
215-865-5535
SCHENKEL, MD, ERIC J AI
3213 NAZARETH RD
EASTON PA 18042-2015
215-252-7388
SCHIAVONE, MD, JOSEPH A CD
2003 FAIRVIEW AVE
EASTON PA 18042
215-258-4337
SCHNELL, MD, BRIAN M PTH
BOX 752
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1346 NORTHAMPTON ST
EASTON PA 18042-4050
215-253-7211
SCHOEPPNER, MD,
GABRIELLE * OPH
3735 NAZARETH RD APT 205
EASTON PA 18042-8751
215-258-7255
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204A CEDAR GROVE RD
MULLICA HILL NJ 08062
215-250-4000
SCHRAMM, MD, FRANK E OBG
313 CARVER DR
BETHLEHEM PA 18017-4716
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611 W BROAD ST
QUAKERTOWN PA 18951-1217
SCHUESSLER, MD, PAUL W FP
16440 KELLY COVE DR APT 2828
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701 OSTRUM ST
STE 203
BETHLEHEM STREET PA 18015-1119
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BETHLEHEM PA 18015-1153
215-861-0377
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305-987-2000
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325 N 28TH ST
ALLENTOWN PA 18104-4836
215-868-6200
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3132 RAMBEAU RD
BETHLEHEM PA 18017-1256
215-776-3278
SENFT, MD, STEPHEN C D
940 N NEW ST
BETHLEHEM PA 18018-2758
215-866-2010
SERFAS, MD, LEE S GS
80 GORDON DR
EASTON PA 18042-5815
SHARMA, MD, AMAR J AI
940 N NEW ST
BETHLEHEM PA 18018-2758
215-691-1133
SHARMA, MD, OM P IM
2100 LEHIGH ST
EASTON PA 18042-3830
215-253-3551
SHAW, MD, DIANA S IM
701 OSTRUM ST STE 404
BETHLEHEM PA 18015-1153
215-865-3250
SHIELDS, MD, RALPH L IM
65 E ELIZABETH AVE
BETHLEHEM PA 18018-6506
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256 ROSEBERRY ST
PHILLIPSBURG NJ 08865-1632
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1725 NORTHAMPTON ST
EASTON PA 18042-3133
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704 E 4TH ST
BETHLEHEM PA 18015-1808
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2309 HIGHLANDER WAY
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2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7330
215-866-2233
SKUTCHES, MD, JOSEPH M OBG
701 OSTRUM ST STE 2C
BETHLEHEM PA 18015-1153
215-691-3603
SLADE, MD, ROBERT N EM
821 PAXINOSA AVE
EASTON PA 18042-1659
215-250-4002
SLEDZ, MD, ANN MARIE DR
821 PROSPECT AVE
BETHLEHEM PA 18018-5323
SMITH, MD, DONALD H * GS
1901 HAY TER
EASTON PA 18042-4650
215-252-2556
SMYTH, MD, LAWRENCE T OM
25188 MARION AVE APT E408
PUNTA GORDA FL 33950-4193
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139 E MARKET ST
BETHLEHEM PA 18018-6225
215-865-7084
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101 E CENTER ST
NAZARETH PA 18064-2143
215-259-2208
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215-691-0973
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BETHLEHEM PA 18015-1152
215-866-2929
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229 S 22ND ST
EASTON PA 18042-3810
STABILE, MD, JEROME G TS
2200 NORTHAMPTON ST
EASTON PA 18042-3154
215-258-7297
STANCOMBE, MD, WESLEY R GP
335 BROADWAY
BANGOR PA 18013-2529
215-588-1445
STAUFFER, MD, RICHARD A AN
3744 LEAH DR
EMMAUS PA 18049-1542
215-967-5011
STAUFFER, MD, STANLEY S AN
RR 7
BETHLEHEM PA 18015-9804
STEELE, DO, KIRTH W IM
6989 LAKE JOANNE DR
PENSACOLA FL 32508-5686
904-452-8744
STEIN, MD, RICHARD N PD
701 N NEW ST
BETHLEHEM PA 18018-3912
215-866-8078
STEIN, MD, ROBERT S PH
2209 LEHIGH ST
EASTON PA 18042-3819
STEIN, MD, STANLEY I PD
701 N NEW ST
BETHLEHEM PA 18018-3912
215-866-8078
STEINBOOK, MD, MELVIN US
2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7331
215-867-4545
STRAUSS, MD, JAY E DR
4164 WINCHESTER RD
ALLENTOWN PA 18104-1950
215-250-4172
STRAVINO, MD, VINCENT D PM
826 DELAWARE AVE
BETHLEHEM PA 18015-1149
215-691-5600
STREUBERT, MD, GEORGE E R
801 OSTRUM ST
BETHLEHEM PA 18015-1014
STRUNK, MD, WILLIAM M R
1820 N DRIVE RR 9
BETHLEHEM PA 18015
215-867-5851
SUN, MD, DANNY D * GS
250 S 21ST ST
EASTON PA 18042-3851
215-250-4000
SWANK, MD, MARK D DR
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-954-4800
SWETERLITSCH, MD, LOUIS H US
65 E ELIZABETH AVE
BETHLEHEM PA 18018-6506
215-867-5061
TACHOVSKY, MD, THOMAS J GS
701 OSTRUM ST STE 602
BETHLEHEM PA 18015-1153
215-691-6620
THEMAN, MD, TERRILL E CDS
701 OSTRUM ST STE 201
BETHLEHEM PA 18015-1152
215-868-1014
THOMPSON, MD, C FRED FP
1120 MAIN ST
HELLERTOWN PA 18055-1319
215-838-8273
TIFFANY, MD, JOHN R FP
3600 NORTHWOOD AVE
EASTON PA 18042-8966
215-252-8037
TONEY, MD, MELINDA Q * FP
623 W UNION BLVD STE 5
BETHLEHEM PA 18018-3706
215-868-5838
TORRES, MD, JULIO E ON
800 OSTRUM ST
BETHLEHEM PA 18015-1015
215-865-4801
TOSHNIWAL, MD, PRADIP K * N
2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7331
215-691-8866
TOSHNIWAL, MD, RENU * ID
2597 SCHDENERSVILLE RD
BETHLEHEM PA 18017
215-691-7761
TRAUPMAN, MD, ARNOLD F OPH
1313 CENTER ST
BETHLEHEM PA 18018-2502
215-691-3092
TRIBBLE, MD, JANA K PD
3801 TIFFANY DR
EASTON PA 18042-3048
TRINKLE, MD, WILMER S AN
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
TURTZO, MD, DOUGLAS F IM
101 S SCHANCK AVE
PEN ARGYL PA 18072-1697
215-863-9059
UNGER, MD, ANDREW * NPM
801 OSTRUM ST
BETHLEHEM PA 18015-1014
215-691-4349
UPDEGROVE, MD, JOHN H GS
4430 FAIRWAY DR
EASTON PA 18042-3018
URBANO, MD, ANTHONY M CD
2597 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7330
215-866-2233
VACHHANI, MD,
MANSUKHLAL P IM
400 BRIDLE PATH RD TWNHSE 14
BETHLEHEM PA 18017-3148
215-253-1994
VANDERVEER, MD, LINDSLEY D GE
2025 FAIRVIEW AVE
EASTON PA 18042-3915
215-258-3567
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701 OSTRUM ST
BETHLEHEM PA 18015-1153
215-866-2929
VASILY, MD, DAVID B D
940 N NEW ST
BETHLEHEM PA 18018-2756
215-866-2011
VELAS, MD, CARLOS M P
491 PINE TOP TRL
BETHLEHEM PA 18017-1800
VENGROVE, DO, MARC A END
1901 HAY TER
EASTON PA 18042-4650
215-253-9622
VERMA, MD, MAHESHWER B PD
2031 HAY TER
EASTON PA 18042-4651
215-525-4220
VERSAGE, MD, JOSEPH L * PUD
GENERAL DELIVERY
STOCKERTOWN PA 18083-9999
VISPERAS, MD, EMILIANA P OBG
830 OSTRUM ST
BETHLEHEM PA 18015-1013
215-691-1633
VOGLER JR, MD, WILFRED E FP
2431 EASTON AVE
BETHLEHEM PA 18017-5075
215-691-8538
VOLK, MD, STEPHEN A ON
1511 RED MAPLE LN
ALLENTOWN PA 18104-2011
215-867-3115
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2001 FAIRVIEW AVE
EASTON PA 18042-3915
WALKER, MD, STANLEY R IM
2031 HAY TER
EASTON PA 18042-4651
WALTMAN, MD, CHARLES A GS
5 MOUNTAIN TOP DR
EASTON PA 18042-8894
WANG, MD, CHEE K AN
EASTON HOSP
EASTON PA 18042
WARREN, MD, JONATHAN * IM
77 N 2ND ST
EASTON PA 18042-7712
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215-250-4014
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EASTON PA 18042
215-253-9367
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2775 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7326
215-861-8080
WEMPLE, MD, JAN B NS
RR 7
BETHLEHEM PA 18015-9804
215-954-3017

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940 N NEW ST
BETHLEHEM PA 18018-2756
215-868-9411
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1411 WEYHILL CRESCENT
BETHLEHEM PA 18015
WERLEY, MD, JOHN D R
3581 TIMBERLANE DR
EASTON PA 18042-5763
WHILDIN, MD, JAMES G DR
1849 ARLINGTON ST
BETHLEHEM PA 18017-5169
WHITAKER, MD, PAUL J OM
7227 N VIA DE LA MONTANA
SCOTTSDALE AZ 85258-4010
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215-250-4013
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BETHLEHEM PA 18018-6506
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ALLENTOWN PA 18104-9399
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3780 REANEE ST
EASTON PA 18042-3042
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YEAW, MD, SCOTT C U
175 S 21ST ST
EASTON PA 18042-3835
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317 N BROAD ST APT 406
PHILADELPHIA PA 19107-1018
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ST LUKES HOSP
BETHLEHEM PA 18015-1065
215-954-4000
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1030 WYNNEWOOD DR
NORTHAMPTON PA 18067-1786
YU, MD, PAUL T AN
EASTON HOSP
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215-250-4317
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369 N 11TH ST
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113 POCAHONTAS LN
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142 MARKET ST
SUNBURY PA 17801-2142
717-286-2235
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1072 MARKET ST
SUNBURY PA 17801-2403
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199 W SHERMAN ST
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SELINSGROVE PA 17870-9803
GAZDER, MD, AFTAB A AN
124 MARKET ST
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633 W CHESTNUT ST
SHAMOKIN PA 17872-6644
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47 ELLIOTT DR
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250 S OAK ST
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RR 2 BOX 187
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519 N ROCK ST
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437 MARKET ST
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240 S HICKORY ST
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130 N MARKET ST
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18 N MARKET ST
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318 N 12TH ST
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PATEL, MD, PURSHOTTAM N * U
1214A LINE ST STE B
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717-286-0330
PAYNE, MD, VIRGINIA L N
101 MAGNOLIA AVE
SELINSGROVE PA 17870-1115
PERALTA, MD, JUAN O R
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503 MARKET ST
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13 HEMLOCK LN
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15 EAST AVE
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350 N 11TH ST
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109 SALAMANCA CT
SOLANA BEACH CA 92075-2525
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34 W CENTER ST
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DUNCANNON FAM HLTH CTR
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MAPLE GLEN PA 19002
ABCAR, ANTOINE C ST
325 N 15TH ST APT 1306-B
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3360 S OCEAN BLVD APT 3-H-11
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HUNTINGDON VLY PA 19006
215-677-1040
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HAZLETON PA 18201-5919
717-459-0005
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215-663-6000
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VA HOSP
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465 ROLLING RD
ROSEMONT PA 19010
ACHUFF, BARBARA JO S ST
950 WALNUT ST
PHILADELPHIA PA 19107-5564
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SECANE PA 19018-3513
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360 WARREN RD
WAYNE PA 19087-1422
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82 GOODWIN DR
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ADAMS, KAREN C ST
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30 HIGHVIEW DR
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834 CHESTNUT ST APT 1602
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1 GLEN DR
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931 HAVERFORD RD
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ALLEN, LONNIE E ST
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317 N BROAD ST APT 828
PHILADELPHIA PA 19107-1019
AMES, CHRISTINE M ST
219 E WILLOW GROVE AVE
CHESTNUT HILL PA 19118-2940
AMIN, MD, ABHA R IM
4000 GYPSY LN #422
PHILADELPHIA PA 19144
AMMAR, MD, MAHA M ORS
4133 JOSHUA ROAD
LAFAYETTE HILL PA 19444-1211
215-762-7000
AMROM, MD, GEORGE J GS
227 N BROAD ST STE 100
PHILADELPHIA PA 19107-1511
215-563-5468
AMSTERDAM, MD, GERALD H GS
3355 HADFIELD GREENE
SARASOTA FL 34235-5100
ANANIA, MD, TINA J IM
317 N BROAD ST APT 415
PHILADELPHIA PA 19107-1019
ANBARI, MAZEN ST
552 CATHEDRAL RD
PHILADELPHIA PA 19128-1924
ANDALFT, DO, ANTHONY C AN
2712 GREENWOOD DR
LINDENWOLD NJ 08021
ANDERSON, MD, ALICE M GPM
3412 W COULTER ST
PHILADELPHIA PA 19129-1402
ANDERSON, MD, CAROL E PD
9 HATHAWAY CIR
WYNNEWOOD PA 19096-1901
215-955-6872
ANDERSON, MD, LEONARD S GS
1704 HARTEL AVE
PHILADELPHIA PA 19111-3529
215-458-6933
ANDERSON, PENNY R ST
818 WILLOW GROVE AVE
GLENSIDE PA 19038-2022
ANDERSON, REBECCA ST
1738 LOMBARD ST
PHILADELPHIA PA 19148-1519
ANDERSON, TIMOTHY D ST
1526 PINE ST APT 2-R
PHILADELPHIA PA 19102-4663
ANDRES, CHRISTOPHER D ST
2437 MARIA BLVD
BINGHAMTON NY 13903-2725
ANDREWS, MD, WAVERLY S P
2 BARRISTER CT
HAVERFORD PA 19041-1137
215-520-9209
ANDRILLI, MD, JOHN A IM
306 S 13TH ST APT 3
PHILADELPHIA PA 19107-5916
ANDROSKI, MD, ANNE A GS
2001 HAMILTON ST APT P-101
PHILADELPHIA PA 19130-4248
ANEGAWA, NORIFUSA J ST
BOX 165 UNIV OF PA MED SCHL
PHILADELPHIA PA 19104

ANGEL, MD, ANDREW R IM
1035 SPRUCE ST APT 301
PHILADELPHIA PA 19107-6722
215-829-3000
ANGELO, DO, SHARON A IM
3900 CITY AVE ADAMS B1117
PHILADELPHIA PA 19131-5702
215-334-5656
ANGLES, MD, CARMEN * PM
A EINSTEIN MED CTR
PHILADELPHIA PA 19141
215-456-7118
ANNON JR, MD, WALTER T GS
FRANKFORD HOSP
PHILADELPHIA PA 19114-1436
215-934-4793
ANO, MD, ANTONIO C AN
8831 MONTGOMERY AVE
WYNDMOOR PA 19118-2309
215-928-3352
ANOLIK, MD, MITCHELL A D
1801 WALNUT ST
PHILADELPHIA PA 19102-2944
215-563-1699
ANTENSON, MD, CHARLES M GP
1101 SAINT PAUL ST APT 911
BALTIMORE MD 21202-2625
ANTONELLI, MD, ELENA C EM
SMITH KLINE BEECHAM CORP
PHILADELPHIA PA 19130-4095
215-751-7415
ANTONIADES, MD, JOHN R
404 RICHARD KNLS
HAVERFORD PA 19041-1920
APOSTOLOU, MD, GEORGE C IM
1225 CIMA DEL REY
CHULA VISTA CA 91910-7934
APPEL, MD, JOHN W P
111 N 49TH ST
PHILADELPHIA PA 19139-2719
215-474-8811
ARAVABHUMI, MD, SRINIVAS PM
1911 BETHLEHEM PIKE STE 213
FLOURTOWN PA 19031-1111
215-233-2810
ARCE, MIGUEL A ST
5450 WISSAHICKON AVE #802-03
PHILADELPHIA PA 19144-5219
ARESERY, MATTHEW J ST
2231 GREEN ST APT 5
PHILADELPHIA PA 19130-3112
ARGER, MD, PETER H R
HOSP UNIV OF PA
PHILADELPHIA PA 19104
215-662-3048
ARKOOSH, MD, VALERIE A AN
T JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
215-928-6161
ARMENTI, MD, FREDERICK R CDS
739 MUSTIN LN
VILLANOVA PA 19085-2013
215-955-5562
ARMENTO, MD, DONALD F U
HOLY REDEEMER MED BLDG
MEADOWBROOK PA 19046
215-947-6558
ARMOUR, MD, WILLIAM S ORS
351 E EVERGREEN AVE
PHILADELPHIA PA 19118-2824
215-233-5929
ARMSTEAD, MD, PHYLLIS P
225 CHESTER PIKE APT 8
RIDLEY PARK PA 19078
ARNAO, MD, JAMES GP
2503 S 62ND ST
PHILADELPHIA PA 19142-3515
ARNHOLZ, MD, DEIRDRE PD
39TH AND CHESTNUT ST
PHILADELPHIA PA 19104
215-590-5090
ARNOLD, SARAH J ST
743 N 23RD ST
PHILADELPHIA PA 19130-2919
ARNONE, DO, JAMES G US
3205 AYR LN
DRESHER PA 19025-1603
215-335-8998
ARONSON, MD, JEROLD M PD
605 MORENO RD
NARBERTH PA 19072-1619
215-782-4330
ARONSON, MD, SUSAN S PD
605 MORENO RD
NARBERTH PA 19072-1919
215-590-3495
ARRISON, DANIEL P ST
1506 MARLBROOK LN
LANSDALE PA 19446-5337
ARSUAGA, MD, JORGE E DR
56D WASHINGTON DR
MAPLE SHADE NJ 08052
215-221-4200
ASATO, AMY J ST
1507 GREEN ST #2-R
PHILADELPHIA PA 19130
ASBELL, MD, SUCHA O TR
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141
215-456-6280
ASKAR, MD, F GS
1143 NORWALK RD
PHILADELPHIA PA 19115-2520
215-739-1100

ASKIN, MD, STANLEY R * HS
3300 HENRY AVE
PHILADELPHIA PA 19129-1191
215-842-6440
ASPILI, MD, CONCEPCION S IM
2350C NICHOLAS CT
PHILADELPHIA PA 19112-1132
ASTA, MD, LISA M ST
740 S 10TH ST APT 3 A
PHILADELPHIA PA 19147-2744
ASUMUGHA, MD, KINGSLEY N OBG
1907 TOMLINSON RD
PHILADELPHIA PA 19118-3810
ATHREYA, MD, BALU H PD
3405 CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-895-3811
ATKINS JR, MD, JOSEPH P HNS
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-5180
ATKINS JR, MD, WILLIAM R PM
PO BOX 2276
BALA CYNWYD PA 19004-6279
215-848-6568
ATKINSON, MD, BARBARA F ATP
HOSP OF MCP
PHILADELPHIA PA 19129-1121
215-842-7064
ATKINSON, MD, CHARLES A GS
1710 RYANS RUN E
MAPLE SHADE NJ 08052
215-662-6156
ATKINSON, PAMELA A ST
1000 WALNUT ST APT 607
PHILADELPHIA PA 19107-5520
AUDAY, MD, JOSE H ORS
6404 ROOSEVELT BLVD
PHILADELPHIA PA 19149-2914
215-533-6890
AUERBACH, DO, ROBERT S OBG
1325 W TABOR RD
PHILADELPHIA PA 19141-3020
215-927-4400
AUGSBURGER, MD, JAMES J OPH
WILLS EYE HOSP
PHILADELPHIA PA 19107
215-928-3221
AULT, MD, GLENN T ST
317 N BROAD ST APT 826
PHILADELPHIA PA 19107-1019
AUSTRIAN, MD, ROBERT C OS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4274
215-662-3186
AVELLINO, MD, JOSEPH D GP
2219 S BROAD ST
PHILADELPHIA PA 19148-2919
215-336-6181
AVERSA, MD, NICHOLAS IM
1322 W RITNER ST
PHILADELPHIA PA 19148-3525
215-467-0618
AVERSA, THADDEUS M ST
2415 S 21ST ST
PHILADELPHIA PA 19145-4206
AVILA, MD, PEDRO C PD
100 OLD YORK RD APT E-705
JENKINTOWN PA 19046-3251
215-456-6456
AXELROD, MD, BUDD B GP
619 E GIRARD AVE
PHILADELPHIA PA 19125-3437
215-426-5666
AXELROD, MD, RANDI A NPM
9110 AYRDALE CRES
PHILADELPHIA PA 19128-1049
215-427-5000
AYERLE, MD, ROBERT S OM
1902 STANDIFORD DR
MALVERN PA 19355-9744
AZIMI, SOHEIL ST
8201 HENRY AVE APT R15
PHILADELPHIA PA 19128
BACCASH, MD, PATRICIA D GER
800 GLEN ECHO RD
PHILADELPHIA PA 19119-2919
215-728-2170
BACHARACH, MD, BENJAMIN TS
1025 WALNUT ST RM 116
PHILADELPHIA PA 19107-5001
215-955-6986
BADER, MD, KAREN M ST
723 SPRUCE RD
WARMINSTER PA 18974-4323
BADOSA, MD, FRANCISCO GS
5401 OLD YORK RD STE 505
PHILADELPHIA PA 19141-3030
215-456-6933
BAER, MD, HARRY M U
8815 GERMANTOWN AVE
PHILADELPHIA PA 19119
215-242-8260
BAER, JAMES R ST
4619 SILVERWOOD ST 2ND FL
PHILADELPHIA PA 19128
BAER, MD, SAMUEL IM
7848 OLD YORK RD
PHILADELPHIA PA 19117-2541
215-635-4700
BAGLEY, MD, DEMETRIUS H U
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-928-6962

BAIRD, JANET L ST
R D 1 BOX 179
GLENMOORE PA 19343-9617
BAKER, MD, DONALD J D
2300 WALNUT ST APT 215
PHILADELPHIA PA 19103-5542
BAKER, MD, LESTER PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3172
BAKER, MD, MARK D PD
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104
BAKER, RANDOLPH M ST
3455 SUNNYSIDE AVE
PHILADELPHIA PA 19129-1432
BAKSHI, MD, KALIND R VS
2742 KNIGHTS RD
BENSALEM PA 19020-3526
215-245-9055
BALASUBRAMANIAN, MD,
EASWARAN * ORS
2040 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3817
215-224-2255
BALCHANDANI, MD,
RAJKUMARI B DR
221 HOLME AVE
ELKINS PARK PA 19117-1805
215-831-7325
BALDASSARRE, MD, JAMES S ID
9326A JAMISON AVE
PHILADELPHIA PA 19115-4277
BALDECK, MD, ANDREA M AN
2304 DELANCEY PL
PHILADELPHIA PA 19103-6407
BALDERSTON, MD, RICHARD A * ORS
811 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-3458
BALDWIN, MD, HAROLD S PDC
821 HARPER AVE
DREXEL HILL PA 19029
215-590-2938
BALLARD, MD, ROBERTA A NPM
34TH & CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-1653
BALLEK, MD, RONALD E IM
MAKEFIELD EXEC QUARTERS
YARDLEY PA 19067
BALMASEDA, MD, OFELIA B PM
5233 N 5TH ST
PHILADELPHIA PA 19120-3301
215-643-4849
BALOCH, MD, ZUBAIR W PTH
1713 SPRUCE ST APT 3-F
PHILADELPHIA PA 19103-6103
215-448-8520
BALSAMO, MD, ANTHONY J * ORS
727 WELSH RD
HUNTINGDON VLY PA 19006-6357
215-947-7550
BALTAROWICH, MD, OKSANA H DR
2019 SHADYWOOD CIR
HUNTINGDON VALLEY PA 19006-6747
215-938-7680
BALTZELL, MD, WILLIAM H BE
208 REX AVE
PHILADELPHIA PA 19119-3719
BAMONT, MD, ANTHONY J FP
5301 N VIEW DR
AMARILLO TX 79124
BANACH, MICHAEL J ST
317 MAIN ST
PITTSBURGH PA 15201-1709
BANCROFT, MD, URSULA F IM
11603 BUSTLETON AVE
PHILADELPHIA PA 19116-2513
215-289-8488
BANDINI JR, MD, PAUL J GE
152 ORCHARD CT
BLUE BELL PA 19422-2913
215-324-3399
BANKA, MD, REENA S N
2101 BRIGHTON ST
PHILADELPHIA PA 19149-1802
215-333-6611
BANKA, MD, VIDYA S CD
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7247
BANNER, MD, RONALD S * IM
2050 WELSH RD
PHILADELPHIA PA 19115-4933
215-969-0887
BANNON, MD, JOSEPH P U
142 CAMPBELL AVE
HAVERTOWN PA 19083-1524
BANSBACH, MD, JEAN M D
21 N FEATHERING LN
MEDIA PA 19063-1908
BANSBACH, MD, WILLIAM A U
21 N FEATHERING LN
MEDIA PA 19063-1908
BAR, MD, ALLEN H * GS
820-824 PINE ST
PHILADELPHIA PA 19107
215-627-6079
BARAN, MARK S ST
3630 HALTER RD
WESTMINSTER MD 21158-1904

BARATZ, MD, BURTON H OBG
9600 ROOSEVELT BLVD
PHILADELPHIA PA 19115-3932
215-677-1100
BARBAREVECH, MD,
CHRISTOPHER A IM
1025 CLINTON ST APT 104
PHILADELPHIA PA 19107-6063
BARBER, MD, LEE A IM
6607 RIDGE AVE
PHILADELPHIA PA 19128-2428
BARBER, MD, MARGARET P
401 E LINTON BLVD APT 257
DELRAY BEACH FL 33483-5083
BARBER, MATTHEW D ST
1144 DORSET DR
WEST CHESTER PA 19382-8008
BARBERA, MD, CHARLES F ST
7397 RIDGE AVE
PHILADELPHIA PA 19128
BARBOT, MD, DONNA J * GS
111 S 11TH ST STE G-6227
PHILADELPHIA PA 19107-4824
215-955-8666
BARDSLEY, MD, DAVID J EM
950 WALNUT ST APT 901
PHILADELPHIA PA 19107-5564
215-955-6844
BARENBAUM, MD, DANIEL H GP
2623 W ALLEGHENY AVE
PHILADELPHIA PA 19132-1222
215-228-1223
BARKER, MD, CLYDE F GS
UNIVERSITY OF PA HOSP
PHILADELPHIA PA 19104
215-662-2027
BARKER, MD, RICHARD G OM
446 HUNTINGTON DR
WAYNE PA 19087-1404
BARLOW JR, MD, ROBERT A OM
1296 UNIVERSITY DR
YARDLEY PA 19067-2826
215-684-6566
BARNABY JR, MD, ARTHUR J GS
2701 HOLME AVE STE 104
PHILADELPHIA PA 19152-2029
215-563-5468
BARNES, MD, ANNE U GS
1503 RICHLAND RD
FEASTERVILLE PA 19053-2241
215-824-3233
BARNES, MD, MARGARET M * RO
FRANKFORD HOSP-TORRESDAKE
PHILADELPHIA PA 19114-1436
215-934-4000
BARNETT, MD, CHARLES F FP
128 SQUIRREL TREE LN
MT LAUREL NJ 08054-2112
215-788-2981
BAROLAT-ROMANA, MD,
GIANCARLO NS
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-6744
BARON, MD, RAYMOND C IM
PO BOX 3
WYNCOTE PA 19095-0003
BARON, MD, RICHARD J IM
345 E MOUNT AIRY AVE
PHILADELPHIA PA 19119-1114
215-242-5000
BARR, DO, LAWRENCE I ORS
10728 CARMEL OVAL
STRONGSVILLE OH 44136-8810
215-871-1000
BARR, LYNN D ST
601 PARK LN APT B8
PHILADELPHIA PA 19144
BARRETT, MD, MICHAEL J CD
555 CITY LINE AVE
BALA CYNWYD PA 19004
215-667-3988
BARRETT, MD, ROBYN LERNER DR
8250 OLD YORK RD
ELKINS PARK PA 19117-1593
215-884-9729
BARRINGER, MD, LYDIA R AN
201 S BUCK LANE
HAVERFORD PA 19041-1108
BARRIST, MD, ELLIS M GS
2277 SUNSET DR APT 3
MIAMI BEACH FL 33140-4545
BARRY, MD, KEVIN P DR
4326 MITCHELL ST
PHILADELPHIA PA 19128-3412
215-221-4200
BARRY, MD, WILLIAM E HEM
3400 N BROAD ST
PHILADELPHIA PA 19140-5104
215-221-4613
BARSKY, MD, DIANE L PD
5500 WISSAHICKON AVE #M604C
PHILADELPHIA PA 19144-5653
BARSKY, DO, HOWARD EDWIN AI
202 PARKVIEW RD
CHELTENHAM PA 19012-1019
215-634-4327
BARTH, MD, LINDA J ST
701 SUMMIT AVE #C 101
PHILADELPHIA PA 19129
BARTLETT, MD, SCOTT P PS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2096

BARTMAN, THOMAS ST
310 S EASTON RD APT B407
GLENSIDE PA 19038
BARTOLET, LORA L ST
2313 NAUDAIN ST
PHILADELPHIA PA 18042
BARTOLOZZI, MD, MARIA A AN
13 SUNNYSIDE LN
YARDLEY PA 19067-2614
215-221-3326
BARTOSIK, MD, DELPHINE B GYN
245 N BROAD ST STE 300
PHILADELPHIA PA 19107-1522
215-564-1650
BARTUSKA, MD, DORIS G * END
3227 W PENN ST
PHILADELPHIA PA 19129-1017
215-842-6952
BARZEL, MD, EYAL R
38 UNION AVE
BALA CYNWYD PA 19004-3132
215-951-8750
BASEMAN, MD, DEBRA M OBG
HOSP OF MCP
PHILADELPHIA PA 19129-1121
BASHEIN, DO, HAL J U
2051 45TH ST STE 210
W PALM BEACH FL 33407-2027
407-848-8700
BASSETT, MD, JAMES G GS
MEDICAL COLLEGE OF PA
PHILADELPHIA PA 19129-1191
BASTIAN, MD, GRACE A AN
465 HIGHVIEW DR
RADNOR PA 19087
BASU, ANJULI ST
3323 TILDEN ST
PHILADELPHIA PA 19129
BATES, LIDA A ST
5500 WISSAHICKON AVE #301-B
PHILADELPHIA PA 19144-5653
BATLEY JR, MD, JERRY O GS
228 W RITTENHOUSE SQ APT 2904
PHILADELPHIA PA 19103-5759
BATOFF, MD, MILTON A GP
5238C LAKE CATALINA DR N
BOCA RATON FL 33496-2489
BATRA, MD, PREET M FP
706 BRANDYWINE DR
MOORESTOWN NJ 08057-4410
215-643-0447
BATSHAW, MD, MARK L PD
CHILDRENS SEASHORE HOUSE
PHILADELPHIA PA 19066
215-895-3800
BATTAFARANO, MD, LEONARD A GP
7054 CITY LINE AVE
PHILADELPHIA PA 19151
BATTERTON, MD, THOMAS D * IM
2701 HOLME AVE #304
PHILADELPHIA PA 19152-2029
BATTLE, MD, WILLIAM M IM
7500 CENTRAL AVE STE 209
PHILADELPHIA PA 19111-2434
215-728-6688
BATZER, MD, FRANCES R END
815 LOCUST ST
PHILADELPHIA PA 19107-5507
215-922-2206
BAUM, JONATHAN D ST
1700 BEN FRANKLIN PKWY #1316
PHILADELPHIA PA 19103
BAUMGARDNER, MD, JAMES E AN
2519 WEBSTER ST
PHILADELPHIA PA 19146-2325
215-823-5835
BAURER, MD, FREDERIC M P
111 N 49TH ST
PHILADELPHIA PA 19139-2716
215-471-2807
BAY, NICHOLAS W ST
3600 CHESTNUT ST BOX 855
PHILADELPHIA PA 19104-6108
BEASTON-WIMMER, PATRICIA R ST
1753 W MAIN ST
JEFFERSONVILLE PA 19403-3264
BEATTY, MD, ALBERT C CDS
501 WESTMORELAND AVE
PHILADELPHIA PA 19118
BEAUCHAMP, MD, JEFFREY T OBG
834 CHESTNUT ST APT 1504
PHILADELPHIA PA 19107-5148
215-829-3000
BEAUCHAMP JR, MD, EUGENE W GS
1400 STATE ST
SPRINGFIELD MA 01109-2550
413-432-2197
BECK, MD, AARON T P
133 S 36TH ST FL 602
PHILADELPHIA PA 19104-3206
BECK, MD, ALLAN G FP
855 E ALLEGHENY AVE
PHILADELPHIA PA 19134-2401
215-425-8910
BECK, JEFFREY A ST
2886 EASTBURN AVE
BROOMALL PA 19008
BECK, MD, SIDNEY GS
20 CONSHOHOCKEN STATE RD
BALA CYNWYD PA 19004-3311
BECK, MD, SYLVIA R OPH
LANKENAU MEDICAL STE 65E
WYNNEWOOD PA 19096
215-649-2595

BECKER, CARL E ST
834 CHESTNUT ST APT 1116
PHILADELPHIA PA 19107-5143
BECKER, MD, IRWIN FP
218 W CHELTEN AVE
PHILADELPHIA PA 19144-3803
215-848-8800
BECKER, MD, JOSEPH M DR
PRESBYTERIAN HOSP
PHILADELPHIA PA 19104
215-662-9134
BECKER, DO, MICHAEL A FP
38 WINSTON CT
BLUE BELL PA 19422
BEDFORD, MD, RICHARD A FP
2998 WELSH RD
PHILADELPHIA PA 19152-2121
BEDNAR, MD, JOHN M ORS
1004 HADDONFIELD RD
CHERRY HILL NJ 08002
609-662-5511
BEDNAREK, MD, JOSEPH M GS
10835 CRESTMONT AVE
PHILADELPHIA PA 19154-4403
215-739-2121
BEDRICK, MD, EDWARD L IM
8318 CEDAR RD
ELKINS PARK PA 19117-2141
215-742-0712
BEDRICK, MD, JEFFREY D P
124 IVYWOOD LN
RADNOR PA 19087
215-222-3200
BEERMAN, MD, HERMAN D
LOGAN SQUARE EAST APT 1412
PHILADELPHIA PA 19103-1226
BEHAR, MD, ROBERT D OPH
2610 E ALLEGHENY AVE
PHILADELPHIA PA 19134-5104
215-423-5154
BEHREND, MD, BERNARD OM
135 S 19TH ST APT 1210
PHILADELPHIA PA 19103-4912
BEIDLER, LEANNE K ST
46 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2252
BEITLE, DAVID ST
834 CHESTNUT ST APT 707
PHILADELPHIA PA 19107-5138
BEIZER, MD, LAWRENCE H HEM
1840 SOUTH ST
PHILADELPHIA PA 19146-1419
215-893-2554
BELAIR, MD, PATRICIA A PTH
45 NYACK AVE 1ST FL
LANSDOWNE PA 19050
BELASCO, MD, JEAN B PHO
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2848
BELFIGLIO, DO, STEPHEN F GP
432 EXTON COMMONS
EXTON PA 19341
215-363-1153
BELL, MD, ELLA C IM
PO BOX 1539
LANCASTER SC 29721-1539
BELL, KAREN A ST
4300 SPRUCE ST APT A201
PHILADELPHIA PA 19104-4724
BELL, MD, LOUIS D GE
519 CONSHOHOCKEN STATE RD
NARBERTH PA 19072-1211
215-336-0855
BELL, MD, MICHAEL J PD
1358-B HOWELL ST
PHILADELPHIA PA 19149
215-427-5000
BELL, MD, STEVEN D AN
11TH AND WALNUT STS
PHILADELPHIA PA 19107
215-928-6181
BELL JR, MD, LOUIS M PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1944
BELLER, MD, MARTIN L ORS
RR 1 BOX 256B
GAINES PA 16921-9768
BELLIN, MD, HARVEY J PTH
2301 S BROAD ST
PHILADELPHIA PA 19148-3542
215-952-9059
BELLIN, MD, LISA S ST
BEN FRANKLIN HOUSE
PHILADELPHIA PA 19107
BELLOWS, CHARLES F ST
5450 WISSAHICKON AVE APT B750
PHILADELPHIA PA 19144-5221
BELMONT, MD, HERMAN B CHP
3472 NE CAUSECOAY BLVD
3-401
JENSEN BEACH FL 34957
BELMONT, MD, OWEN OPH
FOXCROFT SQUARE APTS STE 1
JENKINTOWN PA 19046-2901
215-576-5090
BEMIS, MD, CHARLES EASTMAN CD
328 S VALLEY RD
PAOLI PA 19301-1912
215-448-8068

BENACK, MD, ANDREA AN
EINSTEIN NORTHERN DIV
PHILADELPHIA PA 19141
215-456-6850
BENDER, MD, GIL OBG
928 KINGS CROFT
CHERRY HILL NJ 08034-1113
BENDERSKY, MD, GORDON CD
2200 BEN FRANKLIN PKY
PHILADELPHIA PA 19130
215-568-6966
BENDITT, MD, MILTON BARRY AN
3407 WARDEN DR APT 409
PHILADELPHIA PA 19129-1417
215-934-4088
BENDITT, MD, PHILIP L IM
614 REVERE RD
MERION STATION PA 19066-1008
215-762-6950
BENEDETTO, DO, ANTHONY V D
1200 LOCUST ST
PHILADELPHIA PA 19107-5605
215-546-3666
BENEDETTO, MD, ERNEST A D
1200 LOCUST ST
PHILADELPHIA PA 19107-5605
215-546-3666
BENEDICT, MD, CATHERINE R ST
1915 HUNTINGDON RD
HUNTINGDON VLY PA 19006-4301
BENJAMIN, MD, KENNETH W OPH
3404 WARDEN DR
PHILADELPHIA PA 19129-1416
BENNETT, MD, HUGH D IM
639 VALLEY VIEW RD
ARDMORE PA 19003-1028
BENNETT, MD, JOEL A US
76 PEREGRINE DR
VOORHEES NJ 08043-1661
215-762-2960
BENSON, MD, WILLIAM E * OPH
910 E WILLOW GROVE AVE
PHILADELPHIA PA 19118-1910
215-233-4300
BENTIVOGLIO, MD, LAMBERTO G * CD
LANKENAU MED BLDG
STE 332
WYNNEWOOD PA 19096
215-896-4530
BENTLEY, RHONDA M A ST
4720 PINE ST APT B5
PHILADELPHIA PA 19143-1840
BERAN, MD, SAMUEL J GS
908 SPRUCE ST APT 11
PHILADELPHIA PA 19107-6131
215-629-0976
BERENBAUM, MD, PAUL L GE
60 TOWNSHIP LINE RD BLDG 224
ELKINS PARK PA 19117-2249
215-665-1772
BERENHOLZ, MD, LEONARD P OTO
9880 BUSTLETON AVE #305
PHILADELPHIA PA 19115-2185
215-673-6800
BERES, MD, JOSEPH C DR
NAZARETH HOSP
PHILADELPHIA PA 19152-2096
215-335-6130
BERG, MD, ALAN P IM
PO BOX 205
FLOURTOWN PA 19031-0205
215-836-7993
BERG, MD, MORTON D P
315 AVENUE RD STE 1
CANADA MRV2H
BERG, MD, PHILIP GP
4620 BELLAIRE BLVD APT 247
BELLAIRE TX 77401-4238
***-665-3888
BERGER, MD, ALAN S OTO
525 JAMESTOWN ST STE 104
PHILADELPHIA PA 19128-1751
215-482-3100
BERGER, MD, BRUCE C CD
101 PEPPER PAVILION
PHILADELPHIA PA 19146-1407
215-283-9967
BERGER, DO, LORINDA J P
7955 WALTHAM RD
CHELTENHAM PA 19012-1712
215-456-7240
BERGER, MD, MARK D CD
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-5064
BERGER, MD, SIMON M DR
BIRCH LANE
WYNDMOOR PA 19118
215-951-8765
BERGHER, MD, MOISES CHP
1500 HELLERMAN ST
PHILADELPHIA PA 19149-2825
BERGQVIST, MD, CHRISTINA A G US
503 WALNUT ST
JENKINTOWN PA 19046-2034
BERK, MD, NATHANIEL G IM
CEDARBROOK HILL APTS #C1012
WYNCOTE PA 19095-2512
215-885-4818
BERKOWITZ, MD, HENRY D * GS
PRESBYTERIAN MED CTR
PHILADELPHIA PA 19104
215-662-2028

BERKOWITZ, LORI R ST
950 WALNUT ST APT 512
PHILADELPHIA PA 19107-5564
BERLIN, JONATHAN W ST
3650 CHESTNUT ST
PHILADELPHIA PA 19104-6132
BERLIN, MD, PAUL J AI
205 N BROAD ST STE 300
PHILADELPHIA PA 19107-1511
215-569-1111
BERMAN, MD, ARNOLD T ORS
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-8443
BERMAN, MD, PETER H CHN
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1719
BERNBAUM, MD, JUDY C NPM
CHILRDEN'S HOSP
PHILADELPHIA PA 19104
215-590-2183
BERNS, MD, LEON L IM
1335 W TABOR RD
PHILADELPHIA PA 19141-3038
BERNSTEIN, MD, BRAD AN
1132 MOORLANDS DR
RICHMOND HGHTS MO 63117-1581
215-897-8026
BERNSTEIN, MD, LARRY PM
1612 ROSE GLEN RD
HAVERTOWN PA 19083-1610
215-645-2210
BERNSTINE, MD, J BERNARD OBG
23205 MORA GLEN DR
LOS ALTOS CA 94024-6621
BERRY, MD, GERARD T PDE
34TH CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3372
BERRY, MD, MARCOS A GS
109C WILSON DR
MAPLE SHADE NJ 08052
215-427-7000
BEST, JOHN A ST
RR 1 BOX 40A
CRANBERRY PA 16319-9605
BETESH, MD, JOEL S IM
2240 S 3RD ST
PHILADELPHIA PA 19148
215-755-8575
BETHALA, MD, CYRIL V K IM
3910 POWELTON AVE APT 609
PHILADELPHIA PA 19104-4621
BETTS, MD, EUGENE K AN
108 ROCK ROSE LN
RADNOR PA 19087-3738
215-590-1673
BETZ, MD, RANDAL R ORS
572 LENAPE CIR
LANGHORNE PA 19047-1141
215-332-4500
BEVERLY, MD, AVERY W * R
5029 WOODLAND AVE
PHILADELPHIA PA 19143-5132
BEVERLY JR, MD, ROLAND S GP
5836 CHESTNUT ST
PHILADELPHIA PA 19139-3109
215-476-8048
BEVILACQUA, MD, JOHN E * N
HOSP OF UNIV OF PA
PHILADELPHIA PA 19104
215-662-3368
BEYER JR, MD, KARL H NEP
PO BOX 387
PENILLYN PA 19422-0387
BHAKTA, SANJAY C ST
3320 LAFAYETTE ST
ROSEMEAD CA 91770-2417
BHATTACHARYA, MD,
ROXANNE E PD
206 FULTON ST
PHILADELPHIA PA 19147-3307
BHIDE, SAROJINI Y ST
435 E 70TH ST APT 21F
NEW YORK NY 10021-5347
BHUTANI, MD, VINOD K NPM
PENNSYLVANIA HOSP
PHILADELPHIA PA 19107
215-829-3230
BIANROSA, MD, JOHN J AN
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1407
BIBIDAKIS, MD, EVANGELOS J GS
96 FOSTERTOWN RD
MEDFORD NJ 08055-9521
BIELE, MD, FLORA H P
1520 SPRUCE ST
PHILADELPHIA PA 19102-4511
BIEMULLER, MD, MARTHA L OBG
311 ROSEMARY LN
NARBERTH PA 19072-1119
BIERMANN, MD, WILLIAM A ON
111 S 11TH ST STE G4100
PHILADELPHIA PA 19107-4824
215-955-6039
BIGGS, MD, LISA M PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1000
BIGLER, MD, ROBERT D IM
HAHNEMANN UNIV M/S 412
PHILADELPHIA PA 19102-1178
215-782-7641

BIGLEY, MD, JOSEPH R * GP
5012 N CONVENT LN F
PHILADELPHIA PA 19114
215-637-4709
BILLIG, MD, RUTH A PD
SOUTHAMPTON ESTATES
SOUTHAMPTON PA 18966-3172
215-364-1467
BILSKY, MD, ALAN CHARLES * IM
16 PARKVIEW RD
CHELTENHAM PA 19012-1815
215-924-7480
BINGHAM, MD, PETER M CHN
CHILDRENS HOSP
PHILADELPHIA PA 19104
BIRCHANSKY, MD,
CHRISTINE A RO
6300 STEVENSON AVE APT 721
ALEXANDRIA VA 22304-3587
BIRD, MD, LUIS J P
1422 LOMBARD ST
PHILADELPHIA PA 19146-1623
215-236-4470
BIRD, SHARON R ST
325 N 15TH ST APT 1307
PHILADELPHIA PA 19102-1012
BIRNBAUM, MD, MICHAEL D REN
6116 OLD YORK RD
ELKINS PARK PA 19117-1423
215-635-0545
BISCHOF, MD, RALPH O FP
821 KINGS CROFT
CHERRY HILL NJ 08034-1110
BISER, SETH A ST
1908-C RODMAN ST
PHILADELPHIA PA 19146
BISHAI, MD, DAVID M PD
88 WILLOWBROOK AVE
LANSDOWNE PA 19050-1832
BISHOW, MD, I RALPH FP
LIMEKILN PIKE & GLENSIDE AVE
GLENSIDE PA 19038
215-885-2350
BISTRAIN, JOSEPH J ST
3120 SCHOOL HOUSE LN #FB3
PHILADELPHIA PA 19144
BITAR III, H JOSEPH ST
242 S MELVILLE ST
PHILADELPHIA PA 19139-4523
BITMAN, MD, HAROLD L P
BRIAR HOUSE STE 7
ELKINS PARK PA 19117
215-549-7147
BITMAN, MD, JOSEPH PD
1939 W CHELTENHAM AVE
ELKINS PARK PA 19117-1046
215-924-6667
BLACK, MD, MARTIN GE
1453 HAGYS FORD RD
PENN VALLEY PA 19072-1139
215-221-3434
BLACK, MD, PERRY NS
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-762-8072
BLAICHER, ELAINE H ST
55 TANSBORO RD
BERLIN NJ 08009-1947
BLAIR, MD, FRANK W OPH
2000 CAMBRIDGE AVE
WYOMISSING PA 19610-2723
BLAKE, MD, HU A * GS
1021 RIVERTON RD
MOORESTOWN NJ 08057-1344
215-551-9266
BLAKE, JIM J ST
1666 CALLOWHILL ST APT 117
PHILADELPHIA PA 19130-4117
BLANCH, MD, JOSEPH J U
10654 CRESTMONT AVE
PHILADELPHIA PA 19154-4419
BLAND, MD, C BRINLEY GYN
717 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2111
215-233-0339
BLANK, MD, SAMUEL AN
191 PRESIDENTIAL BLVD
BALA CYNWYD PA 19004
BLANZACO, MD, ANDRE C * OBG
717 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2111
215-836-1313
BLATT, MD, MARK A GP
2 BALA PLZ PL15
BALA CYNWYD PA 19004-1503
215-667-1115
BLECHER, MD, MARK H OPH
1703 S BROAD ST
PHILADELPHIA PA 19148-1505
215-339-8100
BLEI, REBECCA L ST
1416 OAKMONT ST 2ND FL
PHILADELPHIA PA 19111
BLEICHER, RICHARD J ST
3900 CITY LINE AVE #A-1205
PHILADELPHIA PA 19131
BLENDER, DO, BURTON * US
335 E WYOMING AVE
PHILADELPHIA PA 19120-4432
215-455-0113
BLEWITT, MD, GEORGE A IM
PO BOX 698
OLDWICK NJ 08858-0698

BLINKOFF, MD, BARRY A IM
8040 ROOSEVELT BLVD APT 217
PHILADELPHIA PA 19152-2902
215-331-0514
BLOCK, MD, ROBERT A OBG
9600 ROOSEVELT BLVD APT 2
PHILADELPHIA PA 19115-3932
215-677-1100
BLOOM, MD, BENJAMIN H OPH
GERMANTOWN HOSP STE 207
PHILADELPHIA PA 19144-1403
215-849-0422
BLOOM, HEIDI T ST
STEMMLER HALL
BOX 519
PHILADELPHIA PA 19104-6092
BLOOM, MD, JOSEPH PD
BRONLEY APTS
PHILADELPHIA PA 19126-2234
215-924-0700
BLOOM, MD, LAWRENCE H OPH
525 JAMESTOWN ST STE 207
PHILADELPHIA PA 19128-1751
215-483-8445
BLOOMGARDEN, MD, RAPHAEL T CD
1722 BETHLEHEM PIKE
FLOURTOWN PA 19031-1644
215-247-9400
BLUE, MD, TODD M ST
4438 FLEMING ST
PHILADELPHIA PA 19128-4809
BLUEMLE JR, MD, LEWIS W IM
THOMAS JEFFERSON UNIV
PHILADELPHIA PA 19107
215-928-6617
BLUM, MD, LARRY W N
1032 H SPA RD
ANNAPOLIS MD 21403
215-629-1249
BLUMBERG, MD, BARUCH S OS
7701 BURHOLME AVE
PHILADELPHIA PA 19111-2412
215-728-3164
BLUMBERG, MD, MYRON L R
317 S 22ND ST
PHILADELPHIA PA 19103-6528
215-543-8860
BLUMENTHAL, MD, SHERRY L OBG
2701 BLAIR MILL RD STE C
WILLOW GROVE PA 19090-1041
215-443-0660
BOBRIN, BRAD D ST
205 STONEHOUSE LN
WYNCOTE PA 19095-1524
BOBRIN, DO, MARSHALL C * US
11863 BRANDON RD
PHILADELPHIA PA 19154-2532
215-637-1134
BOCCIO, MD, REMIGIO V AN
GRADUATE HOSP
PHILADELPHIA PA 19148
215-893-2659
BOEHM, ROSEMARIE ST
274 BERGEN AVE
BELLMAWR NJ 08031-1607
BOELLNER, MD, ALICIA A PD
48 WHITE PINE CT
LAFAYETTE HILL PA 19444-2514
215-427-5337
BOGER, MD, WILLIAM P ID
1675 GLENHARDIE RD
WAYNE PA 19087-1003
BOGERT, DO, ARTHUR EDWIN FP
5458 RIDGE AVE
PHILADELPHIA PA 19128-3732
215-483-1010
BOGERT, EUGENIA-PAULITA ST
275 BRYN MAWR AVE APT K59
BRYN MAWR PA 19010
BOHEEN, ERICA A ST
BENSON MNR
STE 628
JENKINTOWN PA 19046-3500
BOLLIMPALLI, SRINIVAS S ST
834 CHESTNUT ST APT 628
PHILADELPHIA PA 19107-5138
BOLNO, DO, CHARLES M ORS
8011 STENTON AVE
PHILADELPHIA PA 19118-2423
BONAGURA, MD, ANTHONY F IM
4562 FLEMMING ST
PHILADELPHIA PA 19128-4719
BONAKDAR-POUR, MD, AKBAR DR
TEMPLE UNIV HOSP
PHILADELPHIA PA 19140
BONDI, MD, EDWARD EDGE D
1096 RANDOLPH RD
MEADOWBROOK PA 19046-1821
215-662-2397
BONE, LINDA J ST
4209 PINE ST
PHILADELPHIA PA 19104-4010
BONN, MD, JOSEPH OS
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
215-955-7976
BONNER, MD, JAMES F * PM
217 KEDRON AVE
FOLSOM PA 19033-1310
215-532-2633
BONNER, MD, ROBERT E OM
PHILADELPHIA ELECTRIC CO
PHILADELPHIA PA 19101
215-841-4370
BONWICH, JANINA B ST
4032 LAWNDALE ST
PHILADELPHIA PA 19124-5224
BOORSTEIN, MD, JEFFREY M DR
1043 HIGHVIEW DR
CHESTER SPRINGS PA 19425-1712
215-662-6865
BOOTH JR, MD, ROBERT E ORS
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-3458
BORANS, STACY M ST
111 ATLANTIC AVE
REVERE MA 02151-5451
BORDEN, MD, ANTHONY G * R
991 RYDAL RD
RYDAL PA 19046-1704
BORGMANN-WINTER, KARIN ST
452 N CREEK RD
WEST CHESTER PA 19382-1905
BORKOWSKI, MD, WINSLOW J N
1324 RED RAMBLER RD
RYDAL PA 19046
BORN, MD, CHRISTOPHER T ORS
3 COOPER PLZ
CAMDEN NJ 08103-1438
609-342-3253
BORNS, MD, PATRICIA F PDR
3411 WARDEN DR
PHILADELPHIA PA 19129-1417
BOROW, MD, SYDNEY PD
3400 ST VINCENT ST
PHILADELPHIA PA 19149-1626
215-624-2515
BORTIN, MD, LEONARD IM
191 PRESIDENTIAL BLVD
BALA CYNWYD PA 19004-1207
215-839-7400
BORYS, DAVID J ST
227 B PARKER STREET
PHILADELPHIA PA 19128
BOSACCO, MD, STEPHEN J ORS
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-448-8445
BOSCIA, MD, JEROME A * ID
PO BOX 7929
PHILADELPHIA PA 19101-7929
215-751-4978
BOSELLI, MD, JOSEPH M IM
1320 RACE ST
PHILADELPHIA PA 19107
215-963-9760
BOSSARD, MD, VALERIE J OBG
1548 RIVER RD
NEW HOPE PA 18938-9267
215-739-9740
BOSSIO, ADRIENNE E ST
31 PHILBRICK RD
KITTERY ME 03904-1348
BOTEK, MD, ALISON A IM
2370 MAHONING DR E
LEHIGHTON PA 18235-9723
BOTROS, MD, MAGED S IM
414 TRENTON TER
MT LAUREL NJ 08054-3236
BOTROS, MD, MAUREEN R US
414 TRENTON TER
MT LAUREL NJ 08054-3236
BOVE, MD, FRANK A * DIA
1301 WOLF ST
PHILADELPHIA PA 19148-2911
215-334-0980
BOVE, MD, RICHARD L * CRS
1301 WOLF ST
PHILADELPHIA PA 19148-2911
215-334-5407
BOWEN JR, MD, FRANK W PD
6TH AND SPRUCE STS
PHILADELPHIA PA 19107
215-829-3301
BOWER, MD, ROBERT GS
230 N BROAD ST
PHILADELPHIA PA 19102-1121
BOWERS, MD, PAUL A OBG
9 SANDRINGHAM RD
BALA CYNWYD PA 19004
215-928-4800
BOWMAN, MD, JAMES E PD
109 MOHAWK TRL
MEDFORD LAKES NJ 08055-1400
BOXER, MD, LOUIS M AN
247G SHAWMONT AVE
PHILADELPHIA PA 19126-4209
215-458-6010
BOYADJIS, MD, TERRENCE A P
1016 DREXEL AVE
DREXEL HILL PA 19026-4002
BOYD III, MD, THOMPSON H IM
774 N 24TH ST
PHILADELPHIA PA 19130-2542
215-787-9000
BOYER, MD, RANDAL A DR
39 E MONTGOMERY AVE
ARDMORE PA 19003-2502
BOZENTKA, MD, DAVID J ORS
6100 CITY AVE APT 1709
PHILADELPHIA PA 19131
215-662-6106
BRACCIA, DO, DOMENICK GP
1033 W GERMANTOWN PIKE
NORRISTOWN PA 19403-3905
215-539-8500
BRACCIA, MD, GREGORY M AN
604 WASHINGTON SQ
PHILADELPHIA PA 19106-4113
215-955-6161
BRACE, MD, FREDERICK H * P
PO BOX 271
ARDMORE PA 19003-0271
215-735-7447
BRADEN, MD, GEOFFREY L GE
2 BALA PLZ STE IL22-24
BALA CYNWYD PA 19004-1589
215-664-9700
BRADLEY, ELIZABETH A ST
3227 N PARK AVE 1ST FL
PHILADELPHIA PA 19140
BRADLEY, MD, JAMES P * GS
239 S QUINCE ST
PHILADELPHIA PA 19107-6743
215-829-3000
BRADLEY, KEVIN M ST
43 STURBRIDGE LN
WEST CHESTER PA 19380-6618
BRADLEY JR, MD, ROBERT H * U
7913 CREFELD ST
PHILADELPHIA PA 19118-3938
BRADY, MD, JOSEPH J GS
8580 GLEN CAMPBELL RD
PHILADELPHIA PA 19128-1214
BRADY, MD, LUTHER W TR
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-8419
BRADY, MD, MICHAEL A IM
2036 LOCUST ST
PHILADELPHIA PA 19103-5614
215-448-7000
BRAFFMAN, MD, MICHAEL N ID
822 PINE ST STE 3A
PHILADELPHIA PA 19107-6124
215-925-8010
BRAITMAN, MD, ROBERT A IM
539 PRESCOTT RD
MERION STATION PA 19066-1034
BRALOW, MD, S PHILIP GE
PEPPER PAVILION STE 100
PHILADELPHIA PA 19148
215-893-2532
BRANDMAN, MD, ITA S IM
1208 CHILDS AVE
DREXEL HILL PA 19026-4102
215-423-1874
BRAUN, MAX ST
1433 BLACKROCK RD
SWARTHMORE PA 19081-2828
BRAUN, STEPHANIE M ST
226 W RITTENHOUSE SQ APT 513
PHILADELPHIA PA 19103-5740
BRAUNSTEIN, MD, LARRY ST
1426 MCKINLEY ST
PHILADELPHIA PA 19149-2705
BRAV, MD, SOLOMON S OPH
5575 N PARK AVE
PHILADELPHIA PA 19141-3017
215-424-1254
BRAVETTE, MD, BARRY A CD
1317 WOLF ST
PHILADELPHIA PA 19148-2934
215-389-0700
BRAY, MD, SUSAN H * NEP
86 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2821
215-247-3930
BRAYMAN, MD, KENNETH L GS
3400 SPRUCE ST
PHILADELPHIA PA 19104
215-662-2094
BRAZZO, MD, BRIAN G US
197 WILSON DR
HAZLETON PA 18201
BRECHER, MD, EUGENE * IM
8302 OLD YORK RD
ELKINS PARK PA 19117-1522
215-885-8550
BREECKER, MD, STEVEN W CD
3 SALISBURY LN
MALVERN PA 19355-2835
215-955-8706
BREEN, GREGORY ST
PO BOX 465
NEW TRIPOLI PA 18066-0465
BREINER, JEFFREY H ST
348 FOUNTAIN ST #5
PHILADELPHIA PA 19128
BRENMAN, MD, ARNOLD K OT
7612 MOUNTAIN AVE
PHILADELPHIA PA 19117-2605
215-331-6878
BRENMAN, MD, SCOTT A PS
330 S 9TH ST #300
PHILADELPHIA PA 19107-6153
215-829-7290
BRENNER, MD, BARRY S FP
2175 KNORR ST
PHILADELPHIA PA 19149-2307
215-624-2491
BRENNER, DO, RICHARD P FP
2175 KNORR ST
PHILADELPHIA PA 19149-2307
215-624-2491
BRENT, GEOFFREY J ST
1960 DEERFIELD DR
LANSDALE PA 19446-5007
BREST, MD, ALBERT N CD
JEFFERSON MED COLL
PHILADELPHIA PA 19107
BRIAN, JAMES M ST
1714 GREEN ST APT D
PHILADELPHIA PA 19130-3912
BRIDGES, MD, KENNETH G TS
5249 CEDAR AVE
PHILADELPHIA PA 19143
215-471-1826
BRIGHT, ROBERT C ST
1130 RODMAN ST #2
PHILADELPHIA PA 19147
BRIGHTON, MD, CARL T ORS
14 FLINTSHIRE RD
MALVERN PA 19355-1106
BRIGNOLA, MD, MICHAEL P * IM
215-218 GSB BLDG
BALA CYNWYD PA 19004
215-667-4815
BRINDISI-DEGER, MD, CAROLYN P
3122 BROOKVIEW PL
ELKINS PARK PA 19117-2806
BRINSTER, DEREK R ST
2224 SPRUCE ST APT 3R
PHILADELPHIA PA 19103
BRISTOWE, KEVIN D ST
117 W REAMER AVE
WILMINGTON DE 19804-1717
BRITTON, ERIC L ST
2201 PENNSYLVANIA AVE APT 415
PHILADELPHIA PA 19130-3515
BRIZUELA, MD, HERNAN R OBG
5024 N 5TH ST
PHILADELPHIA PA 19120-3804
215-425-6084
BROAD, MD, LOUIS T GE
182 ROLLING RD
BALA CYNWYD PA 19004-2615
215-955-6526
BROBYN, MD, THOMAS J PS
831 BETHLEHEM PIKE
ERDENHEIM PA 19118-2112
215-233-4005
BROCK, MD, CHARLENE M PD
3805 MCMICHAEL ST
PHILADELPHIA PA 19129-1009
215-483-8865
BROCKMAN, MD, STANLEY K CD
HAHNEMANN UNIV HOSP MS111
PHILADELPHIA PA 19102
215-672-2803
BRODER, MD, GEORGE J DR
1553 CHERRY LN
RYDAL PA 19046-1401
215-728-2156
BRODOVSKY, MD, HARVEY S IM
111 S 11TH ST STE 6165
PHILADELPHIA PA 19107-4824
BRODSKY, MD, ISADORE ON
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1121
BRODSKY, MD, JEFFREY T GS
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1178
215-762-1711
BRODY, MD, JEROME I * HEM
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6962
BRODY, MD, JULIA B PUD
1726 S BROAD ST STE 103
PHILADELPHIA PA 19145-4417
215-463-5008
BRODY, MD, LEONARD A ORS
7201 RISING SUN AVE
PHILADELPHIA PA 19111-3928
215-742-6306
BRODY, MD, MARION B IM
139 FITZWATER ST
PHILADELPHIA PA 19147-3407
215-221-2000
BRODY, MD, MORRIS W PYA
2 W LEVERING MILL RD
BALA CYNWYD PA 19004
215-664-7238
BROENNLE, MD, A MICHAEL AN
34TH ST AND CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1875
BROGAN, MD, EDMUND J OTO
1020 CEDAR GROVE RD
WYNNEWOOD PA 19096
BROGAN, MD, LOUIS E PD
6419 DREXEL RD
PHILADELPHIA PA 19151-2402
BROMBERG, MD, JONATHAN B ORS
KLEIN BUILDING
PHILADELPHIA PA 19141-3030
215-456-9400
BROMMER, MD, OLIVER R GP
421 GREEN LN
PHILADELPHIA PA 19128-3305
BRONSTEIN, MD, HOWARD D IM
1659 PAPER MILL RD
MEADOWBROOK PA 19046-1018
215-742-0712
BROOKER, MD, DAVID R IM
1584 HAINESPORT MT LAUREL RD
MOUNT LAUREL NJ 08054
215-662-2402
BROOKS, BRIAN P ST
248 S FARRAGUT ST
PHILADELPHIA PA 19139
BROOKS, MD, MICHAEL L R
GRADUATE IMAGING CTR
PHILADELPHIA PA 19148
215-893-7271
BROOKS, MD, ROBERT GP
6100 CITY AVE #1417
PHILADELPHIA PA 19131-1246
BROOKS, SUSAN L ST
3514 LANCASTER AVE APT 107
PHILADELPHIA PA 19104-2434
BROSELOW, MD, DAVID D GP
CEDARBROOK HILL III APT C312
WYNCOTE PA 19095
215-885-8361
BROSNAN, MD, WILLIAM J AN
1225 CENTENNIAL RD
NARBERTH PA 19072
BROTHERS, BONNIE L ST
418 S 45TH ST APT 2-F
PHILADELPHIA PA 19104-3909
BROUDO, MD, SAMUEL F ORS
6800 CASTOR AVE
PHILADELPHIA PA 19149-2106
215-745-1401
BROUSSARD, MD, DELMA L GE
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1685
BROWN, DO, AVROM S FP
NE MEDICAL CTR STE 15
PHILADELPHIA PA 19114
215-552-9533
BROWN, CAROLYN M ST
1411 MANOR AVE
MCKEESPORT PA 15132
BROWN, MD, CLARK E PTH
PO BOX 748
TRURO MA 02666-0748
BROWN, MD, GARY C OPH
910 E WILLOWGROVE AVE
WYNDMOOR PA 19118
215-233-4300
BROWN, MD, J OLIVER GP
1015 W UPSAL ST
PHILADELPHIA PA 19119-3716
215-474-2050
BROWN, MD, JEFFREY L GS
820 CRESCENT DR
GLENOLDEN PA 19036
BROWN, MD, JODI H P
1 INDEPENDENCE PL
PHILADELPHIA PA 19106
BROWN, MD, KENNETH R ID
MERCK SHARP & DOHME
WEST POINT PA 19486
215-397-2552
BROWN, MD, LAWRENCE W N
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-842-6684
BROWN, MD, LESLIE A OPH
1801 BUTTONWOOD ST APT 1015
PHILADELPHIA PA 19130-3952
215-667-0915
BROWN, MD, LINDA E NEP
290 RIDINGS WAY
BROAD AXE PA 19002-5248
215-843-1600
BROWN, MD, MARK F GS
CHILDRENS HOSP
PHILADELPHIA PA 19104-4397
215-590-2468
BROWN, MD, MELISSA M OPH
1107 BETHLEHEM PIKE STE 207
FLOURTOWN PA 19031-1919
215-233-1964
BROWN JR, MD, LOUIS A D
2 NEW LONDON CT
VOORHEES NJ 08043
215-728-5595
BROWNE, MD, BARBARA J PM
MAGEE REHABILITATION HOSP
PHILADELPHIA PA 19102-1177
215-587-3084
BROWNSTEIN, MD, BRUCE K OPH
304 CYNWYD RD
BALA CYNWYD PA 19004-2634
215-438-2020
BROWNSTEIN, MD, PHILLIP K U
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-923-6400
BRUCKER, MD, ALEXANDER J OPH
SCHEIE EYE INST
PHILADELPHIA PA 19104-2640
215-622-8675
BRUCKER, MD, PAUL C FP
1020 WALNUT ST
PHILADELPHIA PA 19107-5567
215-955-6617
BRUDER, JOHN B ST
909 COLLENBROOK AVE
DREXEL HILL PA 19026-4418
BRUESCHKE, ERICH R ST
1801 SPRING GARDEN ST APT 400
PHILADELPHIA PA 19130-3943
BRUNNER, MD, RICHARD A P
89 W LEVERING MILL RD
BALA CYNWYD PA 19004

BRUNO, MD, LEONARD A * NS
1801 WALNUT ST FL 908
PHILADELPHIA PA 19102-2909
215-843-8908
BRUNT, JOYCE K ST
5555 WISSAHICKON AVE APT 909
PHILADELPHIA PA 19144-4542
BRUNT JR, MD, MANLY Y P
633 MALIN RD
NEWTOWN SQUARE PA 19073-2612
215-527-0362
BRYANSMITH, MD, DALE HEM
3998 RED LION RD STE 100
PHILADELPHIA PA 19114-1436
215-969-8949
BRYANT, DARREN P ST
132 DAWSON ST
PHILADELPHIA PA 19127-1804
BRYANT, DAVID S ST
528 OVERLOOK RD
PHILADELPHIA PA 19128-2408
BRYANT JR, MD, WINSTON M * OPH
191 PRESIDENTIAL BLVD STE W5
BALA CYNWYD PA 19004-1207
215-748-2338
BRYANT-STEPHENS, MD, TYRA C PD
CHCA 39TH & CHESTNUT STS
PHILADELPHIA PA 19104
215-590-5090
BRYLAWSKI, MD, MICHAEL IM
608 ELKINS AVE
ELKINS PARK PA 19117-2302
215-549-2638
BUCHHEIT, MD, WILLIAM A NS
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-4068
BUCK, MD, DONALD E IM
130TH GEN HOSP #CMR406
APO AE 09110
215-427-7000
BUCKLEY, MD, ROLAND M IM
822 PINE ST
PHILADELPHIA PA 19107-6124
215-925-8010
BUDD, CATHERINE B ST
1039 LAFAYETTE DR
YARDLEY PA 19067-2830
BUHL, MD, KEITH J GE
7500 CENTRAL AVE STE 209
PHILADELPHIA PA 19111-2434
215-728-6668
BUI, LEHIEN T ST
834 CHESTNUT ST APT 614
PHILADELPHIA PA 19107
BUKHARI, MD, KHATIJA N P
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
BULOVA, MD, STEPHEN I HEM
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1178
215-762-8028
BUNESE, MD, HORST J GP
6126 RIDGE AVE
PHILADELPHIA PA 19128-2931
BUNIN, MD, NANCY J PHO
34TH CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2255
BUNYA, MD, VATHANA O EM
1414 JUNE LN
NARBERTH PA 19072-1117
215-387-4545
BUNYA, MD, VICHAI PD
1414 JUNE LN
PENN VALLEY PA 19072-1117
215-387-4545
BUONO, LAWRENCE ST
950 WALNUT ST #419-N
PHILADELPHIA PA 19107
BURDEN, MD, THEODORE IM
6711 OLD YORK RD
PHILADELPHIA PA 19126
215-924-2480
BURDZIAK, DO, DOROTHY A PD
127 HOLME AVE
ELKINS PARK PA 19117-1803
BURG, MD, FREDRIC D * PD
UNIV OF PA ED BLDG
STE 100
PHILADELPHIA PA 19104
215-898-8054
BURKE, GERRIANNE ST
5 BROOK LN
CHALFONT PA 18914-1309
BURKE, MD, JAMES M N
KLEIN PROF BLDG
STE 300
PHILADELPHIA PA 19141-3030
215-456-7190
BURKE, MD, MARGARET A IM
438 W MOUNT AIRY AVE
PHILADELPHIA PA 19119
215-743-3131
BURKEY, MD, DELL R AN
1743 GREEN BRIAR DR
WORCHESTER PA 19490-0680
215-291-3091
BURLAND, MD, J ALEXIS PYA
15 COLWYN LN
BALA CYNWYD PA 19004-2308
215-664-6178

BURNELL, ELIZABETH E ST
3449 VAUX ST
PHILADELPHIA PA 19129-1436
BURNS, CYNTHIA A ST
241 CANDLEBROOK RD
KING OF PRUSSIA PA 19406-1808
BURNS, DO, ELIZABETH A * P
ALDEN PARK APTS APT 104C
PHILADELPHIA PA 19144
215-842-6000
BURNS, MD, PETER B P
2200 BEN FRANKLIN PKWY #903W
PHILADELPHIA PA 19130
215-782-6660
BURNS-LAZAR, BARBARA ST
803-B ADDISON ST
PHILADELPHIA PA 19147
BURROUGHS, MD, BETH A PD
4832 LARCHWOOD AVE
PHILADELPHIA PA 19143-2108
BURROWS, MD, CHARLES B ST
5580 DEER RUN RD
DOYLESTOWN PA 18901-1912
BURROWS, MD, STANLEY B PTH
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7333
BURSTEIN, MD, FRANK FP
1716 WELSH RD
PHILADELPHIA PA 19115
215-673-1700
BURSTEIN, MD, WILLIAM H IM
1716 WELSH RD
PHILADELPHIA PA 19115
215-342-6564
BUSHRA, JOSEPH S ST
2033 SICKLERVILLE RD
SICKLERVILLE NJ 08081-2427
BUTANI, RAJ C ST
BLYTHEWOOD APT L22E
PHILADELPHIA PA 19144-5357
BUTLER, MD, MELVIN V GP
2024 N 22ND ST
PHILADELPHIA PA 19121-1407
BUTSON, MD, HARRY E PD
8236 GERMANTOWN AVE
PHILADELPHIA PA 19118-3402
215-247-1172
BUTTERWICK, LAURA A ST
415 GORDON RD
AMBLER PA 19002
BUZBY, MD, FRANKLIN S OM
1107 WAKELING ST
PHILADELPHIA PA 19124-2509
215-743-4646
BUZBY, MD, GORDON P GS
HOSP UNIV OF PA
PHILADELPHIA PA 19104
215-662-2030
BYERS, MD, KARIN E IM
2117 GREEN ST APT 1F
PHILADELPHIA PA 19130-3110
215-221-4545
BYRNE, MD, KEVIN J DR
347 TREVOR LANE
BALA-CYNWYD PA 19004
214-248-8585
CABUNGCAL, CATHERINE R ST
1 FRANKLINTOWN BLVD APT 703
PHILADELPHIA PA 19103
CACCIAMANI, JOHN D ST
336 S 42ND ST #1R
PHILADELPHIA PA 19104-4016
CADIEUX, MD, AMY J OBG
PENNSYLVANIA HOSP
PHILADELPHIA PA 19106
215-829-3000
CADY, MD, HERBERT M PD
7056 GERMANTOWN AVE
PHILADELPHIA PA 19119-1826
215-247-2996
CAHAN, MD, MICHAEL S PD
1939 W CHELTENHAM AVE
PHILADELPHIA PA 19117-1046
215-924-6667
CAHAN, MD, ROBERT B P
2340 SUTTER ST
SAN FRANCISCO CA 94115-3024
CAHN, MD, MILTON M D
1930 CHESTNUT ST FL 1501
PHILADELPHIA PA 19103-4515
215-563-8332
CAIN, ERIC L ST
223 ST MARKS SQ
PHILADELPHIA PA 19104
CALABRO, MD, SAL P PS
2401 PENNSYLVANIA AVE APT 1A5
PHILADELPHIA PA 19130-3061
215-232-8200
CALANDRA, MD, GARY B IM
1020 PHEASANT MEADOW RD
BLUE BELL PA 19422-1565
CALDERON, DO, DAWN M IM
4041 RIDGE AVE APT 5-110
PHILADELPHIA PA 19129
215-456-7890
CALDWELL, CHAD D ST
3315 INDIAN QUEEN LN
PHILADELPHIA PA 19129
CALDWELL, MD, J MICHAEL ST
148 N SOUTH DR
PITTSBURGH PA 15237

CALES, MD, ROBERT J GS
215 TWIN LAKES DR
MANTUA NJ 08051-1666
CALESNICK, MD, BENJAMIN * PA
646 SPRINGFIELD RD
SPRINGFIELD PA 19064
215-448-8237
CALHOUN, MD, JOSEPH H OPH
215 WINSOR LN
HAVERFORD PA 19041-1822
215-928-3245
CALIENDO, MARK V ST
2110 SPRING ST
PHILADELPHIA PA 19103-1002
CALLAGHAN, MD, MARIAN P CHP
27 BARTRAM RD
MARLTON NJ 08053-1153
215-642-4406
CALLIGARO, MD, KEITH D VS
700 SPRUCE ST STE 101
PHILADELPHIA PA 19106-4015
215-829-5000
CAMODY-JOHNSTON, MD,
PATRICIA A PD
1015 CHESTNUT ST STE 405
PHILADELPHIA PA 19107-4304
215-592-7220
CAMPANELLA, MD, PETER C US
834 CHESTNUT ST APT 1408
PHILADELPHIA PA 19107-5145
CAMPBELL, MD, CARLA C PD
520 GREENWOOD AVE
JENKINTOWN PA 19046
215-590-5090
CAMPBELL, CONNIE J ST
309D SHAWMONT AVE
PHILADELPHIA PA 19126-4221
CAMPBELL, DAMALI M ST
259 W JOHNSON ST #I-2
PHILADELPHIA PA 19144
CAMPBELL, MD, E CABRINA P
5500 WISSAHICKON AVE APT 401A
PHILADELPHIA PA 19144
215-662-7800
CAMPBELL, MD, ROBERT E DR
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-6079
CAMPISI, DANIELLE J ST
2619 S 11TH ST
PHILADELPHIA PA 19148-4407
CANDER, MD, LEON PUD
BENJAMIN FRANKLIN CLINIC
PHILADELPHIA PA 19103
215-587-5720
CANE, MD, MARTIN IM
3794 RIDGEVIEW RD
HUNTINGDON VLY PA 19006-3318
215-969-2900
CANINO, MD, CHRISTOPHER W DR
433 ALDAN AVE
ALDAN PA 19018-4205
215-955-7291
CANNING, MD, DOUGLAS A PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2754
CANNON, MD, EDWARD J OPH
1500 LOCUST ST APT 1718
PHILADELPHIA PA 19102-4315
215-735-2957
CANOVA, MD, ANDRES E IM
2200 BEN FRANKLIN PKWY #S1608
PHILADELPHIA PA 19130
CANUSO, MD, NICHOLAS A OBG
1645 S BROAD ST
PHILADELPHIA PA 19148-1003
215-389-3434
CAPALONGO, DO, DINA F IM
3320 E HAYES RD
NORRISTOWN PA 19403-4070
215-762-7000
CAPLAN, MD, BERNARD R
8128 FAIRVIEW RD
ELKINS PARK PA 19117-2117
CAPLAN, MD, HOWARD S PS
301 S 8TH ST
PHILADELPHIA PA 19106-4014
215-829-3452
CAPLAN, MD, JOHN L OTO
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7000
CAPLAN, MD, MURRAY S * P
9321 LARAMIE RD
PHILADELPHIA PA 19115-2738
215-464-6381
CAPONE, MD, GAETANO J CD
439 LANKENAU MED BLDG W
WYNNEWOOD PA 19096-3427
215-658-0489
CAPPOLA JR, MD, MICHAEL T GP
6212 N FAIRHILL ST
PHILADELPHIA PA 19126-3826
CAPPUCCIO, MD, MATTHEW S OBG
125 HAVERFORD RD
WYNNEWOOD PA 19096-3632
CAPUTO, MD, LARRY A DR
METHODIST HOSP
PHILADELPHIA PA 19148-3594
215-952-9150

CAPUZZI, MD, DAVID M * END
HOSP OF MCP
PHILADELPHIA PA 19129-1121
215-842-6734
CARABALLO, RICARDO ST
928 12TH AVE
PROSPECT PARK PA 19076-2020
CARABASI, MD, RALPH A IM
1001 BARBERRY RD
BRYN MAWR PA 19010-1905
CARABASI III, MD, R ANTHONY VS
1025 WALNUT ST STE 611
PHILADELPHIA PA 19107-5001
215-928-8813
CARABELLI, MD, RONALD J CD
332 FISHER RD
JENKINTOWN PA 19046-3814
215-423-9460
CARANDANG-PANIS, MD,
NORMA H PD
113 MARYWATERSFORD RD
BALA CYNWYD PA 19004-2020
CARDAMONE, MD, S JOSEPH P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-472-1231
CAREL, MD, WARREN D AN
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1407
215-893-2185
CAREY, MD, WILLIAM B PD
511 WALNUT LN
SWARTHMORE PA 19081-1140
215-590-2168
CARLSSON, MD, CHRISTER AN
TEMPLE UNIVERSITY
PHILADELPHIA PA 19140
215-221-3325
CARLUCCI, MD, RONALD J GS
720 SUMMER ST
MEDIA PA 19063-1509
215-566-2606
CARNABUCI, MD, GUY J D
1612 S BROAD ST
PHILADELPHIA PA 19145-1509
215-336-1197
CARO, MD, JOSE F END
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-6946
CARP, MD, ALBERT A PD
7433 DREXEL RD
PHILADELPHIA PA 19151-2920
215-473-0104
CARP, MD, LEON M * IM
7518 CITY AVE
PHILADELPHIA PA 19151-2102
215-473-6000
CARPENTER, MD, JEFFREY P VS
6708 PROSPECT AVE APT 13
PHILADELPHIA PA 19118-2847
215-662-2029
CARPINIELLO, MD, VICTOR L U
299 S 8TH ST
PHILADELPHIA PA 19106-4010
215-389-4800
CARREON, MD, ADRIAN W E IM
3713 W MIMI CIR
PHILADELPHIA PA 19131-2820
215-662-8000
CARRICK, JOHN S ST
3291 WEYMOUTH PL
HOLLAND PA 18966
CARROLL, MD, JOAN B * AN
HAHNEMANN UNIV HOSP MS 310
PHILADELPHIA PA 19102
215-762-7960
CARROLL, MD, ROBERT T IM
2500 PANAMA MALL
PHILADELPHIA PA 19103-6414
215-627-6863
CARROLL, MD, STANTON F GS
541 CITY LINE AVE
MERION STATION PA 19066
215-324-9111
CARROZZA, MD, HARRY D OPH
STE 207
PHILADELPHIA PA 19128
215-483-8444
CARTAYA, DANIEL I ST
PO BOX 59202
PHILADELPHIA PA 19102
CARTER, MD, JEFFREY E DR
7 NOLEN CIR
VOORHEES NJ 08043-4110
215-328-8785
CARUSO, DO, JUNE M ST
126 BROOKLINE BLVD
HAVERTOWN PA 19063-3804
CARVER, MD, JOSEPH R CD
718 OXFORD RD
BALA CYNWYD PA 19004-2112
215-283-3060
CASDORPH, MICHAEL L ST
1 FRANKLIN TOWN BLVD
PHILADELPHIA PA 19103-1249
CASE JR, MD, WARREN G P
2400 CHESTNUT ST APT 308
PHILADELPHIA PA 19103-4314
215-563-7745
CASEY, MD, JOHN D ORS
611 66TH AVE
PHILADELPHIA PA 19126-3002
215-221-3405

CASEY, MD, KEVIN TS
456 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-642-5869
CASEY, MD, ROSEMARY D PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2178
CASH, MD, STEPHEN L HS
LANKENAU HOSP STE 253-E
WYNNEWOOD PA 19096-3427
215-642-8823
CASSELLI, MD, HELENE J * RHU
170 LEVERING ST
PHILADELPHIA PA 19127-1412
CASSIDY, MD, WILLIAM J ORS
1254 GANTT DR
HUNTINGDON VLY PA 19006-3212
215-947-1764
CASTAGNA, MD, ARMAND GP
6463 MALVERN AVE
PHILADELPHIA PA 19151-2426
CASTILLO, MD, JOSE PS
228 S 22ND ST
PHILADELPHIA PA 19103-5520
CASTOR, MD, LOUIS H IM
6190 RISING SUN AVE
PHILADELPHIA PA 19111-6011
215-235-1910
CASTROVINCI, MD, ROBERT V OPH
1637 S BROAD ST
PHILADELPHIA PA 19148-1003
215-465-7100
CASWELL, MD, HORACE T GS
713 BRYN MAWR AVE
NARBERTH PA 19072-1522
CATALANO, MD, JOHN B ORS
116 WOODVALE LN
WENONAH NJ 08090-2059
215-855-6212
CATANIA, ROBERT A ST
1129 PIERCE ST
PHILADELPHIA PA 19148-1501
CATLIN, LIONEL B ST
2416 POPLAR ST APT B
PHILADELPHIA PA 19130-1336
CAUCCI, DO, EMILIO J FP
PO BOX 583
BRISTOL PA 19036-0583
215-472-1637
CAULI, MD, MARIO IM
1512 SPRUCE ST BOX 126
PHILADELPHIA PA 19102
CAUTILLI, MD, DAVID A ORS
4000 GYPSY LN APT 705
PHILADELPHIA PA 19144-5551
CAUTILLI JR, MD, RICHARD A ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
215-725-8500
CAVAROCCHI, MD,
NICHOLAS C CDS
5401 OLD YORK RD STE 505
PHILADELPHIA PA 19141-3030
215-456-8541
CAVUTO, DO, CAROLYN M FP
515 DAWSON ST
MOORESTOWN NJ 08057-2440
215-787-9000
CECIL, MD, HENRY S PD
3405 CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-895-3808
CEDERSTROM, MD, JANICE J P
BEN FRANKLIN HOUSE STE 423B
PHILADELPHIA PA 19107
215-574-1778
CELIO, MD, LEE A * IM
2701 HOLME AVE STE 206
PHILADELPHIA PA 19152-2029
215-335-2700
CENCORA, MD, BARBARA IM
2225 ASHWOOD AVE
PHILADELPHIA PA 19154-1876
CERNADAS, MANUELA ST
4141 SPRUCE ST APT 202
PHILADELPHIA PA 19104-4066
CERRA, SONIA L ST
34 RED BERRY RD
LEVITTOWN PA 19056-2306
CERTA, MD, KENNETH M P
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-955-6655
CHAIT, MD, ARNOLD R
835 CHAUNCEY RD
NARBERTH PA 19072-1303
215-893-2041
CHALAL, MD, GERALD S FP
2428 BROWN ST
PHILADELPHIA PA 19130-1932
215-236-7177
CHALAL, MD, KENNETH FP
3200 S OCEAN BLVD STE C-501
PALM BEACH FL 33480-5657
CHAMBERS, MD,
CHRISTOPHER V FP
1015 WALNUT ST APT 401
PHILADELPHIA PA 19107-5005
215-955-2357
CHAN, MD, ANNE K OPH
WILLS EYE HOSP
PHILADELPHIA PA 19107

CHANDRA, MD, PRASANTA C * OBG
1168 BARBARA DR
CHERRY HILL NJ 08003-2723
CHANG, MD, BENJAMIN OPH
5050 S 10TH ST
PHILADELPHIA PA 19147
215-928-3000
CHANG, HELEN C ST
STILES ALUMNI HALL
PHILADELPHIA PA 19102
CHANG, RICHARD S ST
317 N BROAD ST APT 833
PHILADELPHIA PA 19107-1019
CHANG, WON S ST
1522-B GREGG ST
PHILADELPHIA PA 19115
CHANG-LIPSENTHAL, MD,
KATHY H IM
4507 KINGSESSING AVE
PHILADELPHIA PA 19143-3712
215-923-2583
CHAO, MD, WEN ORS
425 CATHARINE ST
PHILADELPHIA PA 19147-3105
CHAPIS, MD, GREGORY J PM
516 TOLL RD
ORELAND PA 19075-2344
CHAPLIN, MD, STANLEY S OBG
436 LANKENAU MED BLDG
PHILADELPHIA PA 19151
CHAPMAN, DO, ANDREW E HEM
2131 BIRCH DR
LAFAYETTE HILL PA 19444-2116
215-662-9000
CHAPMAN, MD, JOSEPH L GS
8001 STATE RD STE MOD11
PHILADELPHIA PA 19136
215-389-1125
CHARNEY, MD, EDWARD B PD
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2483
CHASE, MD, HAROLD F AN
1945 GREENLAWN DRIVE
ENGLEWOOD FL 34223-1635
CHASE, MD, JEFFREY S * OBG
295 WYNDMOOR CIR
HUNTINGDON VLY PA 19006-7975
215-635-6619
CHASTENEY III, MD, EDWARD A OBG
140 LANKENAU MED BLDG
PHILADELPHIA PA 19151
215-849-0347
CHAT, MD, EMANUEL P
11615 BUSTLETON AVE
PHILADELPHIA PA 19116-2513
215-464-4024
CHATWIN, AMBER L ST
317 N BROAD ST APT 406
PHILADELPHIA PA 19107-1016
CHEESEMAN, LESLIE A ST
880 N 27TH ST
PHILADELPHIA PA 19130-1832
CHEN, PETER J ST
2200 BEN FRANKLIN PKWY
PHILADELPHIA PA 19130
CHEN, ROLAND S ST
1519 RUTONI DR
HILLSBOROUGH NC 27278-8305
CHEN, MD, TAI-WEN ST
420 CRAIGDELL RD
NEW KENSINGTON PA 15068
CHEN, TIMOTHY R ST
1323 MT VERNON ST
PHILADELPHIA PA 19123-3211
CHEN, MD, WEI-FAN GP
807 HICKORY LN
MILFORD DE 19963-1317
CHENEY, MD, MARYALICE CRS
1015 CHESTNUT ST STE 801
PHILADELPHIA PA 19107-4306
215-923-7176
CHERNEGA-SPIEKERMANN, MD,
JOY GP
703 SHAMROCK RD S
CHARLOTTESVILLE VA 22903-4020
CHERNER, MD, RACHMEL END
BENJAMIN FOX PAVILION STE 414
JENKINTOWN PA 19046
215-885-4757
CHERNEY, MD, PAUL J * ATP
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001-3788
215-576-2350
CHERNOFF, MD, ARTHUR * END
6901 OLD YORK RD
PHILADELPHIA PA 19126-2234
215-548-5060
CHERNOFF, MD, BENJAMIN CD
6901 OLD YORK RD
PHILADELPHIA PA 19126-2234
215-548-7979
CHESEN, MD, DAVID GP
CEDARBROOK HILL III
WYNCOTE PA 19095
215-248-3450
CHI, MD, NUNGJA OBG
9501 ROOSEVELT BLVD APT 400
PHILADELPHIA PA 19114-1029
215-464-4822
CHIARAMONTE III, MD, ANTHONY IM
4040 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131-1734
215-842-6000

CHILDS, MD, USHA M PD
432 W WALNUT LN
PHILADELPHIA PA 19144-3715
215-482-3510
CHILDS III, MD, JOHN N * GS
432 W WALNUT LN
PHILADELPHIA PA 19144-3715
215-848-4224
CHILES, PATRICK J ST
536 FOUNTAIN ST
PHILADELPHIA PA 19129
CHIN, MD, ALVIN J PDC
538 SUSSEX RD
WYNNEWOOD PA 19096
215-590-1820
CHIN, KATHLEEN L ST
8201 HENRY AVE APT L-11
PHILADELPHIA PA 19128-2983
CHINITZ, MD, JOEL L NEP
265 WENNER WAY
FT WASHINGTON PA 19034-2917
215-448-8053
CHISHOLM, PATRICIA A ST
1290 WELSH RD
HUNTINGDON VLY PA 19006-6034
CHISUM, MD, MELVIN J OM
4120 APALOGEN RD
PHILADELPHIA PA 19144-5404
215-486-3223
CHIZEVER, GARY E ST
922 PINE ST APT 2F
PHILADELPHIA PA 19107-6126
CHMIELEWSKI, MD, MICHAEL J OBG
807 SOCIETY PL
NEWTOWN PA 18940-3241
215-955-6060
CHMIELEWSKI, MD, PAUL W IM
SALEM HARBOUR DR APT 500B
BENSALEM PA 19020
CHMIELEWSKI, MD, ROBERT E IM
1220 OLD WELSH RD
HUNTINGDON VLY PA 19006-6028
215-338-1122
CHODAKEWITZ, MD, JEFFREY A ID
MERCK RESEARCH LABS
WEST POINT PA 19486
215-397-2454
CHOI, MD, JOHN K PTH
532 BLOOMFIELD AVE
DREXEL HILL PA 19026-5210
215-662-6523
CHOLLAK, MD, WILLIAM L ORS
1911 BETHLEHEM PIKE STE 233
FLOURTOWN PA 19031-1111
215-247-1311
CHOMSKY, MD, DAVID E CD
9120 NEW 2ND ST
ELKINS PARK PA 19117-2719
215-224-6517
CHRISTESEN, MD, STEVEN D VS
2 BALA PLAZA PL 8
BALA CYNWYD PA 19004
215-664-7744
CHRISTIAN, MD, CINDY W PD
34TH & CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-2058
CHRISTIAN, MD, COLLEEN J OPH
WILLS EYE HOSP
PHILADELPHIA PA 19119
215-368-1646
CHRISTIDES, MD, STEPHAN A ORS
2117 HOPKINSON HOUSE
PHILADELPHIA PA 19106
215-351-4110
CHRISTOPHE, KATHLEEN M ST
2814 MIDVALE AVE APT C
PHILADELPHIA PA 19129
CHRISTOU, MD, ARISTOTLE A PTH
104 WEXFORD WAY
BASKING RIDGE NJ 07920-2435
215-663-6107
CHRISTY, PATRICK T ST
1000 WALNUT ST APT 2004
PHILADELPHIA PA 19107-5537
CHU, DO, ALEX IM
6100 CASTOR AVE
PHILAELPHIA PA 19149
215-744-6061
CHU, MD, ANN M RO
1901 WALNUT ST STE 7B
PHILADELPHIA PA 19103
215-448-4965
CHU, CHRISTINA S ST
37 UNIVERSITY MEWS
PHILADELPHIA PA 19104-4756
CHU, MD, DONALD IM
9100 CASTOR AVE
PHILADELPHIA PA 19149-3215
215-744-6061
CHU, MD, ELSIE H * EM
1001 CITY AVE APT WA405
WYNNEWOOD PA 19096-3902
CHU, MD, JENNIFER PM
4739 CEDAR AVE
PHILADELPHIA PA 19143-2032
215-729-5744
CHU, MD, KEITH H IM
1 FRANKLINTOWN BLVD APT 1617
PHILADELPHIA PA 19103
215-762-7000

CHUKWUNENYE, MD, OBASI A * IM
15-202 BELAIRE LANDING RD
PHILADELPHIA PA 19114
215-467-6320
CHUNG, MD, EDWARD K CD
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
215-955-7303
CHUNG, MD, LINDA C D
403 WOODCREST RD
WAYNE PA 19087-5412
215-955-6660
CHUNG, MD, WHAN S OBG
424 FAWN HILL LN
NARBERTH PA 19072-1109
215-423-5410
CHUNG, MD, WILLIS C DR
623 S 11TH ST
PHILADELPHIA PA 19147-1901
215-662-3000
CHUNN, MD, LIVINGSTON US
1310 OLD FORD RD
HUNTINGDON VLY PA 19006-6106
CICHELLI, MD, ANDREW V PUD
33 OLD LANCASTER AVE
BALA-CYNWYD PA 19004-3137
215-896-0280
CINCOTTA, DO, ANTHONY J GP
685 MEDIA LINE RD
BROOMALL PA 19008-1038
215-841-4371
CIRELLI, MD, MARIO G GS
103 S MANOR AVE
LONGPORT NJ 08403-1351
CIRELLI, MD, ROSEMARY A PUD
619 NAYLORS RUN RD
HAVERTOWN PA 19083-4521
215-955-6590
CIRELLY, DO, FRANCINE A NEP
MEDICAL DIRECTORS OFFICE
PHILADELPHIA PA 19106-1005
CIRIGLIANO, MD, MICHAEL D IM
666 W GERMANTOWN PIKE #717N
PLYMOUTH MTNG PA 19462-1017
CIRILLO JR, ROBERT L ST
1708 37TH ST NW
WASHINGTON DC 20007-2321
CIRILLO-HYLAND, MD,
VICTORIA A D
648 BROAD ACRES RD
NARBERTH PA 19072-1511
215-662-2737
CLANCY, MD, MICHAEL ORS
220 COMMERCE DR STE 100
FT WASHINGTON PA 19034-2404
CLANCY JR, MD, ROBERT R N
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1719
CLARK, MD, BERNARD J PDC
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1802
CLARK, MD, DONALD L AN
TRENTON RD HEART AND LUNG
BROWNS MILLS NJ 08015-3206
CLARK JR, JERRY R ST
1684 OLD YORK RD
ABINGTON PA 19001-1719
CLARKE, DEBORAH A ST
5125 AKRON ST
PHILADELPHIA PA 19124-1901
CLARKE, MD, LEON E GS
964 CLYDE LN
PHILADELPHIA PA 19126-1136
CLEARFIELD, MD, HARRIS R GE
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-6101
CLEMENTS, MD, DAVID H ORS
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
CLOSSON, MD, EDWARD W GER
HOMESTEAD FARM
LAMBERTVILLE NJ 08530-1411
COBERT, MD, HOWARD S IM
2236 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3830
215-634-8000
CODARIO, MD, RONALD A IM
2511 S BROAD ST
PHILADELPHIA PA 19148-4309
215-467-3883
CODISPOTI, MD, JOSEPH R * IM
13001 WORTHINGTON RD
PHILADELPHIA PA 19116-1605
215-454-8296
COFFEY, MD, WILLIAM F OS
212 CARNEGIE CENTER
PRINCETON NJ 08540-6236
215-667-0515
COFFMAN, STEPHAN W ST
2805 QUEEN LN
PHILADELPHIA PA 19129
COHEN, MD, ALAN R PD
34TH & CIVIC CENTER BLVD
PHILADELPHIA PA 19104
COHEN, MD, DAVID A IM
7516 CITY LINE AVE STE 13
PHILADELPHIA PA 19151
215-473-3390

COHEN, MD, ERWIN A VS
232 BARCLAY CIR
CHELTENHAM PA 19012-1030
215-333-0432
COHEN, MD, H EMMANUEL * CD
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8579
COHEN, MD, J STANLEY OBG
7900 OLD YORK RD
ELKINS PARK PA 19117
COHEN, MD, JACOB J GER
VF TOWERS W APT 133
KING OF PRUSSIA PA 19406
COHEN, JEFFREY S ST
2144 LOMBARD ST
PHILADELPHIA PA 19148-1217
COHEN, MD, KENNETH D PYA
37 E PRINCTON RD
BALA CYNWYD PA 19004
215-667-2212
COHEN, MD, MARTIN H * ON
EINSTEIN MED CTR
PHILADELPHIA PA 19141
215-456-3800
COHEN, MD, MELISSA D IM
2400 CHESTNUT ST APT 1409
PHILADELPHIA PA 19103-4319
215-662-2720
COHEN, MD, MEYER A OTO
805 BRIDLE RD
GLENSIDE PA 19038-2003
215-886-2655
COHEN, MD, MICHAEL M N
GSB BLDG STE 919
BALA CYNWYD PA 19004
215-664-3688
COHEN, MD, MURRAY J TRS
241 S 9TH ST
PHILADELPHIA PA 19106-3732
215-955-2800
COHEN, MD, NORMAN F IM
9600 ATLANTIC AVE APT 805
MARGATE CITY NJ 08402-2257
COHEN, MD, NORMAN N GE
MERCY CATHOLIC MED CTR
DARBY PA 19023-1333
215-534-6270
COHEN, MD, PINCHAS PDE
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3420
COHEN, MD, ROBERT M * NS
1539 PINE ST
PHILADELPHIA PA 19102-4623
215-732-2448
COHEN, MD, SARLE H IM
LOGAN SQ MED ASSOCS
PHILADELPHIA PA 19103-1239
215-563-1400
COHEN, MD, SHERWOOD V OPH
2375 WOODWARD ST
PHILADELPHIA PA 19115-5120
215-677-3555
COHEN, MD, STANLEY PTH
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-782-8520
COHEN, MD, STANLEY N END
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-923-1719
COHEN, MD, THEODORE B PYA
421 HIDDEN RIVER RD
NARBERTH PA 19072-1112
215-667-2063
COHN, MD, EDWIN M GE
1109 ANSLEY AVE
PHILADELPHIA PA 19126-1821
COHN, MD, HERBERT E GS
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-955-6602
COHN, MD, JEFFREY B ON
9880 BUSTLETON AVE STE 208
PHILADELPHIA PA 19115-2165
215-969-8960
COHN, MD, JOHN R * AI
111 S 11TH ST STE G4120
PHILADELPHIA PA 19107-4824
215-923-7685
COLARUSSO, DO, PATRICK J US
135 N 22ND ST
PHILADELPHIA PA 19103-1347
COLBERG, MD, JAMES E GS
1015 CHESTNUT ST STE 820
PHILADELPHIA PA 19107-4308
215-955-6932
COLBERT-BECKETT, DO,
ANGELIOUE L GP
3139 HARBOUR DR
PALMYRA NJ 08065
COLBURN JR, MD, HAROLD L D
701 E MAIN ST 2ND FL
MOORESTOWN NJ 08057-3032
609-235-9229
COLE, MD, K NIKI OBG
309 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2256
215-379-0262
COLL, MD, WILLIAM X GE
421 W KINGS HIGHWAY
AUDUBON NJ 08106
215-762-7000

COLLAZO, MD, ERNESTO L OPH
2006-B RALSTON DR
MOUNT LAUREL NJ 08054
215-426-1868
COLLEY, MD, ALFRED L OS
KNIGHTS AND RED LION RD
PHILADELPHIA PA 19114-1436
215-634-4110
COLLIER JR, MD, ANDREW J ORS
2410-14 S BROAD ST STE 200
PHILADELPHIA PA 19145
215-334-3350
COLLINS, MD, RICHARD S GS
668 N 19TH ST
PHILADELPHIA PA 19130-3331
COLMENAR, MD, ANTONIO B AN
RR 4 BOX 99A
HUNTINGDON PA 16652-9639
COLTMAN, MD, ARTHUR B IM
1126 ULRACK RD
MEADOWBROOK PA 19046
215-288-5750
COMBS, MD, WILLIAM G CD
3259 AFTON RD
DRESHER PA 19025-1801
215-221-3189
COMER, MD, NATHAN L P
111 N 49TH ST
PHILADELPHIA PA 19139-2719
215-748-2288
CONE, MD, LIBBY NM
2138 LOMBARD ST APT 4B
PHILADELPHIA PA 19148-1217
215-893-2050
CONIX, DO, PORTIA FP
1012 S 45TH ST
PHILADELPHIA PA 19104
215-787-9000
CONNELL, MD, THOMAS A P
122 LUCERNE BLVD
CHERRY HILL NJ 08003
215-270-1000
CONRAD, MD, REBECCA S OBG
822 PINE ST STE 10
PHILADELPHIA PA 19107-6124
215-925-4780
CONROY, DO, JAMES F ON
230 N BROAD ST
PHILADELPHIA PA 19102-1121
CONROY, MD, JOSEPH V GS
10800 CRESTMONT AVE
PHILADELPHIA PA 19154-4419
215-750-1400
CONTINO, MD, JOHN A * EM
1101 CLOVER HILL RD
WYNNEWOOD PA 19096-2339
215-645-2285
COOK, MD, DAVID G N
9TH AND SPRUCE STS
PHILADELPHIA PA 19107
215-829-5165
COOK, MD, ROSEMARY A IM
232 PINE ST
PHILADELPHIA PA 19106-4314
COONEY, MD, BRIAN S DR
231 N 3RD ST APT 209
PHILADELPHIA PA 19106
215-662-3000
COOPER, MD, DONALD R GS
9 CHAMOND
DEVON PA 19333-1064
COOPER, MD, EDWARD I GP
7351 WOODBINE AVE
PHILADELPHIA PA 19151-2212
215-473-6093
COOPER, MD, EDWARD S IM
HOSP UNIV OF PENNA
PHILADELPHIA PA 19104-4219
215-662-3636
COOPER, MD, HARRY S PTH
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
COOPER, MD, MARJORIE R P
42 KRATZ RD
PERKIOMENVILLE PA 18074-9715
215-829-3000
COOPER, MD, MARK W DR
METHODIST HOSP
PHILADELPHIA PA 19148-3594
COOPER, MD, MATTHEW K AN
327 SHERBROOK BLVD
UPPER DARBY PA 19082
215-545-4173
COOPER, MD, MAX M R
CEDARBROOK HILL APT 822
WYNCOTE PA 19095-2801
COOPER, MITCHELL E ST
1802 BENJAMIN DR
AMBLER PA 19002-2407
COOPER, MD, SUZANE C AN
201 CHESTNUT AVE
NARBERTH PA 19072-2405
215-221-3986
COPE, MD, CONSTANTIN DR
8246 FAIRVIEW RD
ELKINS PARK PA 19117-2119
COPELAND, MD, ADRIAN D P
C/O WARWICK HOTEL #1922
PHILADELPHIA PA 19103-6107
215-923-1110
COPELAND, MD, NATHANIEL H IM
3901 CONSHOHOCKEN AVE
PHILADELPHIA PA 19131-5427

COPLEY, MD, LAWSON A ORS
301 CATHARINE ST APT A
PHILADELPHIA PA 19147-3201
215-662-4000
COPPERMAN, MD, GERTRUDE FP
2 BALA CYNWYD PLZ STE IL51
BALA CYNWYD PA 19004
215-667-8160
COPPES, MD, CHARLES D OBG
CROSSLANDS 27
KENNETT SQUARE PA 19348
COREN, MD, GARY S R
339 S 5TH ST
PHILADELPHIA PA 19106-4215
215-925-5038
CORFF, MD, MEYER GP
COVENTRY HOUSE APT 202
MELROSE PARK PA 19126
CORMIER, DO, LESLIE L HEM
4041 RIDGE AVE BLDG 5 APT 102
PHILADELPHIA PA 19129-1550
215-842-6000
CORNFIELD, MD, DENNIS B ON
2 S SYLVANIA AVE
ROCKLEDGE PA 19111-1754
215-379-4777
CORRELL, DARIN J ST
221 S 12TH ST APT 510N
PHILADELPHIA PA 19107-5559
CORSON, MD, JOSEPH K *D
33 E CHESTNUT HILL AVE
PHILADELPHIA PA 19118-2713
215-248-0292
CORSON, MD, STEPHEN L OBG
815 LOCUST ST
PHILADELPHIA PA 19107-5507
215-829-5030
CORTNER, MD, JEAN A PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2985
CORVASCE, MD, JOSEPH M GE
1331 E WYOMING AVE #B-19
PHILADELPHIA PA 19124-3808
215-288-7511
CORWIN JR, DOUGLAS T ST
950 WALNUT ST APT 1003
PHILADELPHIA PA 19107-5564
COSGROVE, MD, DOUGLAS S P
1819 SPRUCE ST
PHILADELPHIA PA 19103-5803
COSGROVE, GREGORY P ST
1714 GREEN ST APT C
PHILADELPHIA PA 19130
COSLETT, LYNNE M ST
1100 SPRUCE ST APT 3E
PHILADELPHIA PA 19107-6008
COSTARINO, MD, ANDREW T AN
34TH AND CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-1870
COSTELLO, MD, GABRIELLE J PD
ST CHRISTOPHERS HOSP
PHILADELPHIA PA 19134
215-427-5000
COTLER, MD, JEROME M ORS
1015 WALNUT ST STE 501
PHILADELPHIA PA 19107-5005
215-955-6688
COUSINS JR, MD, JAMES L PD
8011 NAVAJO ST
PHILADELPHIA PA 19118-3926
215-248-5078
COUSOUNIS, MD, GERRY T FP
6221 RIDGE AVE
PHILADELPHIA PA 19128-2630
215-483-1234
COVALESKY, MD, VERONICA A CD
420 ELLIS WOODS RD
POTTSTOWN PA 19464-9322
215-483-5333
COWAN, DO, STEVEN I IM
14500 BUSTLETON AVE STE 1A
PHILADELPHIA PA 19116-1173
215-673-2555
COWEN, MD, DANIEL S P
2201 PENNSYLVANIA AVE APT 521
PHILADELPHIA PA 19103-3518
215-662-4000
COWITZ, MD, BERNARD P
111 PRESIDENTIAL BLVD STE 254
BALA CYNWYD PA 19004-1008
215-664-8990
COWLES, ROBERT A ST
3508 BOWMAN ST
PHILADELPHIA PA 19129-1511
COX, E DARRIN ST
918 S DELHI ST
PHILADELPHIA PA 19147
COX, MD, JAMES L P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2453
COX, MD, N ADELE CHP
101 TRENT RD
WYNNEWOOD PA 19096-3835
215-842-4406
CRACIUN, MD, HORIA L P
6725 RIDGE AVE APT 318
PHILADELPHIA PA 19128-2440
CRAIG, MD, ANN M PD
2801 ISLAND AVE STE 1
PHILADELPHIA PA 19153-2326
215-365-0205

CRAWFORD-FAUCHER, AMY D ST
3572 NEW QUEEN ST
PHILADELPHIA PA 19129-1635
CREECH, MD, RICHARD H *ON
7500 CENTRAL AVE APT 203
PHILADELPHIA PA 19111-2437
215-745-0470
CRILLEY, DO, PAMELA ANN HEM
4100 LOWER RD
NEWPORTVILLE PA 19056-3223
215-448-1920
CRINO, MD, JANET A PD
34 HEMLOCK DR
BLENHEIM NJ 08012-3140
215-545-8188
CRISTOL, MD, JAMES L OPH
641 BROAD ACRES RD
PENN VALLEY PA 19072-1510
215-325-9630
CROLL, MD, MILLARD N NM
435 HUGHES RD STE 1000
KING OF PRUSSIA PA 19406-3715
215-964-0422
CRONIN, KATHLEEN T ST
411 W STAFFORD ST
PHILADELPHIA PA 19411
CRONLEY, MD, SHEA ANN PD
1233 LOCUST ST STE 400
PHILADELPHIA PA 19107
215-925-2229
CROZIER, MD, KELLEY S PM
111 S 11TH ST STE 9605
PHILADELPHIA PA 19107-4824
215-928-5756
CRUFT, MD, GEORGE E GS
1817 JF KENNEDY BLVD FL 860
PHILADELPHIA PA 19103
CUCINOTTA, MD, SALVATORE GYN
1645 S BROAD ST
PHILADELPHIA PA 19148-1003
215-463-9497
CULF, MD, NORRIS K GS
644 NORRISTOWN RD
HORSHAM PA 19044-1104
CULLOM, MD, MARYELLEN P OPH
266 S 4TH APT B
PHILADELPHIA PA 19106
215-928-3130
CULLOM JR, MD, ROBERT D OPH
NAVAL HOSP
PORTSMOUTH VA 23708-5100
804-398-5507
CULP, MD, RANDALL W HS
901 WALNUT ST
PHILADELPHIA PA 19107-5211
215-829-0960
CUMARASAMY, THAYALAN K ST
542 TARRINGTON RD
CHERRY HILL NJ 08034
CUMMINGS, MD, ROBERT S ORS
1030 E LANCASTER AVE APT 628
ROSEMONT PA 19010-1435
CUNNANE, MD, MARY F PTH
726 MANATAWNA AVE
PHILADELPHIA PA 19128-1019
215-829-3267
CUPERMAN, MD, CINTIA M IM
1914 RIVERSIDE DR
PHILADELPHIA PA 19154-1671
215-934-4000
CURLEY, DO, JOHN F PD
3380 MEMPHIS ST
PHILADELPHIA PA 19134
215-288-2727
CURRAN, PATRICK J ST
1362 PENNINGTON RD
PHILADELPHIA PA 19151-2838
CURRIE, MD, RICHARD J U
6815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-242-8280
CURRY, HEATHER A ST
3900 CITY LINE AVE APT B801
PHILADELPHIA PA 19131
CUTLER, MD, IRVIN *IM
6600 ROOSEVELT BLVD
PHILADELPHIA PA 19149-2409
215-333-6269
CUTLER, MD, NEIL FP
801 N 24TH ST
PHILADELPHIA PA 19130-1913
215-236-4848
CYNN, MD, WON S R
GRADUATE HOSP
PHILADELPHIA PA 19146
CZARNECKI, MD, CASIMIR *OPH
9412 ACADEMY RD
PHILADELPHIA PA 19114-2693
215-676-2242
CZARNECKI, MD, DOROTHY G GYN
9412 ACADEMY RD
PHILADELPHIA PA 19114-2624
215-676-2242
D'ALESSANDRO, MD, DANIEL J IM
317 N BROAD ST APT 317
PHILADELPHIA PA 19107-1015
215-782-7000
D'ALONZO, MD, WALTER A GS
1647 S 15TH ST
PHILADELPHIA PA 19145-1501
215-389-1425

D'AMBROSIO, DO, ROBERT P FP
7401 SOCIETY DR
CLAYMONT DE 19703-1772
D'AMICO, MD, ANTHONY V *TR
436 S LANSDOWNE AVE APT A-302
YEADON PA 19050-2443
215-829-3309
D'ANDREA, MD, DENISE M NEP
3900 CITY LINE AVE APT 314A
PHILADELPHIA PA 19131
215-662-3601
D'HULST, MARIE-LOUISE ST
1 VIRGINIA AVE
WESTMONT NJ 08108
D'ORSI, MD, ANGELA V PM
127 CATHARINE ST #8
PHILADELPHIA PA 19147-3429
DADIAN, NISHAN ST
317 N BROAD ST APT 711
PHILADELPHIA PA 19107-1018
DADPARVAR, MD, SIMIN D NM
250 MAPLE HILL RD
GLADWYNE PA 19035-1308
215-448-7878
DAHODWALA, MD, IDRIS Z PD
104-C HAMILTON RD
MAPLE SHADE NJ 08052
215-752-4225
DAITER, MD, DONALD P
1221 COTTMAN AVE
PHILADELPHIA PA 19111-3649
215-742-1192
DALE, MD, ANTHONY D IM
37 E COVENTRY CIR
MARLTON NJ 08053-2860
DAMITZ, MD, LYNN A ST
140 BPW CLUB RD APT A 18
CARRBORO NC 27510
DAMSKER, MD, JEFFREY I RO
7840 CEDAR LN
ELKINS PARK PA 19117-1129
215-278-2510
DANCHA, DO, ANDREW J IM
659 MEADOWBROOK DR
HUNTINGDON VLY PA 19006-6918
DANDEGIAN, MD, ALBERT N US
2149 LARDNER ST
PHILADELPHIA PA 19149-3529
DANIEL, DALTON R ST
PO BOX 58142
PHILADELPHIA PA 19102-8142
DANKO, AILEEN M ST
7901 HENRY AVE APT C306
PHILADELPHIA PA 19128-3066
DARDIK, ALAN ST
6610 BONNIE RIDGE DR APT 102
BALTIMORE MD 21209
DAS, MD, A PAPIYA P
328 N VALLEY FORGE RD
DEVON PA 19333-1415
DAS, SAURABH B ST
8005 LINGAY DR
ALLISON PARK PA 15101-3331
DAVENPORT, ERIK C J ST
125 N 15TH ST APT 1
PHILADELPHIA PA 19102
DAVIDOFF, MD, FRANK F IM
AMERICAN COLLEGE OF PHYS
PHILADELPHIA PA 19106
215-351-2550
DAVIDSON, MD, BRUCE L PUD
501 MARYWATERSFORD RD
BALA CYNWYD PA 19004-2008
215-893-2000
DAVIDSON, MD, JAY H GE
1002 SPRUCE ST
PHILADELPHIA PA 19107-6075
215-923-3231
DAVIDSON, MD, RICHARD S ORS
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1523
DAVIDSON, MD, STEVEN J EM
MCP
PHILADELPHIA PA 19129-1121
215-843-3001
DAVIS, MD, JOHN W PS
1271 COUNTRY CLUB RD
GLADWYNE PA 19035-1417
215-563-8557
DAVIS, MD, TANYA R IM
127 PENSDALE ST
PHILADELPHIA PA 19127-1610
215-477-7461
DAVIS, MD, THOMAS G PA
308 VALLEY PL
RADNOR PA 19087-3737
215-687-9261
DAVITCH, MD, LEONARD S GP
135 S 19TH ST APT 1102
PHILADELPHIA PA 19103-4912
215-977-8788
DAWES, MELANIE F ST
6350 GREENE ST APT 814
PHILADELPHIA PA 19144-2537
DAWSON, MD, MARTIN S ST
749 N RINGGOLD ST
PHILADELPHIA PA 19130
DE, MD, NIRMAL K IM
1923 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3121
215-634-5891

DE LIA, DO, FRANK A FP
714 MARKET ST
PHILADELPHIA PA 19106
215-574-9655
DE MARTINO, MD, PAUL J GE
44 DUNHAM LOOP
BERLIN NJ 08009-9026
215-662-8000
DE SALVO, MD, GARY J GS
2208 ST JAMES ST
PHILADELPHIA PA 19103
DEAN, ROBERT M ST
UNIV OF PA SCHOOL OF MED
PHILADELPHIA PA 19104-6067
DEAS, MD, THOMAS C AN
421 WISTER RD
WYNNEWOOD PA 19096-1806
DEBALLI, PETER ST
STEMMLER HALL BSMT BOX 394
PHILADELPHIA PA 19104-6092
DEBERARDINIS, MD, CAMILLO T IM
8314 JENKINTOWN RD
PHILADELPHIA PA 19117-2215
DECARLO, MD, JOHN P GP
14 OVERHILL RD
BALA CYNWYD PA 19004-2246
215-338-1400
DECARO, MD, MATTHEW V CD
1317 WOLF ST
PHILADELPHIA PA 19148-2934
215-389-0700
DECASTRO, MD, MIGUEL A GP
460 W LEHIGH AVE
PHILADELPHIA PA 19133-3135
215-426-4332
DECHERNEY, MD, WILLIAM A FP
2603 S 8TH ST
PHILADELPHIA PA 19148-4526
DECKER, MD, JOHN P PTH
315 S 25TH ST
PHILADELPHIA PA 19103-6403
215-829-3211
DEFALCIS, DO, DELPHY F ST
21 TENBY RD APT 2
HAVERTOWN PA 19083
DEHORATIUS, MD, RAPHAEL F CD
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-735-4220
DEIBERT, ELLEN M ST
300 N ESSEX AVE APT 302A
NARBERTH PA 19072-2146
DEININGER, MD, JOHN T IM
24 GOLFVIEW DRIVE
IVYLAND PA 18974
215-396-0559
DEITCH, MD, BERNARD IM
8 S BUCK LN
HAVERFORD PA 19041-1101
215-896-5304
DEITCH, MD, MARC W PD
BOX 8299
PHILADELPHIA PA 19101
215-971-5500
DEITZLER, MD, MARGARET M AN
2818 BAYVIEW DR
ALAMEDA CA 94501-6348
510-523-4495
DEKRET, MD, JEFFREY J P
217 S BONSALL ST
PHILADELPHIA PA 19103-5507
DELANEY, MD, CHRISTOPHER S PM
7800B STENTON AVE APT 114
PHILADELPHIA PA 19118
215-221-2200
DELAPLANE, MD, JAMES M P
FRIENDS HOSP
PHILADELPHIA PA 19124-2399
215-831-4601
DELONG JR, MD, WILLIAM G ORS
3 COOPER PLAZA STE 411
CAMDEN NJ 08103
609-342-3253
DEMARCO, MD, CARLO M IM
PO BOX 12462
PHILADELPHIA PA 19151-0462
215-473-2500
DEMARCO, MD, JAMES C PD
130 S BRYN MAWR AVE
BRYN MAWR PA 19010
215-427-5917
DEMARIA JR, MD, PETER A P
2 ARMSTRONG CIR APT 2
NEWTOWN PA 18940-1865
215-579-0778
DEMASI, MD, PANTALEONE *FP
2534 S 18TH ST
PHILADELPHIA PA 19145-3701
215-467-7393
DEMBOFSKY, MD, CYNTHIA A PD
14 PARK AVE
SWARTHMORE PA 19081-1723
DEMICHELE, MD, ANDREW H ST
2301 S 13TH ST
PHILADELPHIA PA 19148
DEMOPOULOS, MD, JAMES T PM
TEMPLE UNIV HOSP
PHILADELPHIA PA 19140-5189
215-221-7021
DEMOURA, MD, JAMILO B ORS
115 BAINBRIDGE ST
PHILADELPHIA PA 19147-2401
215-465-2200

DEMPSEY, MD, DANIEL T *GS
1100 STRATFORD AVE
MELROSE PARK PA 19126-1214
215-221-3135
DEMPSEY, MD, EUGENE C IM
1400 S 22ND ST
PHILADELPHIA PA 19146-4211
DENIZARD, MD, CARL E PD
7916 LOUISE LN
PHILADELPHIA PA 19118-2541
215-426-0411
DENOVAN, MD, RICHARD E AN
4000 GYPSY LN APT 539
PHILADELPHIA PA 19144-5539
215-221-2000
DEPACE, MD, NICHOLAS L IM
2422-24 S BROAD ST
PHILADELPHIA PA 19145
215-755-5449
DEPAULA, MD, CARL J *ORS
1347 WENTZ DR
FT WASHINGTON PA 19034-1732
215-739-0883
DEPMAN, MD, STANLEY T FP
8201 CRAIG ST
PHILADELPHIA PA 19136-2304
215-333-9561
DERENZO, MD, AURELIO G GP
251 W DEKALB PIKE APT B 904
KING OF PRUSSIA PA 19406-2444
DERK, CHRIS T ST
3333 COMLY RD #55
PHILADELPHIA PA 19154
DESAI, MD, AJIT M ON
9880 BUSTLETON AVE
PHILADELPHIA PA 19115-2185
215-969-6960
DESAI, MD, ANKUR M OBG
8201 HENRY AVE APT N1
PHILADELPHIA PA 19128-2233
DESAI, MD, KIRITKUMAR T OPH
2095 KLOCKNER RD BLDG 5
HAMILTON SQUARE NJ 08690-3418
609-890-7621
DESANTOLA, MD, JOSEPH R CD
PA CARDIOLOGY ASSOCS LTD
PHILADELPHIA PA 19107-5701
215-829-5064
DESIMONE, GARY A ST
739 SPRUCE ST APT 2R
PHILADELPHIA PA 19106-4006
DETKE, MICHAEL J ST
3131 MEETINGHOUSE RD #H-18
BOOTHWYN PA 19061
DETUERK, MD, JOHN J GS
1059 MONTGOMERY AVE
NARBERTH PA 19072
DETULLIO, MD, ANTHONY E PH
2936 S 13TH ST
PHILADELPHIA PA 19148-4948
DEUTSCH, MD, JOEL *GS
13 FINCH RUN
AVON CT 06001
DEVAUGHN, MD, GERALD L CD
5249 CEDAR AVE
PHILADELPHIA PA 19143-1524
215-477-5800
DEVINE, MD, MARYANN IM
2201 SAGEMORE DR
MARLTON NJ 08053
215-955-8904
DI SALVO, MD, MARIA PD
100 OLD YORK RD APT 1018
JENKINTOWN PA 19046-3251
DI VINCENZO, MD, JOSEPH J P
925 SPRUCE ST APT 1
PHILADELPHIA PA 19107-5736
215-829-5090
DIAZ, MD, CARLOS G P
1104 BARBARA'S CT
NORTH WALES PA 19454
DIBATTISTE, MD, PETER M CD
200 HEDGEMERE DR
DEVON PA 19333-1851
215-649-8599
DIBBERN JR, DONALD A ST
2018 WALNUT ST
PHILADELPHIA PA 19103
DIBELLO, MD, ANGELO M GP
8201 CRAIG ST
PHILADELPHIA PA 19136-2304
215-333-9561
DIBELLO JR, MD, JOSEPH N GS
2921 E HAVERFORD RD
ARDMORE PA 19003-1818
DICKENS, MD, HELEN O OBG
34TH AND SPRUCE STS STE 106
PHILADELPHIA PA 19104
215-662-3315
DICKSTEIN, MD, BENJAMIN PD
8325 FAIRVIEW RD
ELKINS PARK PA 19117-2120
215-831-7000
DIEFES, MD, GERARD J IM
832 N WOODSTOCK ST APT 3
PHILADELPHIA PA 19130-1409
215-448-7000
DIGIACOMO, MD, OSCAR P GP
6810 RIDGE AVE
PHILADELPHIA PA 19128-2445
215-482-1414

DIGILIO, MD, VICTOR A CD
811 N PARKTOWNE PL
PHILADELPHIA PA 19130
DILEONARDO, MD, MARIO D
111 S 11TH ST STE 1420
PHILADELPHIA PA 19107-4824
215-955-5604
DILLON, MD, RICHARD L ST
797 DARBY-PAOLI RD
BRYN MAWR PA 19010
DIMARINO, MD, ANTHONY J GE
PUPMC 39TH AND MARKET ST
PHILADELPHIA PA 19104
215-662-8900
DIMUGNO, LEANNE H ST
1100 S BROAD ST #717-C
PHILADELPHIA PA 19146
DINON, MD, LOUIS R CD
301 S 8TH ST
PHILADELPHIA PA 19106-4014
DINUBILE, MD, NICHOLAS A ORS
510 DARBY RD
HAVERTOWN PA 19083-4630
215-798-0150
DION, MD, HARRY S GP
727-A CEDARBROOK HILL
WYNCOTE PA 19095
DIPPL, MD, JULIA M IM
5 LENAPE LN
TELFORD PA 18969-1951
215-952-9000
DIROCCO, MD, VINCENT P GP
130 W COLUMBINE RD
WILDWOOD CREST NJ 08260-1207
215-468-1985
DISANDRO, MD, DANIEL G ST
1862 BERTRAM RD
HUNTINGDON VLY PA 19006-7904
DISESA, MD, VERDI J TS
3300 HENRY AVE
PHILADELPHIA PA 19129
215-662-2022
DISILVESTRO, MD, HELEN E IM
6362 DREXEL RD
PHILADELPHIA PA 19151-2510
215-483-6300
DISILVESTRO JR, MD, JOHN M A IM
300 S NARBERTH AVE
NARBERTH PA 19072-2420
DISSINGER, JENNIFER A ST
685 MAGNOLIA CT
BENSALEM PA 19020
DISTEFANO, MD, GRIMALDO C AN
22 GRENADA LN
OCEAN CITY NJ 08226-2615
DITTMAR, MD, NYRA M ST
1004 S FARRAGUT TER
PHILADELPHIA PA 19143-3609
DITTRICH, DO, RICHARD J OBG
2301 S BROAD ST
PHILADELPHIA PA 19146-3542
215-463-2122
DITUNNO JR, MD, JOHN F PM
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
DIX-EMPERADOR, MD, LISA M OTO
19 HOLLOWELL WAY
MT LAUREL NJ 08054-2686
DIXON, MD, HAROLD L IM
1626 HARRISON ST
PHILADELPHIA PA 19124-2722
215-288-8900
DJERASSI, MD, ADY L END
2028 SPRUCE ST
PHILADELPHIA PA 19103-6524
DJERASSI, MD, ISAAC ON
MERCY CATHOLIC MED CTR
PHILADELPHIA PA 19143
215-748-9180
DLIN, MD, BARNEY M P
230 W ALLENS LN
PHILADELPHIA PA 19119-4138
215-247-1267
DLUTOWSKI, MD, BERNARD J GP
9625 FRANKFORD AVE
PHILADELPHIA PA 19114-2846
215-637-9400
DOAN, PHUONG-ANH T ST
3120 SCHOOL HOUSE LN #MB9
PHILADELPHIA PA 19144-5437
DODGE, MD, HERBERT C AN
504 BARBARA CIR
MERION STATION PA 19066-1322
215-947-3000
DODGE, JESSICA L ST
3433 SUNNYSIDE AVE
PHILADELPHIA PA 19129-1432
DOHAD, MD, SUHAIL Y IM
7800 STENTON AVE APT 306-B
PHILADELPHIA PA 19118-3007
DOHERTY, MD, JAMES L AN
1930 LAWRENCE RD APT A54
HAVERTOWN PA 19083-1739
DOHERTY, JOHN C ST
429 RUTH AVE
ASTON PA 19014
DOLFMAN, MD, VICTOR OM
411 PARK TOWNE PLACE
PHILADELPHIA PA 19130
DOLINSKAS, MD, CAROL A * DR
7312 EMLEN ST
PHILADELPHIA PA 19119-2811
215-829-3201

DOLLARD, DENIS J ST
544 ARNOLD ST 2ND FLOOR
PHILADELPHIA PA 19111
DOLPHIN, MD, JOHN M PTH
400 EGYPT RD
NORRISTOWN PA 19403-3406
DOMERACKI, GARY F ST
205 EVERETT AVE
WILLOW GROVE PA 19090-3327
DOMESEK, MD, JAMES M R
515 ST DAVID RD
ST DAVID PA 19087
215-291-2106
DONALDSON, MD, JAMES B IM
10 SUMMIT DR
BRYN MAWR PA 19010-2217
DONER, DO, IVAN A GP
10101 ACADEMY RD
PHILADELPHIA PA 19114-1120
DONOGHUE, MD, GLENDA D NM
1071 BRYN MAWR AVE
PENN VALLEY PA 19072
215-842-7540
DONOVAN, MD, MARY E P
1015 PINE ST APT 1F
PHILADELPHIA PA 19107-6006
215-928-6000
DONSHIK, JON D ST
2400 CHESTNUT ST APT 1006
PHILADELPHIA PA 19103-4317
DOOKHAN, MD, DIANNE B PTH
3900 PRESIDENTIAL BLVD B1208
PHILADELPHIA PA 19131
215-955-8351
DOREY, MD, FRED O U
100 CARNIE BLVD STE A-3
VORRHEES NJ 08043
609-751-7772
DORFMAN, MD, MICHAEL P
115 S BEECHWOOD ST
PHILADELPHIA PA 19103-4437
215-928-6000
DORI, EZRA M ST
110 MAPLE HILL DR
WOODBRIDGE NJ 07095-4102
DORMAN, MD, GORDON GP
1003 N 8TH ST
PHILADELPHIA PA 19123-1406
215-925-9966
DORMANS, MD, JOHN P ORS
CHILDRENS HOSP
PHILADELPHIA PA 19104-4399
215-590-1527
DORO, MD, LOUIS C PS
169 DODD DR
WASHINGTON PA 15301-9500
DORSCH, VERONICA C ST
132 SALT WORKS RD
HARMONY PA 16037-8026
DORSEY, DENISE M ST
302 WHITBY DR
WILMINGTON DE 19803
DORSHIMER, MD, GARY W * IM
727 DELANCEY ST
PHILADELPHIA PA 19106-4002
215-829-3523
DORWART, MD, BONNIE B * RHU
124 MAPLE AVE
BALA CYNWYD PA 19004-3031
215-667-3849
DOSHI, MD, KIRTI K AN
9 HARROWGATE DRIVE
CHERRY HILL NJ 08003-1912
DOSHI, NIPA R ST
325 N 15TH ST APT 1608
PHILADELPHIA PA 19102-1192
DOTY, JAMES M J ST
6655 MCCALLAM ST #403-W
PHILADELPHIA PA 19119
DOUGHERTY, ELIZABETH A ST
4 WESTFIELD RD
ARDMORE PA 19003-1010
DOUGHERTY, MD, MALVIN J OPH
MERCY FITZGERALD MED OFF BLDG
DARBY PA 19023-1333
DOUGLAS, BARBARA S ST
26 JAMES RUN
CHERRY HILL NJ 08002-1855
DOUGLAS, MD, STEVEN D PD
34TH AND CIVIC CENTER BLVD
PHILADELPHIA PA 19104-4399
215-590-1978
DOURDOUFIS, DO, PETER J US
714 COLLENBROOK AVE
DREXEL HILL PA 19026-4310
215-782-7000
DOVNARSKY, MD, JAMES H PUD
1726 S BROAD ST STE 103
PHILADELPHIA PA 19145-4417
215-463-5006
DOWINSKY, MD, STEVEN K CD
315 GWYNEDD CT
MOUNT LAUREL NJ 08054-3716
215-952-9000
DOWLING, MD, JOHN J ORS
233 E LANCASTER AVE
ARDMORE PA 19003-2321
215-649-0576
DOWNES, MD, JOHN J * AN
2014 LOMBARD ST
PHILADELPHIA PA 19146-1315
215-590-1862

DOWNING, MD, MICHAEL J IM
787 N 23RD ST
PHILADELPHIA PA 19130-2619
DOYLE, MD, HARRY A P
230 S 22ND ST
PHILADELPHIA PA 19103-5520
215-567-4335
DRAIN, MD, RANDALL T PD
3847 N SYDENHAM ST
PHILADELPHIA PA 19140-3627
215-227-3300
DRAPER, MD, NELLE E GP
308 HAVERFORD PL
SWARTHMORE PA 19081-2009
DRATCH, MD, MICHAEL B CD
A EINSTEIN MED CTR MT SINAI
PHILADELPHIA PA 19147
215-663-1188
DRATMAN, MD, CATHY K OBG
121 DUMAS RD
CHERRY HILL NJ 08003-3507
215-351-5507
DREER, MD, AARON M GP
8905 CHELTENHAM AVE
PHILADELPHIA PA 19118-1127
DREIFUS, MD, LEONARD S CD
1415 HAGYS FORD RD
NARBERTH PA 19072-1139
215-782-3221
DRINKER, MD, HENRY M PD
126 W GRAVERS LN
PHILADELPHIA PA 19118-3806
215-247-1172
DRUBETSKY, MD, NORMAN * IM
10151 BUSTLETON AVE
PHILADELPHIA PA 19116-3718
215-934-5555
DRUMMOND, MD, DENIS S ORS
CHILDRENS HOSP
PHILADELPHIA PA 19104-4385
215-590-1527
DUA, MD, RITA AN
101 WASHINGTON LN APT 306
JENKINTOWN PA 19046
215-955-6161
DUBIN, MD, WILLIAM R P
BELMONT
PHILADELPHIA PA 19131-1625
215-581-3771
DUBLIN, MD, GEORGE J OPH
1016 EAST CHERRY HILL APTS
CHERRY HILL NJ 08034
DUCA, MARK A ST
236 COLLEGIATE DR
JOHNSTOWN PA 15904-3206
DUCA, MD, PETER R CD
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1407
215-893-7478
DUCH, MD, PETER M OTO
7 OAK HILL DR
CLARKSBURG NJ 08510-1530
215-448-7000
DUCKETT JR, MD, JOHN W U
34TH AND CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-2765
DUGAN, LINDY L ST
8 ALLEGHENY CTR STE 705
PITTSBURGH PA 15212-5232
DUGGER, MD, DOROTHY E P
671 SAINT MATHEWS RD
CHESTER SPRINGS PA 19425-3719
DUHAIME, MD, ANN-CHRISTINE NS
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2780
DUMAS, MD, PETER A P
4020 MECHANICSVILLE RD
CORNWELLS HEIGHTS PA 19020-2926
639-037-1000
DUNCAN, MD, THEODORE G * DIA
829 SPRUCE ST STE 302
PHILADELPHIA PA 19107-5752
215-922-0400
DUNN, MD, JAMES C US
2454 SEBASTOPAL LN APT 1
HAYWARD CA 94542
510-633-6716
DUNN, MD, JEFFREY M CDS
320 MELROSE RD
MERION STATION PA 19066-1717
215-427-5112
DUNN, MD, LINDA K MFM
320 MELROSE AVE
MERION STATION PA 19066-1717
215-572-5270
DUNSKY, MD, ELIOT H AI
313 BANGOR RD
BALA CYNWYD PA 19004-2803
215-569-1111
DUPLER, MD, DONALD A CD
1120 SAINT ANDREWS RD STE 332
BRYN MAWR PA 19010-1936
215-896-7900
DURBIN, MD, DENNIS R PD
OFFICE OF MEDICAL AFFAIRS
PHILADELPHIA PA 19104
215-521-1959
DUROCHER, MD, JOHN R * ON
822 RIME ST
PHILADELPHIA PA 19107
215-922-7200

DUTTON, TIMOTHY E ST
117 N 15TH ST APT 1102
PHILADELPHIA PA 19102-1518
DUZY, DO, MICHAEL J IM
309 SANDCASTLE DR
BRYN MAWR PA 19010
DVORIN, MD, DONALD J AI
205 N BROAD ST 3RD FL
PHILADELPHIA PA 19107-1511
215-569-1111
DWORKIN, DO, GERALD E PM
509 GLEN ARBOR DR
WYNNEWOOD PA 19096-2611
215-237-5006
DY, MD, JACQUELINE G IM
UNIV OF PA MED CTR
PHILADELPHIA PA 19104-2692
215-662-8000
DY, MD, JOHNNY R IM
111 W WIDENER ST
PHILADELPHIA PA 19120
DYER, MD, BRADLEY J PD
RD 5
MALVERN PA 19355
215-590-1464
DYKYJ JR, MD, ROMAN IM
6151 REVERE ST
PHILADELPHIA PA 19152-3002
215-624-3000
DZWONCZYK JR, MD, JOHN GS
4 PINE VIEW DR
MEDIA PA 19063
EAGEN, KATHRYN A ST
250 S HUTCHINSON ST
PHILADELPHIA PA 19107
EARLE, MD, LINDA A PUD
241 S 8TH ST APT 1401
PHILADELPHIA PA 19106
215-955-6590
EATON, AUDREY M ST
3600 CHESTNUT ST APT 718
PHILADELPHIA PA 19104
EBERT, MD, KARL H U
100 CARNIE BLVD STE A-3
VOORHEES NJ 08043
609-751-7772
ECKER, MD, MALCOLM L ORS
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-242-6670
ECKHARDT, MD, ARIC J GS
4000 PRESIDENTIAL BLVD #1307
PHILADELPHIA PA 19131-1722
215-782-8175
EDDY, MICHAEL J ST
36 W COULTER ST
PHILADELPHIA PA 19144-2802
EDELSTEIN, MD, JOEL K * CHP
BENSON MANOR SUITE
JENKINTOWN PA 19046
215-578-5977
EDINGTON, MD, JOHN M OM
PO BOX 52
FURLONG PA 18925-0052
EDMOND-COOPER, MD,
DONNA V PD
3530 CASSIN PL SOUTH
PHILADELPHIA PA 19145
EDWARDS, MD, CHARMAINE E IM
HOSP OF MCP
PHILADELPHIA PA 19129
215-842-6957
EFFINGER-KASSOW, MD,
ELLIN B OPH
220 LOCUST ST APT 19B
PHILADELPHIA PA 19106-3931
215-561-1411
EGAN, MD, CHRISTINE L IM
4040 PRESIDENTIAL BLVD #2012
PHILADELPHIA PA 19131-1729
215-662-4000
EGLICK, MD, PAUL G PD
10151 BUSTLETON AVE
PHILADELPHIA PA 19116-3718
215-464-7711
EGOVILLE, MD, CHARLES R PUD
GERMANTOWN HOSP
PHILADELPHIA PA 19144-1496
215-951-8740
EHRHART, TROY J ST
3536 ECHO VALLEY RD
MT JOY PA 17552-8626
EHRLICH, MD, FRANK GS
GRADUATE HOSP STE 1101
PHILADELPHIA PA 19146
215-893-7190
EHRLICH, MD, GEORGE E RHU
1 INDEPENDENCE PL
APT 1101
PHILADELPHIA PA 19106
EHYA, MD, HORMOZ ATP
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-762-1783
EICHER, MD, PEGGY S PD
4 W POSSUM HOLLOW RD
WALLINGFORD PA 19086-1817
215-895-3802
EISENBERGER, MD, DEBRA A OBG
T JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107-5084

EISENSTADT, MD, NORMAN CD
512 SABINE CIR
WYNNEWOOD PA 19096-1318
215-755-5449
EISMAN, MD, SYLVAN H IM
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-7309
EL-MANSOURY, MD, JEYLAN A OPH
1307 N WOODBINE AVE
NARBERTH PA 19072-1240
ELCOCK, MD, CLAUDIUS A IM
215 S CHESTER RD
SWARTHMORE PA 19081
ELEFANT, MD, HOWARD L IM
1139 E LUZERNE ST
PHILADELPHIA PA 19124-5234
215-537-1240
ELENITSAS, MD, ROSALIE D
8200 HENRY AVENUE APT H11
PHILADELPHIA PA 19128
215-898-3241
ELFMAN, MD, LOUIS K OTO
3725 S OCEAN DR APT 30
HOLLYWOOD FL 33019-2926
ELIADES, MD, WILLIAM CD
1015 CHESTNUT ST
PHILADELPHIA PA 19107-4318
215-923-2091
ELLEN, MD, STEPHEN J OBG
305 VALLEY PL
RADNOR PA 19087-3737
ELLIS, MD, HERMAN M * OM
PO BOX 584
BRISTOL PA 19007-0584
215-785-7440
ELLIS, MD, RICHARD A OPH
1521 LOCUST ST
PHILADELPHIA PA 19102-3727
215-545-5900
ELLIS JR, MD, LEANDER T * P
100 S SWARTHMORE AVE
SWARTHMORE PA 19081-1603
215-477-6444
ELLISON, MD, JULIUS IM
NRTHRN INT MED ASSOC
PHILADELPHIA PA 19114-1436
215-637-6611
ELMALEH, MD, MIRIAM K * FP
8251 OLD YORK RD
ELKINS PARK PA 19117-1544
215-887-1451
EMAMI, ELIZABETH R ST
3445 VAUX ST
PHILADELPHIA PA 19129-1436
EMANUEL, ERIC R ST
711 ELENA DR
BROOMALL PA 19008-2727
EMERICK, GEORGE J ST
834 CHESTNUT ST APT 832
PHILADELPHIA PA 19107-5140
ENG, CATHY ST
2200 BEN FRANKLIN PKY
PHILADELPHIA PA 19130
ENG, MD, RENE S M GE
2020 WALNUT ST APT 10A
PHILADELPHIA PA 19103
ENG, MD, RICARDO DR
8505 CHIPPEWA RD
PHILADELPHIA PA 19128
215-955-5447
ENGLISH, MD, O SPURGEON P
3300 DARBY RD APT 502
HAVERFORD PA 19041-1064
ENGSTROM, MD, PAUL F ON
CENTRAL AND SHELMIRE AVE
PHILADELPHIA PA 19111-2430
215-728-2969
ENNIS, PETER D ST
2505 OLIVE ST
PHILADELPHIA PA 19130-2423
ENTERLINE, MD, HORATIO T PTH
13149 MC DOUGAL RD
ATHENS OH 45701-9732
ENTINE, MD, JOSEPH H GS
MOSS PLAZA STE 206
PHILADELPHIA PA 19115-2184
215-673-0343
EPPLEY, MD, MATTHEW J NS
269 LAWNDALE AVE
KING OF PRUSSIA PA 19406-3661
EPSTEIN, MD, ALAN L IM
822 PINE ST STE 1C
PHILADELPHIA PA 19107-6124
215-829-5358
EPSTEIN, MD, HERMAN GP
CEDARBROOK HILL APT B618
WYNCOTE PA 19095
EPSTEIN, MD, ISADORE S IM
3950 CONSHOHOCKEN AVE
PHILADELPHIA PA 19131-2835
215-877-5219
EPSTEIN, MD, PAUL E PUD
PEPPER PAVILION STE 501
PHILADELPHIA PA 19146
215-893-2424
EPSTEIN, MD, SCOTT K PM
1951 MAIN AVE APT 1
CONSHOHOCKEN PA 19428
ERHARD, MD, MICHAEL J U
250 S 13TH ST BOX 14
PHILADELPHIA PA 19107-5615

ERKES, MD, NEAL IM
135 KINGSTON RD
CHELTENHAM PA 19012-1213
215-969-1500
ERKI, LENKE ST
117 N 15TH ST
PHILADELPHIA PA 19102-1516
ESCHELMAN, MD, DAVID J DR
834 CHESTNUT ST APT 1710
PHILADELPHIA PA 19107-5149
215-955-2442
ESCOVITZ, MD, GERALD H GE
3300 HENRY AVE
PHILADELPHIA PA 19129
ESCOWITZ, HAL E ST
232 SCOTT DR
ATLANTIC BEACH NY 11509
ESKIN, MD, BERNARD A OBG
MADISON HOUSE STE 124
PHILADELPHIA PA 19131
215-878-4454
ESQUENAZI, MD, ALBERTO PM
MOSS REHAB HOSP
PHILADELPHIA PA 19141-3019
215-456-9470
ETTENGER, MD, MORRIS S OTO
2607 WELSH RD APT J205
PHILADELPHIA PA 19114-3357
ETTINGER, MD, JEFFREY B PD
7500 CENTRAL AVE
PHILADELPHIA PA 19111-2432
215-728-7711
EUBANKS, MARCUS J ST
8201 HENRY AVE #G-22
PHILADELPHIA PA 19128
EVANS, MD, AUDREY E PD
3400 CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-2250
EVANS, JOSEPH B ST
405-3A STRAFFORD AVE
STRAFFORD PA 19087
EVANS, MD, JOSEPH B PD
3200 RAWLE ST
PHILADELPHIA PA 19149-2619
215-338-2600
EVERETT, KRISTIN M ST
1100 S BROAD ST APT 104-B
PHILADELPHIA PA 19146
EVERITT, MD, DANIEL E *IM
SMITH KLINE BEECHAM
PHILADELPHIA PA 19104-2640
215-382-3200
EWING, MD, JAMES H P
204 W POSSUM HOLLOW RD
WALLINGFORD PA 19086-6231
215-874-5335
EWING, MD, MADELEINE Q OPH
700 SPRUCE ST STE 100
PHILADELPHIA PA 19106-4015
215-829-6802
FABENS, MD, ELIZABETH L IM
345 E MT AIRY AVE
PHILADELPHIA PA 19119-1114
215-242-5000
FABER, JENNIE ST
150 RIDGE PIKE APT C3259
LAFAYETTE HILL PA 19444-1929
FABER, MD, KALMAN PD
1100 WALNUT ST STE 602
PHILADELPHIA PA 19107-5563
215-922-7133
FABIANI, MD, JOSEPH A ORS
525 JAMESTOWN ST STE 105
PHILADELPHIA PA 19128-1751
215-482-6693
FABRIZIO, MD, MICHAEL D GS
906 LINCOLN WOODS
LAFAYETTE HILL PA 19444-1151
FAGAN, DO, LINDA R ST
9411 TULIP ST
PHILADELPHIA PA 19114-3009
FAGAN, LLOYD R ST
570 N 23RD ST APT 6-B
PHILADELPHIA PA 19130-3132
FAGER, MD, SAMUEL S PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-387-2805
FAIL, MD, PETER S OTO
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7000
FAKHRAEE, MD, MICHAEL S PS
JEANES PHYS OFF BLDG-101
PHILADELPHIA PA 19111
215-728-8200
FALCON, RONALD W ST
8201 HENRY AVE APT G-22
PHILADELPHIA PA 19128-2963
FALLAHNEJAD, MD,
MANOUCHER CDS
19TH AND LOMBARD ST
PHILADELPHIA PA 19146
215-735-3923
FALUDI, MD, GEORGINA DIA
829 SPRUCE ST STE 408
PHILADELPHIA PA 19107-5752
215-525-2111
FANNING, DO, ROBERT J OTO
34 CAVALRY DR
HORSHAM PA 19044-1144

FARANO, MD, PETER J PTH
FRANKFORD HOSP
PHILADELPHIA PA 19114-1436
215-934-4402
FARBER, MD, ABIGAIL F PD
CHILDRENS SEASHORE HOSP
PHILADELPHIA PA 19104
215-895-3649
FARBER, MD, EMANUEL P GYN
100 OLD YORK RD APT 814E
JENKINTOWN PA 19046-3251
FARBER, MD, HAROLD F D
284 STOKES CIR
HUNTINGDON VLY PA 19006-7974
215-664-4433
FARID, MD, LINDA M PTH
2300 WALNUT ST APT 418
PHILADELPHIA PA 19103-5544
FARNON, MD, CHRISTA U OM
1418 SURREY LN
WYNNEWOOD PA 19096-3818
215-270-6173
FARR, MD, STEPHANY D US
315-G SHAWMONT AVE
PHILADELPHIA PA 19128
FARRAR JR, MD, GEORGE E IM
PENNSWOOD VILLAGE APT A106
NEWTOWN PA 18940
215-968-0810
FARRELL, MD, TIMOTHY P US
1877 CHESTER DR
EAST MEADOW NY 11554-2503
FASS, MD, BONNIE L PD
400 LANKENAU MEDICAL BLDG
PHILADELPHIA PA 19096
215-649-7043
FAYE, MD, ROBYN B OBG
1201 BETHLEHEM PIKE STE 204
NORTH WALES PA 19454-2103
215-542-0365
FAYNBERG, MD, MARK G N
KLEIN PROFESSIONAL BLDG
PHILADELPHIA PA 19141-3030
215-456-7190
FEDERICI, MD, VALERIO J GS
1690 FITE TER
LANGHORNE PA 19047-1204
FEIG, MD, STEPHEN A DR
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107-5563
215-955-7253
FEIN, MD, JOEL A EM
2801 PENNSYLVANIA AVE #A102
PHILADELPHIA PA 19130
215-590-1944
FEINBERG, MARK W ST
7901 HENRY AVE APT G404
PHILADELPHIA PA 19128-3072
FEINSMITH, MD, NORMAN CD
39TH AND MARKET ST
PHILADELPHIA PA 19104
215-386-2400
FELDMAN, MD, ARTHUR M ON
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8558
FELDMAN, MD, ELLA S RHU
554 HANSELL RD
WYNNEWOOD PA 19096-1002
215-521-0150
FELDMAN, MD, JULIAN D OBG
829 SPRUCE ST
PHILADELPHIA PA 19107-5752
215-829-3580
FELDMAN, MD, ROBERT A IM
100 KINGFIELD RD
PHILADELPHIA PA 19115-4011
215-725-8114
FELGAR, MD, RAYMOND E PTH
PARK TOWN WEST
PHILADELPHIA PA 19130
FELIX, MD, CAROLYN A PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2831
FELIX, MD, DIONISIO GP
518 W ERIE AVE
PHILADELPHIA PA 19140-4535
215-229-4900
FELL, BRADLEY A ST
28 KINGSTON TER
ASTON PA 19014-2138
FENLIN JR, MD, JOHN M ORS
211 S 9TH ST 4TH FL
PHILADELPHIA PA 19107-5506
215-955-4300
FENTON, MD, WILLIAM M AN
100 OLD YORK RD APT 1005
JENKINTOWN PA 19046
215-456-3815
FERGUSON JR, MD, GUERRANT H FP
116 BALA AVE
BALA CYNWYD PA 19004-3025
215-664-3506
FERNANDEZ, MD, JAVIER CDS
DEBORAH HEART & LUNG CTR
BROWNS MILLS NJ 08015-1705
609-893-6611
FEROUZ, MD, ALIYA S OTO
2937 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-1107

FERRAN, CLAUDIA M ST
1512 SPRUCE ST APT 19-B
PHILADELPHIA PA 19102
FERRARA, MD, VINCENT L NS
1010 FOX CHASE RD
PHILADELPHIA PA 19111-1609
FERRARI, MD, VICTOR A OTO
1535B STONEY LN
PHILADELPHIA PA 19115-4280
215-662-4000
FERRARO JR, DAVID N ST
700 LOWER STATE RD APT T-9
NORTH WALES PA 19454-2167
FERRIE, MD, PATRICIA M P
250 QUINCE ST
PHILADELPHIA PA 19107-6747
215-955-6610
FEUSSNER, MD, JAMES W CHP
CHILDRENS SERVICE CTR
WILKES BARRE PA 18702-3897
717-825-6425
FICKE, MD, J RONALD OM
3919 MARTIN RD
HUNTINGDON VLY PA 19006-2340
FIDLER, SUZANNE A ST
3433 SUNNYSIDE AVE
PHILADELPHIA PA 19129-1432
FIEDLER, MD, JAMES J GP
3512 AINSLIE ST
PHILADELPHIA PA 19129-1630
FIELD, MD, HOWARD L P
1020 SANSOM ST
PHILADELPHIA PA 19107-5002
215-955-6683
FIENGO, DO, MARK N OTO
125 HIGHLAND DR
RICHBORO PA 18954-1821
215-448-7000
FIFE, WILLIAM C ST
8201 HENRY AVE APT S-8
PHILADELPHIA PA 19128-2963
FIGUEROA, MD, WILLIAM G *PUD
230LANKENAU MEDICAL BLDG
WYNNEWOOD PA 19096
215-642-3796
FILE, PAUL I ST
657 CROFT DR
SOUTHAMPTON PA 18966-4045
FILICKO, MD, JOANNE E IM
201 S 12TH ST APT 2-B
PHILADELPHIA PA 19107-5503
FILIPPONE, MD, EDWARD J NEP
2228 S BROAD ST
PHILADELPHIA PA 19145-3923
215-467-8955
FILMYER JR, MD, EDWARD A PD
2220 MOUNT CARMEL AVE
GLENSIDE PA 19038-4610
FINE, ANDREW M ST
412 BASEMENT STEMMLER
PHILADELPHIA PA 19104
FINE, MD, ERIC W P
1018 ARBORETUM RD
WYNCOTE PA 19095-2110
215-884-0258
FINEBERG, MD, CHARLES GS
902 LOCUST ST
PHILADELPHIA PA 17107-5719
215-922-5580
FINESTONE, MD, ALBERT J IM
TEMPLE UNIV HOSP
PHILADELPHIA PA 19140
215-221-4741
FINESTONE, MD, ISRAEL IM
7501 MANCHESTER RD
MELROSE PARK PA 19126-1113
FINK, MD, GORDON B PTH
JEFFERSON PARK HOSP
PHILADELPHIA PA 19131-2899
215-578-3650
FINK, MD, PAUL J P
BELMONT
PHILADELPHIA PA 19131-1625
215-667-3788
FINKELSTEIN, MD, DAVID CD
1120 HILLCREST RD
NARBERTH PA 19072-1224
FINKELSTEIN, MD, JEFFREY M OTO
2219 N STONE RIDGE AVE
VILLANOVA PA 19085
FINKENSTADT, MD, ERIC V PUD
623 RIGHTERS MILL RD
NARBERTH PA 19072-1426
215-951-8740
FINN, DANIEL T ST
1 FRANKLIN TOWN BLVD APT 1217
PHILADELPHIA PA 19103-1246
FINN, MD, JOSEPH L OBG
1242 RED RAMBLER RD
JENKINTOWN PA 19046-2917
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FIRST, MD, HOWARD E OBG
LANDENAU HOSP
WYNNEWOOD PA 19096
215-896-7270
FIRST, MD, STEWART E OBG
240 SYCAMORE AVE
MERION STATION PA 19066-1529

FISCHER, MD, DAVID H OPH
256 LANKENAU MED BLDG
WYNNEWOOD PA 19096
215-649-1970
FISCHER, MD, H KEITH P
3037 W QUEEN LN
PHILADELPHIA PA 19129-1034
215-848-2233
FISCHER, MICHELLE A ST
1601 SPRING GARDEN ST
PHILADELPHIA PA 19130-3944
FISCHER, MD, SHARON P HEM
1401 LINDSAY LN
MEADOWBROOK PA 19046-1830
215-427-7049
FISCHER JR, MD, CARL R IM
1138 NORSAM RD
GLADWYNE PA 19035
215-642-8844
FISH, MD, JAMES E IM
1025 WALNUT ST RM 804
PHILADELPHIA PA 19107-5001
215-955-6590
FISHER, DO, GARY A TR
1 NORWEGIAN PLZ
POTTSVILLE PA 17901-3056
FISHER, MD, JOANNA M OPH
2818 COTTMAN AVE
PHILADELPHIA PA 19149-1419
215-331-4141
FISHER, MD, JOSEPH S END
1650 HUNTINGDON PIKE STE 317
MEADOWBROOK PA 19046-8097
215-947-5304
FISHER, MD, MARY S R
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-3978
FISHER, ROBERT J ST
2717 N 46TH ST
PHILADELPHIA PA 19131-1502
FISHER, MD, ROBERT S GE
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-3496
FISHER, MD, SARAH M AN
112 FITZWATER ST
PHILADELPHIA PA 19147-3408
215-662-3717
FISHER, DO, SCOTT A *RO
GRADUATE HOSP
PHILADELPHIA PA 19146-1419
215-893-7350
FISHER, MD, SETH M AN
1201 LAKEMONT RD
VILLANOVA PA 19085-2103
215-782-7961
FISHER, TODD M ST
1521 SPRING GARDEN ST
PHILADELPHIA PA 19130-4006
FISHER III, MD, GEORGE R *END
829 SPRUCE ST STE 306
PHILADELPHIA PA 19107-5752
215-922-5252
FISHMAN, DO, MORRIS A A
318 BARWYNNE LN
PHILADELPHIA PA 19151
215-468-3224
FISHMAN, DO, ROBERT F GP
1400 POINT BREEZE AVE
PHILADELPHIA PA 19146-4522
215-468-3224
FISSEL, BRETT S ST
968 CYBUS WAY
SOUTHAMPTON PA 18966-3917
FLAGG, MD, ALICE W *OS
910 ROUMFORT RD
PHILADELPHIA PA 19150
215-751-5282
FLAMM, MD, EUGENE S NS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3483
FLEEGLER, MD, FRANCENE M ON
315 LAUREL LN
HAVERFORD PA 19041-1930
215-527-9252
FLEISCHER, JULIE A ST
1908 MT VERNON #3-F
PHILADELPHIA PA 19130
FLEISHER, DO, RICHARD D R
1027 CORN CRIB DR
HUNTINGDON VLY PA 19006-3335
215-785-9333
FLEMING, MD, BURTON A P
214 SUNRISE LN
PHILADELPHIA PA 19118-3934
215-247-4747
FLEMMING, MD, MATTHEW A IM
707 S 2ND ST
PHILADELPHIA PA 19147-3401
215-221-2000
FLETCHER, MD, ROBERT H IM
ACP
INDEPENDENCE MALL W
PHILADELPHIA PA 19106
215-351-2660
FLETCHER, MD, SUZANNE W *IM
ACP
INDEPENDENCE MALL W
PHILADELPHIA PA 19106
215-351-2620

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3114 FRANKFORD AVE
PHILADELPHIA PA 19134-3821
215-739-7662
FLORES-STADLER, MD,
ELBIO M GS
1720 LOMBARD APT 203
PHILADELPHIA PA 19146
215-893-2000
FLYNN-RODDEN, MD, KARIN AI
1645 MT PLEASANT RD
VILLANOVA PA 19085-2009
215-487-7360
FOBIA, MD, JOHN B GS
3 BROOKSTONE DR
VOORHEES NJ 08043-3301
215-829-6420
FOCHT, MD, CHERYL A ST
1726 WALLACE ST APT 301
PHILADELPHIA PA 19130
FODERARO, MD, JOHN C OM
1 CEDARWOOD LN
CHADDS FORD PA 19317-9240
FOGARTY II, MD,
KENNETH W PUD
8100 HENRY AVE APT 7D
PHILADELPHIA PA 19128-1505
FOGEL, MD, MARK A PDC
30 OLD LANCASTER RD APT B
MERION PA 19066-1832
215-590-1000
FOLDES, MD, PETER J TS
4033 WOODRUFF RD
LAFAYETTE HILL PA 19444-1817
215-447-2000
FOLEY, CHRISTOPHER A ST
317 N BROAD ST APT 819
PHILADELPHIA PA 19107-1017
FONTANILLA, MD, RODOLFO C GP
707 DOMINION DR
MOORESTOWN NJ 08057-4404
FORCE, MD, THOMAS B OBG
1304 FAIRY HILL RD
RYDAL PA 19046-2926
215-632-6797
FORD, MD, D PATRICK P
1115 WHARTON ST
PHILADELPHIA PA 19147-5003
FOREST, MD, JEAN L IM
304 OLD LANCASTER RD
MERION STATION PA 19066-1526
215-668-3025
FORGIONE JR, MICHAEL A ST
827 EVANS RD
SPRINGFIELD PA 19064-3010
FORMAN, MD, JOSEPH E GP
309 FLORENCE AVE APT 314N
JENKINTOWN PA 19046-2605
FORMAN, MD, KENNETH J IM
TOWNSHIP LINE & OLD YORK RD
JENKINTOWN PA 19046
215-885-1173
FORNWALT, MD, HELEN L OS
1035 KENNETT WAY
WEST CHESTER PA 19380-5730
FORSTATER, MD, ALAN T EM
501 SHORTRIDGE DR
WYNNEWOOD PA 19096-1609
215-955-6844
FORSTEIN, DO, DAVID A OBG
870 N 28TH ST APT 214
PHILADELPHIA PA 19130
215-871-1000
FORSYTHE, DANNY W ST
3078 S ABINGDON ST
ARLINGTON VA 22206-1633
FORTINO, MD, GREGG L *OTO
1650 HUNTINGDON PIKE STE 352
PHILADELPHIA PA 19046-8097
215-947-9218
FOSTER-DRAIN, MD, ROBIN L PD
1015 W CLIVEDEN ST
PHILADELPHIA PA 19119-3702
FOWBLE, MD, BARBARA *R
HOSP OF THE UNIV OF PA
PHILADELPHIA PA 19104-4219
215-662-3075
FOWLER, MD, PAUL B TR
222 LAURISTON ST
PHILADELPHIA PA 19128-3719
215-456-6784
FOX, COLEEN L ST
701 SUMMIT AVE APT 1205
PHILADELPHIA PA 19128-2317
FOX, MD, KENNETH L PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-387-2808
FOX, MELISSA B ST
3431 VAUX ST
PHILADELPHIA PA 19129-1436
FOX, MD, ROBERT D D
BENJAMIN FOX PAV STE 312
JENKINTOWN PA 19046
215-576-1212
FOX, MD, WILLIAM W PD
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1653
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JENKINTOWN PA 19046-3817
215-456-2969
GOLDBERGER, MD, ARNOLD OBG
532 SHOEMAKER RD
PHILADELPHIA PA 19117-2435
GOLDBURGH, MD, WARREN P CD
RR 1 BOX 118-B
LYME NH 03768
GOLDEN, MD, MICHAEL A VS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-7831
GOLDING, MD, DANIEL M DR
14 MALLARD MILL RUN
WALLINGFORD PA 19066
GOLDMAN, MD, H WARREN NS
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6558
GOLDMAN, MICHAEL S ST
1600 GERSON DR
NARBERTH PA 19072-1232
GOLDMAN, MD, SCOTT M TS
558 LANKENAU MEDICAL BLDG E
WYNNEWOOD PA 19096
215-896-9255
GOLDMAN, MD, STEPHEN M OPH
1650 OAKWOOD DR APT E306
NARBERTH PA 19072-1032
215-829-5311
GOLDMAN, SUSAN G ST
10729 FRANCIS PL
LOS ANGELES CA 90034-6203
GOLDMUNTZ, MD, ELIZABETH PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-387-2808
GOLDSMITH, MD, JOYCE GP
205 HENFIELD AVE
CHERRY HILL NJ 08003-1560
GOLDSTEIN, MD, ARTHUR M OPH
1726 S BROAD ST
PHILADELPHIA PA 19145-2321
215-463-3400
GOLDSTEIN, MD, BERNARD AN
709 OXFORD RD
BALA CYNWYD PA 19004-2111
215-456-6850
GOLDSTEIN, MD, FRANZ GE
252 LANKENAU MED BLDG E
WYNNEWOOD PA 19096-3427
215-896-7360
GOLDSTEIN, MD, HEIDI J PM
1420 LOCUST ST APT R37
PHILADELPHIA PA 19102-4222
GOLDSTEIN, MD, JACOB CD
ABINGTON PLZ
JENKINTOWN PA 19046-2895
215-885-1173

GOLDSTEIN, MD, JEROME D
10151 BUSTLETON AVE
PHILADELPHIA PA 19116-3716
215-677-1155
GOLDSTEIN, MD, LARRY E U
2501 S BROAD ST
PHILADELPHIA PA 19148-4309
215-465-2475
GOLDSTEIN, MD, MARC F AI
14 WALDEN WAY
CHERRY HILL NJ 08003-2568
215-569-1111
GOLDSTEIN, MD, ROBERT C GE
1331 E WYOMING AVE
STE B 19
PHILADELPHIA PA 19124-3808
215-289-1999
GOLDSTEIN, MD, SCOTT D CRS
1015 CHESTNUT ST STE 801
PHILADELPHIA PA 19107-4306
215-923-0766
GOLDSTEIN, DO, STEVEN H * CD
714 SOCIETY HILL
CHERRY HILL NJ 08003
215-329-0633
GOLDWEIN, MD, MANFRED I HEM
3600 SPRUCE ST
PHILADELPHIA PA 19104-4211
GOLESTANIAN, MD, ELLIE IM
625 E LANCASTER AVE APT C302
WYNNEWOOD PA 19096-2017
GOMBERG, MD, JACK A P
748 BETHLEHEM PIKE PO BOX 246
SPRING HOUSE PA 19477-1013
215-628-8585
GONICK, MD, PAUL U
227 N BROAD ST
PHILADELPHIA PA 19107-1511
215-563-1199
GONNELLA, MD, JOSEPH S IM
T JEFFERSON MED COLL
PHILADELPHIA PA 19107
215-955-6980
GONZALES, MD, JERRY M AN
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3784
GONZALEZ, MD, CARLOS F R
22 MERION RD
MERION STATION PA 19066
215-955-5447
GONZALEZ-IBRAHIM, DO, ELAINE PD
938 EDGEMORE RD
PHILADELPHIA PA 19151-3007
GONZALEZ-MASO, MD,
GUILLERONO E FP
481 W ROOSEVELT BLVD
PHILADELPHIA PA 19120-4147
GOOD, GARTH M ST
4234 BENNINGTON ST
PHILADELPHIA PA 19124
GOODE JR, MD, JOHN G AN
421 GARRISON WAY
GULPH MILLS PA 19428-2515
215-893-2185
GOODISON, SOPHIA M ST
151 BISHOP AVE APT J-18
SECANE PA 19016
GOODMAN, JAY D ST
1 MARY WATERSFORD RD
BALA CYNWYD PA 19004
GOODMAN, MATTHEW A ST
2073 KENT RD
HUNTINGDON VALLEY PA 19006
GOODMAN, MD, STEVEN I RHU
788 N 24TH ST APT A
PHILADELPHIA PA 19130-2542
GOODNER, MD, DAVID M OBG
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-955-8707
GOODSTEIN, MD, MICHAEL H PDC
1152 STONE HARBOR CT
CHERRY HILL NJ 08003-4838
215-427-5000
GOONEWARDENE, SHANTH A ST
1804 ORLOWITZ BLDG
PHILADELPHIA PA 19107-5537
GORDIN, MD, STEPHEN J DR
3550 MARKET ST
PHILADELPHIA PA 19104-3329
215-823-8600
GORDON, ALEXIA L ST
2979 SCHOOL HOUSE LN APT 1416R
PHILADELPHIA PA 19144
GORDON, MD, MICHAEL H IM
M-G APTS #B107
MERION STATION PA 19066
GORDON, MD, MICHAEL S AN
2991 SCHOOL HOUSE LN APT H34W
PHILADELPHIA PA 19144-5337
GORDON, MD, MURIEL M DR
2991 W SCHOOL HOUSE LN
PHILADELPHIA PA 19144-5337
GORDON, NANCY D ST
4045 DEXTER ST
PHILADELPHIA PA 19128-5219
GORDON, MD, ROBERT H IM
6828 WAYNE AVE
PHILADELPHIA PA 19119-3422
215-456-2900

GORDON, MD, SUSAN J GE
JEFFERSON MED COLL
PHILADELPHIA PA 19107
215-955-7546
GORELICK, MD, MARC H PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1959
GOREN, MD, ROBERT A * DR
722 SUSSEX RD
WYNNEWOOD PA 19096-2414
215-271-2000
GOREN, MD, RONALD C ID
6100 ROOSEVELT BLVD STE 10
PHILADELPHIA PA 19152-2911
215-335-1313
GOREN, MD, STANLEY E * PD
198 W CHELTENHAM AVE
PHILADELPHIA PA 19120-1041
215-927-1613
GORMAN, MD, ROBERT C GS
92 WOODVIEW LN
NORTH WALES PA 19454-3641
GORMAN, MD, SEAN J ST
8200 HENRY AVE APT A-22
PHILADELPHIA PA 19128-2984
GORTI, MD, SUBBARAO FP
4351 O ST
PHILADELPHIA PA 19124
215-535-7722
GOSFIELD JR, MD, EDWARD CD
2113 SPRUCE ST
PHILADELPHIA PA 19103-4811
215-564-2025
GOTTHEIL, MD, EDWARD P
1201 CHESTNUT ST FL 15
PHILADELPHIA PA 19107-4124
215-955-6105
GOTTLIEB, MD, HARRY * DIA
PHILADELPHIA PA 19129-1121
215-667-7525
GOTTLIEB, MD, PHILIP M A
THE ISLANDER CLUB APT 34-S
LONGBOAT KEY FL 34228
215-947-1501
GOTTLIEB, MD, RONALD S CD
GRADUATE HOSP
1 GRADUATE PLZ
PHILADELPHIA PA 19148
215-893-2495
GOTTLIEB, MD, STANLEY PA
10 WITHERS LN
BLUE BELL PA 19422-2468
215-233-7324
GOULD, MD, RICHARD B P
8210 CRITTENDEN ST
PHILADELPHIA PA 19118-2912
215-242-3282
GOULEY, MD, BENJAMIN A CD
LOGAN SQUARE EAST APT 805
PHILADELPHIA PA 19103-1221
215-563-1400
GOWDEY, MD, M AGNES FP
256 CLIFTON AVE APT M2
MOUNT HOLLY NJ 08060-1361
GOWEN, MD, GEORGE F GS
700 SPRUCE ST STE 101
PHILADELPHIA PA 19106-4015
215-829-5000
GOWING, MD, JEAN * US
600 E CATHEDRAL RD
PHILADELPHIA PA 19128-1933
GOYAL, MD, MAHEEP K DR
1110 LOMBARD ST APT 24
PHILADELPHIA PA 19147
215-829-3201
GOYAL, MD, VINOD K NEP
SUMMIT PARK EAST
PHILADELPHIA PA 19128
GRABAR, MD, JOYCE M OPH
1269 WRIGHT DR
HUNTINGDON VLY PA 19006-2723
215-678-7434
GRABELSKY, MD, STEPHEN A HEM
PRESBYTERIAN HOSP
PHILADELPHIA PA 19104-2692
215-662-8947
GRACE, MD, HELEN K OBG
270 UPPER GULPH RD
RADNOR PA 19087-3725
GRAD, MD, L CHRISTINE IM
54 PASTURE LN
BRYN MAWR PA 19010-1764
215-946-2132
GRADY, MD, CHRISTOPHER K ST
1100 SPRUCE ST #3E
PHILADELPHIA PA 19107
GRADY, MD, THOMAS A CD
58 FOREST OAKS DR
DURHAM NC 27705-6100
GRAHAM, CAMILLA S ST
3468 BOWMAN ST 2ND FL
PHILADELPHIA PA 19129
GRAHAM, MD, MARK G * IM
2603 S BROAD ST
PHILADELPHIA PA 19148-4310
215-334-2087
GRANA, MD, VICENTE P TS
1720 AUTUMN LEAF LN
HUNTINGDON VLY PA 19006-1515
GRANET, MD, DAVID B OPH
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2791

GRANICK, MD, MARK S PS
3399 HENRY AVE
PHILADELPHIA PA 19129
215-790-9100
GRATZ, DO, IRWIN AN
411 S WOODBINE AVE
NARBERTH PA 19072-2020
GRAVES, MD, SALINA D US
1404 MELROSE AVE
PHILADELPHIA PA 19126-1114
215-471-2761
GRAVES, MD, VAUGHAN C D
6000 GREENE ST
PHILADELPHIA PA 19144-2745
215-849-1405
GRAVES JR, MD, BEVERLY IM
1822 W GIRARD AVE
PHILADELPHIA PA 19130-1518
215-232-3957
GRAY, BRADFORD C ST
2920 WOODPIPE LN APT A
PHILADELPHIA PA 19129
GRAY, MD, DENNIS C AN
525 CHEWS LANDING RD
HADDONFIELD NJ 08033-3843
215-248-8202
GRAY, MD, FRIEDA G OS
67 LLANFAIR CIR
ARDMORE PA 19003-3342
GRAY JR, MD, FRANK D IM
87 LLANFAIR CIR
ARDMORE PA 19003-3342
GRAZIANI, MD, VIRGINIA PM
111 S 11TH ST STE 9604
PHILADELPHIA PA 19107-4824
215-955-6572
GRECO, MD, TIMOTHY M OTO
PO BOX 703
VALLEY FORGE PA 19482-0703
GRECO, MD, TOBY A OBG
2506 S 20TH ST
PHILADELPHIA PA 19145-4205
215-463-6622
GREEN, ADRIENNE L ST
826 PINE ST APT 3C
PHILADELPHIA PA 19107-6124
GREEN, DO, ALFRED I PD
614 W ALLEGHENY AVE
PHILADELPHIA PA 19133-2409
215-228-3450
GREEN, CANDACE C ST
5208 GERMANTOWN AVE 2ND FRT
PHILADELPHIA PA 19144-2337
GREEN, JOSHUA T ST
834 CHESTNUT ST APT 1105
PHILADELPHIA PA 19107
GREEN, MD, WILLIAM IM
7326 REVERE STAVE
PHILADELPHIA PA 19152
215-338-5836
GREENACRE, MD, JUDITH K IM
1201 GRENOX RD
WYNNEWOOD PA 19096-2218
215-829-3521
GREENBARG, MD, JEFFREY B P
1591 BROOKFIELD RD
NEWTOWN PA 18940
215-662-2800
GREENBAUM, MD, CHARLES H * D
10125 VERREE RD
PHILADELPHIA PA 19116-3611
215-676-0303
GREENBERG, MD, JACK O N
NORTHEASTERN MGNTC IMGNG
PHILADELPHIA PA 19124-2314
GREENBERG, MD, LEONARD F CD
5401 OLD YORK RD STE 201
PHILADELPHIA PA 19141-3030
215-455-2772
GREENBERG, MD, RICHARD M CD
101 PEPPER PAVILION
PHILADELPHIA PA 19146
215-893-2495
GREENBERG, MD, STEVEN M DR
425 COOLIDGE RD
CHERRY HILL NJ 08002-1135
215-221-4200
GREENE, GLENN J ST
72 JACOBS CREEK RD
WEST TRENTON NJ 08628-1704
GREENE, MD, RONALD B ORS
6100 CITY LINE AVE
PHILADELPHIA PA 19131
215-735-6104
GREENFIELD, MD, VAL S OPH
4500 ARTHUR KILL RD
STATEN ISLAND NY 10309-1316
718-984-7559
GREENSPAN, MD, ALLAN M * CD
5501 OLD YORK RD
PHILADELPHIA PA 19141-3001
215-456-8248
GREENSTEIN, DO, MARC S OBG
1 FRANKLINTOWN BLVD APT 1807
PHILADELPHIA PA 19103
GREGG, MD, CHARLES E AN
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-248-8200
GREGG, MD, JOHN R ORS
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1527

GREIFER, JONATHAN R ST
217 E SEDGWICK ST
PHILADELPHIA PA 19119-1807
GRIEBEL, STEPHEN R ST
RR 3 BOX 303
CLARION PA 16214-8915
GRIECO, MD, WILLIAM M AN
T JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107-4824
215-955-6181
GRIFFEN JR, MD, WARD O GS
1617 JF KENNEDY BLVD STE 860
PHILADELPHIA PA 19103
215-568-4000
GRIFFIN, MD, THOMAS D DMP
44 HILLCREST RD
PHILADELPHIA PA 19118-2620
215-886-3074
GRIFFITH, MD, CHARLES Q PTH
PO BOX 46
JENKINTOWN PA 19046-0046
GRIFFITH, MD, JOHN R CD
1015 CHESTNUT ST
PHILADELPHIA PA 19107-4316
GRIFFITHS, JON D ST
1326 SPRUCE ST APT 905
PHILADELPHIA PA 19107-5826
GRIMM, MARK W ST
5555 WISSAHICKON AVE #615H
PHILADELPHIA PA 19144
GRINO, MD, BENJAMIN J IM
3600 W SCHOOLHOUSE LN
PHILADELPHIA PA 19129
GRIPP, MD, KAREN PD
950 WALNUT ST APT 427
PHILADELPHIA PA 19107-5564
GROGAN, MD, WENDELL A N
1514 WOLF ST
PHILADELPHIA PA 19145-4449
215-463-3029
GROSS, MD, BENJAMIN A D
220 S 6TH ST 1ST FL
PHILADELPHIA PA 19107-5505
GROSS, MD, PAUL R D
PHILA DERMATOLOGY ASSOC
PHILADELPHIA PA 19107-5505
215-829-3578
GROSS, MD, ROBERT IM
1924 LOMBARD ST
PHILADELPHIA PA 19146-1411
GROSSMAN, MD, GILBERT CD
8241 FAIRVIEW RD
ELKINS PARK PA 19117-2139
215-885-1173
GROSSMAN, LINDA B ST
8241 FAIRVIEW RD
ELKINS PARK PA 19117-2139
GROTZINGER, MD, PAUL J GS
2121 VALLEY RD
HUNTINGDON VLY PA 19006-6003
GROVER, MD, JOSEPH G OBG
111 S 11TH ST STE 8210
PHILADELPHIA PA 19107-4824
215-955-8707
GRUENBERG, MD, ALAN M P
111 N 49TH ST
PHILADELPHIA PA 19139-2716
215-471-2584
GRUENER, MD, DANIEL M P
68 HAWK LN
MARLTON NJ 08053-2071
215-831-6909
GRUESEN, DO, MICHAEL J ST
PO BOX 803
BALA CYNWYD PA 19004-0803
GRUNEWALD, MD, KARL E CDS
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-762-7802
GRUNSTEIN, MD, MICHAEL M PD
34TH ST & CIVIC CENTER
PHILADELPHIA PA 19104
215-590-3497
GRUNT, MD, RICHARD F GE
2100 WALNUT ST
PHILADELPHIA PA 19103-4810
215-567-5720
GRUNWALD, MD, JUAN E OPH
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8039
GRUNWALD, MD, ZVI AN
CHILDRENS ANES ASSOC
PHILADELPHIA PA 19104-4385
215-590-1858
GUARINO, MD, JAMES C IM
8344 BEECH TREE DR
ELKINS PARK PA 19117-2821
215-221-2000
GUARNIERI, MD, DAVID M AN
210 W RITTENHOUSE SQ #1308
PHILADELPHIA PA 19103
215-955-6181
GUARNIERI, MD, KATHLEEN M AN
210 RITTENHOUSE SQ UNIT 1308
PHILADELPHIA PA 19103
215-955-6161
GUERGAWI, MARK F ST
1601 SPRING GARDEN ST APT 215
PHILADELPHIA PA 19130
GUESON, MD, EMERITA T OBG
660 2ND STREET PIKE
SOUTHAMPTON PA 18966-3995
215-322-6992

GUEST, DO, DENNIS M * EM
1142 QUARRY COMMONS DR
YARDLEY PA 19067-4022
215-291-3600
GUIDONE, PAUL L ST
3900 CITY LINE AVE APT A821
PHILADELPHIA PA 19131
GULLOTTI, MD, MICHAEL J CD
1027 INDIAN CREEK RD
WYNNEWOOD PA 19096-3408
215-389-0600
GUMEINER, MD, STEVEN C AN
3212 BROOKVIEW PL
ELKINS PARK PA 19117
215-951-8000
GUMNIT, MD, ROBERT Y AN
1407 STARLING LN
CHERRY HILL NJ 08003-2716
GUNTHER, DAVID M ST
3458 TILDEN ST
PHILADELPHIA PA 19129-1435
GUPTA, MD, CHITRA L PTH
400 EGYPT RD
NORRISTOWN PA 19403-3400
215-631-4247
GUPTA, MD, DOLLY PD
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1101
215-782-4330
GUPTA, MD, RANJAN GS
226 W RITTENHOUSE SQ APT 213
PHILADELPHIA PA 19103-5736
215-662-4000
GUPTA, MD, VED P RHU
2137 WELSH RD STE 2E
PHILADELPHIA PA 19115-4775
215-525-0257
GUSTAFSON JR, CRAIG S ST
5500 WISSAHICKON AVE APT 707
PHILADELPHIA PA 19144-5653
GUSTILO, M CATHERINE ST
BLYTHEWOOD APT C32E
PHILADELPHIA PA 19144-5357
GUTEKUNST, MD, PAUL E IM
7046 MCCALLUM ST
PHILADELPHIA PA 19119-2920
GUTTIN, MD, ENRIQUE * GS
111 S 11TH ST STE 8280
PHILADELPHIA PA 19107-4824
215-923-0116
GUTTMANN, MD, GAD G ORS
7201 RISING SUN AVE
PHILADELPHIA PA 19111-3926
215-742-6303
GUTTMANN, MD, MARLANE C DR
1340 PEPPER RD
RYDAL PA 19046-2948
215-728-3024
GUTTUSO, MD, LISA P
1010 CLINTON ST APT 3M
PHILADELPHIA PA 19107
215-471-2554
GUY, MD, EDWARD B P
2139-A GREEN ST
PHILADELPHIA PA 19130
215-335-8650
GUY IV, T SLOANE ST
443 S 43RD ST
PHILADELPHIA PA 19104
GWAL, MD, ANITA OBG
CHELSEA BLDG #16 APT 301
PHILADELPHIA PA 19129-1550
215-842-6000
GWIRTZMAN, WENDY G ST
2018 WALNUT ST
PHILADELPHIA PA 19103-5608
HAAS, MD, KENT S VS
GRADUATE HOSP PEPPER PAV
PHILADELPHIA PA 19146-1407
215-735-3923
HAASE, MD, GUNTER R N
PENNSYLVANIA HOSP-NEUR
PHILADELPHIA PA 19107
215-829-5163
HAAZ, MD, WILLIAM S * CD
1650 HUNTINGDON PIKE
MEADOWBROOK PA 19046-8094
215-947-9216
HABER, MD, BARBARA A GE
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3247
HABER, MD, MICHELE A GER
1710 OAKWOOD TER APT 5A
PENN VALLEY PA 19072-1044
215-842-6000
HABER, MD, SHERYL A ST
317 N BROAD ST APT 504
PHILADELPHIA PA 19107-1016
HAEBERLE, MD, WILLIAM A PUD
3057 WINCHESTER AVE
PHILADELPHIA PA 19136-1805
215-338-0409
HAEGELE, MD, LINDA A * ON
1505 MONK RD
GLADWYNE PA 19035-1316
215-831-8611
HAFT, MD, HAROLD * US
460 ROCK GLEN DRIVE
WYNNEWOOD PA 19096
215-284-8358
HAGAN JR, MD, EUGENE P OBG
3597 CRANBERRY DR
HUNTINGDON VLY PA 19006-3046

HAGSTROM, MD, NATHAN PD
14 FLAMINGO CT
VOORHEES NJ 08043-1664
215-590-1000
HAHM, MD, JEE HO R
60 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2249
215-663-8086
HAIDER, MD, SYED H PD
HAHNEMANN UNIV
PHILADELPHIA PA 19102
215-762-7000
HAILS, MD, KEVIN C P
ALBERT EINSTEIN MEDICAL CTR
PHILADELPHIA PA 19141
215-458-7240
HAIMOWITZ, MD, SAMUEL I IM
1 GARDENIA RD
LEVITTOWN PA 19057-3411
215-943-2222
HAJDENBERG, MD, JULIO J IM
ROBERT WOOD JOHNSON - UMDNJ
CAMDEN NJ 08130
609-342-2000
HALE, MD, DANIEL E PDE
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3420
HALL, MD, DANIEL A PH
8202 STENTON AVE
PHILADELPHIA PA 19118-2943
215-653-8012
HALL, DONALD T ST
749 N RINGGOLD ST
PHILADELPHIA PA 19130-2509
HALL, MD, JOHN H GS
604 GENERAL SCOTT RD
WAYNE PA 19087-1310
HALL, MD, ROBERT H P
3940 STEVENSON ST
PHILADELPHIA PA 19114-2016
HALL, MD, SUSAN M P
604 S WASHINGTON SQ #2410
PHILADELPHIA PA 19106-4115
215-955-6000
HALLETT, MD, JOSEPH W OPH
191 PRESIDENTIAL BLVD APT 200
PHILADELPHIA PA 19004-1211
HALPERN, MD, BARRY R U
1210 GAINSBORO RD
BALA CYNWYD PA 19004-2015
HAMANN, MD, JOSE G P
636 DANENBERGER DR
SOUTHAMPTON PA 18966-4040
215-752-1541
HAMILTON, CLIO A ST
6350 GREENE ST APT 504
PHILADELPHIA PA 19144-2533
HAMITON, MD, RALPH W * PS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2046
HAMILTON, MD, WILLIAM C ORS
7500 CENTRAL AVE STE 108
PHILADELPHIA PA 19111-2432
215-745-4050
HAMILTON, MD, WILLIAM L D
5501 GREENE ST
PHILADELPHIA PA 19144-2805
215-848-7600
HAMPEL, MD, AVRAHAM OTO
375 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2257
215-663-1121
HAMPERS, MD, LOUIS C PD
1738 GREEN ST APT 1R
PHILADELPHIA PA 19130-3912
215-590-1000
HAMPTON, MD, JANET A FP
592F ELIZABETH DR
LANCASTER PA 17601-4406
717-291-5684
HAN, MD, AARON C PTH
171 CROOKED LN
KING OF PRUSSIA PA 19406-2520
HAN, WON K ST
8925 FAIRFIELD ST
PHILADELPHIA PA 19152-1332
HANAU, MD, CHERYL A PTH
834 CHESTNUT ST APT 1729
PHILADELPHIA PA 19107-5150
HAAWAY, MD, ANDREA S EM
1369 KAREN LN
WAYNE PA 19087-2706
215-831-7281
HANDLER, MD, LAWRENCE F OPH
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PHILADELPHIA PA 19104
215-590-2791
HANDLER, MD, STEVEN D OTO
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104-4385
215-590-3454
HANES, MD, DAVID J OBG
3205 BARING ST
PHILADELPHIA PA 19104-2510
215-662-3234
HANES, MD, MARYANN ST
512 WYNNE AVE
HAVERTOWN PA 19083
HANJANI, MD, PARVIZ ON
ABINGTON MEMORIAL HOSP
ABINGTON PA 19001
215-885-0220

HANKINS, MD, ALTHEA IM
3001 WALNUT ST
PHILADELPHIA PA 19104-3414
215-848-9951
HANKS, MD, GERALD E TR
FOX CHASE CANCER CTR
PHILADELPHIA PA 19111-2430
215-728-2940
HANNO, MD, PHILIP M U
15 BRIARCREST DR
ROSE VALLEY PA 19086-6710
215-221-4445
HANSEN, HILARY A ST
317 N BROAD ST APT 702
PHILADELPHIA PA 19107-1017
HARBISON, MD, MARGARET S P
626 S CLIFTON ST
PHILADELPHIA PA 19147
HARBISON, MD, SEAN P GS
226 U RITTENHOUSE SQ #1911
PHILADELPHIA PA 19103
215-893-2588
HARE, MD, JEFFREY L DR
701 SUMMIT AVE A206
PHILADELPHIA PA 19128-2220
215-221-2000
HARGROVE III, MD, WALTER C TS
26 CEDARBROOK RD
ARDMORE PA 19003-1616
215-662-9598
HARKINS, MD, HERBERT P OTO
100 E LANCASTER PIKE S
WYNNEWOOD PA 19096-3411
215-477-1114
HARLIN, MD, STEPHEN L PS
302 LANGFORD RD
BROOMALL PA 19008-2811
HARMATZ, MD, ALEXANDER J IM
2 BALA PLAZA STE IL-22-24
BALA CYNWYD PA 19004-1503
215-664-9700
HARMON, MD, CARROLL M GS
CHILDRENS HOSP
PHILADELPHIA PA 19104-4397
215-590-2468
HARNED, MD, E MICHAEL DR
137 W GODFREY AVE
PHILADELPHIA PA 19120
HARP, MD, JAMES R P
314 BRYN MAWR AVE
BALA CYNWYD PA 19004
215-221-8496
HARPER, DEIRDRE W ST
6386 CHURCH RD
PHILADELPHIA PA 19151
HARRINGTON JR, ROBERT W ST
7925 RIDGE AVE #28
PHILADELPHIA PA 19128-3012
HARRIS, MD, ARTHUR D GE
1520 SPRUCE ST APT 206
PHILADELPHIA PA 19102-4506
215-221-3260
HARRIS, MD, DAVID T ON
LANKENAU HOSP
WYNNEWOOD PA 19096
215-645-2494
HARRIS, MD, ESTHER R PD
701 SUMMIT AVE APT C5
PHILADELPHIA PA 19128-2323
HARRIS, HUGH R ST
325 N 15TH ST #202
PHILADELPHIA PA 19102
HARRIS, MD, JAMES S GS
1000 W CLIVEDEN ST
PHILADELPHIA PA 19119-3701
215-483-9900
HARRIS, MD, KENNETH H DR
1409 CANDLEBROOK DR
DRESHER PA 19025-1021
215-291-3630
HARRIS, MD, MARY C NPM
34TH CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1653
HARRIS, MD, MERLEEN IM
8231 CHESTNUT ST
PHILADELPHIA PA 19139-2906
215-748-8303
HARRY, MD, EUDENE K EM
BENJAMIN FRANKLIN HOUSE
PHILADELPHIA PA 19107
215-955-6060
HARTZ, MD, WILLIAM H DR
511 WALDRON PARK DR
HAVERFORD PA 19041-1929
215-728-2164
HARVEY, MD, EDITH E OPH
757 WYNDALE RD
JENKINTOWN PA 19046-1551
HARVEY, ROBERT T ST
965 SWENLIN DR
VINELAND NJ 08360-2611
HARWICK, MD, ROBERT D HNS
TEMPLE UNIVERSITY HOSP
PHILADELPHIA PA 19140-5169
215-221-3383
HASSEY, MD, JOSEPH A IM
12 ANN ST
WEST PITTSTON PA 18643-1702
215-829-3000
HASSLACHER, MD, ELISABETH A P
117 CLWYD RD
BALA CYNWYD PA 19004-2302
215-471-2000

HAUGEN, CHRISTINE ST
641 N 22ND ST APT 3R
PHILADELPHIA PA 19130-3136
HAUPT, MD, GEORGE J TS
708 OLD LANCASTER RD
BRYN MAWR PA 19010-3109
215-645-2700
HAUPT, MD, HELEN M PTH
PENNSYLVANIA HOSP
PHILADELPHIA PA 19107
215-829-3544
HAUT, ELLIOTT R ST
THE FAIRFAX APT 505
PHILADELPHIA PA 19104-2955
HAUT, MD, MICHAEL J * HEM
822 PINE ST STE 2A
PHILADELPHIA PA 19107-6124
215-922-7200
HAWRYLUK, MD, OREST GPM
CONRAIL HEALTH SERVICES
PHILADELPHIA PA 19101-1416
215-596-2460
HAWTOF, JEFFREY E ST
1 FRANKLINTOWN BLVD APT 1010
PHILADELPHIA PA 19103
HAYES, MD, BRIAN L IM
2114 PACKARD AVE
HUNTINGDON VLY PA 19006-6415
HAYES, CARA L ST
2034 SPRING GARDEN ST APT 2R
PHILADELPHIA PA 19130-3805
HAYES, MD, TERESA M IM
2400 CHESTNUT ST APT 608
PHILADELPHIA PA 19103-4315
215-782-7000
HAYES SR, MD, PHILLIP W OBG
111 S 11TH ST STE 4105
PHILADELPHIA PA 19107-4824
215-955-6707
HAYWOOD, MICHELE T ST
4420 OSAGE AVE APT 6
PHILADELPHIA PA 19104-391
HEASLETT, MD, ANN M P
2601 PENNSYLVANIA AVE APT 723
PHILADELPHIA PA 19130-2334
215-662-3924
HEATH, KIMBERLY A ST
301 CURTIN ST
OSCEOLA MILLS PA 16666-1201
HECHT, TODD E ST
4025 WALNUT ST APT 2-R
PHILADELPHIA PA 19104-3513
HEFFLER, MD, KAREN F OPH
HAHNEMANN UNIV
MAIL STP 204
PHILADELPHIA PA 19102-1101
215-762-8044
HEIDERSCHEIDT, BENEDICT G ST
313 S 10TH ST
PHILADELPHIA PA 19107-6107
HEINE, MD, WILLIAM I CD
7900 OLD YORK RD APT 603B
ELKINS PARK PA 19117-2334
215-635-3660
HEISER, MD, MARK S * AN
PHILADELPHIA PA 19104-4385
215-596-9438
HEITMANN, DEBRA W ST
1806 GREEN ST APT 304
PHILADELPHIA PA 19130-3904
HELLER, MD, MELVIN S P
2 SCHILLER AVE
NARBERTH PA 19072-1534
215-787-7875
HELLMAN, MD, ARTHUR A CDS
301 S 8TH ST STE 4A
PHILADELPHIA PA 19106-4014
215-829-7120
HELWIG JR, MD, JOHN CD
GERMANTOWN HOSP
PHILADELPHIA PA 19144-1498
215-438-4944
HENDLER, MD, BARRY H OS
BERRIS PLAZA STE 304
PHILADELPHIA PA 19152
215-333-0777
HENDREN, MD, WILLIAM G CDS
1800 LOMBARD ST STE 1100
PHILADELPHIA PA 19146-1414
215-893-4442
HENDRICKSON, MD, STEVEN C GS
731 STANBRIDGE RD
DREXEL HILL PA 19026-4313
215-662-6200
HENDRZAK, ANDREA J ST
7901 HENRY AVE APT 505-A
PHILADELPHIA PA 19126-3060
HENNIGAN, SHAWN P ST
8200 HENRY AVE APT A22
PHILADELPHIA PA 19128-2936
ENRICKS, MD, CAROL L N
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
HENRY, MD, JOHN M U
431 MARKLE ST
PHILADELPHIA PA 19128-3606
215-662-2891
HERBISON, MD, GERALD J PM
THOMAS JEFFERSON UNIV
PHILADELPHIA PA 19107
215-955-6567

HERBST, MD, ALLISON B IM
5500 WISSAHICKON AVE APT 403A
PHILADELPHIA PA 19144-5638
HERBST, MD, BERNADETTE A * N
1630 E HIGH ST
POTTSTOWN PA 19464-3244
HERGAN, ROBERT R ST
123 E 7TH ST
WYOMING PA 18644-2021
HERMAN, MD, CARL D P
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9483
HERMAN, MD, DENNIS IM
266 BARWYNNE LANE
WYNNEWOOD PA 19096
215-823-8627
HERMAN, MD, HAROLD OM
803 PRESTON RD
PHILADELPHIA PA 19118-1328
215-537-4110
HERMAN, MD, JERRY H OBG
7310 CASTOR AVE
PHILADELPHIA PA 19152-4217
HERMAN, MD, LEONARD Y EM
7400 ROOSEVELT BLVD APT R-201
PHILADELPHIA PA 19152-4318
215-331-8365
HERMAN, MD, RUTH F P
2447 WYNNEFIELD DRIVE
HAVERTOWN PA 19083
215-446-3931
HERMAN, MD, WALTER M * CD
275 N LATCHES LN
MERION STATION PA 19066-1726
215-389-0600
HERNANDEZ, MD, ENRIQUE GO
MCP 3300 HENRY AVE
PHILADELPHIA PA 19129
215-842-6937
HEROLD, MD, SANFORD L * GE
GERMANTOWN HOSP
PHILADELPHIA PA 19144-1496
215-844-3340
HERR, MD, VICTORIA A ID
7901 HENRY AVE APT A104
PHILADELPHIA PA 19128-3061
HERERO, MD, CARMELO IM
1 FRANKLIN TOWN BLVD APT 1112
PHILADELPHIA PA 19103-1248
HERRING, MD, ALLEN B * IM
8017 CASTOR AVE
PHILADELPHIA PA 19152-2701
215-722-2253
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PO BOX 768
BRYN MAWR PA 19010-0768
215-525-1113
HERRING, GIOLA M ST
5555 WISSAHICKON AVE APT 703
PHILADELPHIA PA 19144-4540
HERRING, MD, WILLIAM R
2150 WHARTON RD
GLENSIDE PA 19038-5326
HERSHOCK, MD, DIANE M ST
2245 EDGE HILL RD
HUNTINGDON VALLEY PA 19006
HERTLE, MD, RICHARD W OPH
34TH ST AND CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2791
HESKEL, MD, MILTON M END
60 TOWNSHIP LINE RD STE 300
ELKINS PARK PA 19117-2249
215-663-1313
HESS, MD, STEVEN G * CD
1437 HUNTINGDON RD
ABINGTON PA 19001-2103
215-537-5288
HEVEY, MATTHEW P ST
340 MEDIA STATION RD APT C227
MEDIA PA 19063-4740
HEYRICH, MD, GEORGE P IM
1137 PINE ST APT 100
PHILADELPHIA PA 19107-6035
HICKS, MD, EDWARD L * P
1913 WALNUT ST STE 400
PHILADELPHIA PA 19103-4635
215-567-4122
HIEHLE JR, MD, JOHN F R
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3000
HIGH, MD, KATHERINE A PHO
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-4521
HIGH, MD, PAMELA C PD
6 BARBERRY HILL RD
PROVIDENCE RI 02906
215-895-3826
HILL, MD, CYNTHIA A PD
1233 LOCUST ST STE 400
PHILADELPHIA PA 19107
215-545-8188
HILLS, JAMES R ST
9516 HOFF ST
PHILADELPHIA PA 19115-3803
HIRSCH, MD, ANDREW C AI
604 WASHINGTON SQUARE S #251
PHILADELPHIA PA 19106
215-955-6504

HIRSCH, MD, IRVIN H U
1025 WALNUT ST RM 1112
PHILADELPHIA PA 19107-5001
215-928-6961
HIRSCHFELD, MD, SONDRA L IM
APT 2917
PHILADELPHIA PA 19131
HIRSH, MD, BERNARD C * D
1420 LOCUST ST #15F
PHILADELPHIA PA 19102-4223
215-735-8168
HIRSH, MD, ROBERT A AN
208 SYCAMORE AVE
MERION PA 19066-1529
215-456-6850
HIRTH, MD, JOANN S IM
GRADUATE HOSP
PHILADELPHIA PA 19146-1497
215-893-2593
HLAVAC, JULIEANNE M ST
950 WALNUT ST APT 312
PHILADELPHIA PA 19107
HLAVAC, MARK A ST
3340 N 13TH ST 3RD FLR
PHILADELPHIA PA 19140
HOCHBERG, MD, ROBERT D DR
1119 N WOODBINE AVE
NARBERTH PA 19072-1244
609-342-2380
HODES, MD, PHILIP J R
TERRACE TOWERS
MIAMI BEACH FL 33139-1363
HODGES, MD, JOHN H IM
436 SABINE AVE
WYNNEWOOD PA 19096-1402
HODI, MD, FRANK S IM
2208 DELANCEY ST APT 2F
PHILADELPHIA PA 19103-6502
HOELLEIN, MD, DEBORAH E PD
7056 GERMANTOWN AVE
PHILADELPHIA PA 19119-1826
215-247-2996
HOERNER, MD, RALPH W A
1245 HIGHLAND AVE APT 102
ABINGTON PA 19001-3714
215-884-3901
HOFFMAN, ANDREA K ST
6932 OAKLAND ST
PHILADELPHIA PA 19149-1819
HOFFMAN, MD, BRUCE I IM
164 SUMMIT LN
BALA CYNWYD PA 19004-2931
215-842-6449
HOFFMAN, MD, J DAVID ORS
2050 LOCUST ST
PHILADELPHIA PA 19103-5614
215-563-7500
HOFFMAN, MD, JOHN P ON
7701 BURHOLME AVE
PHILADELPHIA PA 19111-2412
215-728-3518
HOFFMAN, MD, MARK A GS
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-4210
HOFFMAN, STUART M ST
29 LENAPE TRAIL
MEDFORD LAKES NJ 08055
HOFFMAN JR, MD, GEORGE L OBG
4701 PINE ST APT A9 BOX 32
PHILADELPHIA PA 19143-1818
HOFFMEIER, MD, CHARLES L OBG
2441 HUNTINGDON RD
HUNTINGDON VLY PA 19006-4311
HOFMANN, MD, JO ID
1001 PINE ST
PHILADELPHIA PA 19107
215-925-8010
HOFMANN, MD, MARY T GER
567 MANOR RD
WYNNEWOOD PA 19096-1024
HOGAN, MD, WILLIAM R ST
4 BAYARD RD APT 45
PITTSBURGH PA 15213
HOLFELNER, MD, EDWARD D U
114 THE MEWS
HADDONFIELD NJ 08033-1346
HOLLAND, MD, RUTH S PTH
8789 DUVEEN DR
WYNDMOOR PA 19118-1453
215-836-5375
HOLLANDER, ALEXIS C ST
235 SAINT GEORGES RD
ARDMORE PA 19003-2517
HOLLANDER, MD, BENTLEY A R
1017 DELL DR
CHERRY HILL NJ 08003-2910
302-421-4304
HOLLANDER, MD, GEORGE CD
1061 SUSQUEHANNA RD
RYDAL PA 19046-1822
215-338-4100
HOLLANDER, MD, JOSEPH L RHU
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2454
HOLLANDS, MD, CELESTE M GS
526-A HARBOUR DR
ANDALUSIA PA 19020
215-893-2590
HOLMAN, DAWN M ST
3120 W SCHOOLHOUSE LN
PHILADELPHIA PA 19144-5438

HONEBRINK, MD, ANN L * OBG
130 VALLEY RD
ARDMORE PA 19003-1511
215-627-3670
HONET, MD, JAMES E AN
403 WOODCREST RD
WAYNE PA 19087-5412
HONG, MD, KEUMSOON * OBG
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-242-2667
HONIG, MD, PAUL J PD
CHILDRENS HOSP
PHILADELPHIA PA 19106
215-590-2164
HONIGMAN, MD, FREDERIC H PTH
GERMANTOWN HOSP
PHILADELPHIA PA 19144-1496
215-951-8824
HOOD, THOMAS J ST
2209 W NORWEGIAN ST
POTTSVILLE PA 17901
HOOKER, MD, HENRY C N
3117 W PENN ST
PHILADELPHIA PA 19129-1015
215-842-6000
HOPKINS, TIM B ST
317 N BROAD ST APT 522
PHILADELPHIA PA 19107-1017
HOPPENFELD, BRAD M ST
712 NESHAMINY VALLEY DR
BENSALEM PA 19020-1233
HORAN, MD, CHARLES A CD
1343 W BALTIMORE PIKE #C-218
WAWA PA 19063-553
HORAN, MD, GERALD W OPH
1029 FOSS AVE
DREXEL HILL PA 19026-1901
HOROWITZ, MD, CAROLYN J R
18 OLD MILL RUN
MEDFORD NJ 08055-8303
HOROWITZ, DO, GARY R N
A EINSTEIN MED CTR N DIV
PHILADELPHIA PA 19141
215-456-7190
HOROWITZ, MD, GLENN D GS
9892 BUSTLETON AVE STE 206
PHILADELPHIA PA 19115-2184
215-673-0343
HORROW, MD, JAN C AN
BROAD AND VINE ST STE MS-310
PHILADELPHIA PA 19102-1178
215-762-7962
HORSTMAN, MD, ROSEMARY EM
6029 LAWNDALE ST
PHILADELPHIA PA 19111-5723
HORT, KURTIS R ST
910 STRAWBRIDGE RD
NORTHUMBERLAND PA 17857-9652
HORVAT, MD, BOZIDAR PTH
1000 WALNUT ST
PHILADELPHIA PA 19107-5518
215-955-5063
HORVAT, CRAIG P ST
117 N 15TH ST APT 1401
PHILADELPHIA PA 19102-1519
HOSSAIN, MD, KASHFIA D P
834 CHESTNUT ST APT 615
PHILADELPHIA PA 19107-5137
HOSTEN, MD, EDWARD B P
PO BOX 8683
PHILADELPHIA PA 19101-8683
215-844-2091
HOVSEPIAN, MD, DAVID M DR
2020 WALNUT ST APT 28E
PHILADELPHIA PA 19103-5644
215-955-6440
HOY, DAVID S ST
317 N BROAD ST APT 616
PHILADELPHIA PA 19107-1017
HOYER, MD, JOHN R PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2459
HOZACK, MD, WILLIAM J * ORS
RECONSTRUCTIVE ORTHO ASSOC
PHILADELPHIA PA 19107-6130
215-829-3458
HSIEH, DENNIS S ST
88 SAVAGE DR
LANGHORNE PA 19053-1552
HU, MD, CHARLENE H IM
4000 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131-1725
215-829-3000
HUANG, MD, ABBY I ID
1005 LINCOLN WOODS
LAFAYETTE HILL PA 19444-1155
215-662-2473
HUDOCK, MD, JUDE A PTH
524 LOMBARD ST APT F
PHILADELPHIA PA 19147-1409
HUDZICKI, MARIE E ST
THOMAS JEFFERSON UNIV
PHILADELPHIA PA 19107-5083
HUFFMAN, MD, PAMELA A PD
16 THORNWOOD DR
VOORHEES NJ 08043-2805
215-471-0600
HUGHES, DO, ELIZABETH B OM
1901 JF KENNEDY BLVD APT 2201
PHILADELPHIA PA 19103

HUGHES, MD, JANE S DR
365 STATION AVE
HADDONFIELD NJ 08033-3720
215-955-5411
HUGHES, DO, PARIS D IM
3900 FORD RD APT 19-M
PHILADELPHIA PA 19131-2042
HUGHES, MD, SUSAN M * OPH
1900 RITTENHOUSE SQ STE C2
PHILADELPHIA PA 19106-5735
215-790-9002
HUHTA, MD, JAMES C PDC
PERINATAL CARD PINE BLDG BSMT
PHILADELPHIA PA 19107
215-829-6841
HUME, MD, ERIC L ORS
501 CURTIS BLDG
PHILADELPHIA PA 19107-5005
215-955-6922
HUMMEL, JAMES P ST
8201 HENRY AVE APT R-15
PHILADELPHIA PA 19128
HUMPHREY, MD, DAVID M AN
6 HARFORD LANE
RADNOR PA 19087
215-246-8208
HUNDLEY, MD, J WARREN IM
600 OXFORD RD
BALA CYNWYD PA 19004-2217
HUNT, MD, PATRICK J AN
437 MAYNARD DR
STRAFFORD PA 19087-2019
215-955-6181
HUNT JR, MD, WILLIAM T OPH
2000 CAMBRIDGE AVE
WYOMISSING PA 19610-2714
HUNTER, MD, FRANCES C * IM
5118 N BROAD ST
PHILADELPHIA PA 19141-1626
215-324-5904
HUNTER, MD, JAMES M HS
901 WALNUT ST
PHILADELPHIA PA 19107-5211
215-629-0980
HUNTER, LINDA L ST
320 ROCHELL AVE #25
PHILADELPHIA PA 19128
HUNTLEY, MD, ARTHUR C P
PO BOX 637
VILLANOVA PA 19085-0637
215-688-0707
HURLEY, MD, JOHN N AI
314 MEADOW LN
MERION STATION PA 19066-1331
302-892-1880
HURLOCK, MD, JOAN E * FP
ROXBOROUGH MEMORIAL HOSP
PHILADELPHIA PA 19128-1789
215-482-4542
HUROWITZ, DO, MARC P FP
2915 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-1107
215-423-9930
HURWITZ, DO, CHARLES GE
1612 S 4TH STREET
PHILADELPHIA PA 19148
215-238-2297
HUSAIN, MD, SALEEM IM
4000 PRESIDENTIAL BLVD #302
PHILADELPHIA PA 19131-1715
215-221-4085
HUSKEY, MD, RICHARD E GER
PHILA GERIATRIC CTR
PHILADELPHIA PA 19141-2996
215-456-2900
HUSSON, MD, MICHAEL A PTH
PENNSYLVANIA HOSP
PHILADELPHIA PA 19107
215-829-5136
HYATT, MD, ROBERT W GYN
EPISCOPAL HOSP
PHILADELPHIA PA 19125
HYLAND, LAWRENCE J ST
315 E RIDLEY AVE
RIDLEY PARK PA 19078
HYMAN, MD, HAROLD L IM
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-4090
HYNES, LISA R ST
4041 RIDGE AVE B-18 APT 514
PHILADELPHIA PA 19129
HYUN, MD, ROBERT IM
3026 W QUEEN LN APT B38
PHILADELPHIA PA 19129-1057
IANNACONE, MD, WILLIAM M ORS
3 COOPER PLZ STE 411
CAMDEN NJ 08103-1438
609-342-3253
IDDENDEN, MD, DAVID A OBG
1328 RITNER ST
PHILADELPHIA PA 19148
215-336-2896
IDICULLA, MD, ANNE A IM
12TH AND TABOR RDS
PHILADELPHIA PA 19141
215-456-9513
IERARDI, MD, RALPH P GS
21 OAKMONT CT
WESTVILLE NJ 08093-1726
215-221-2000

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2900 MIDVALE AVE
APT C
PHILADELPHIA PA 19129
IJELU, MD, GORDON NEP
631 GAGE LN
NORTH WALES PA 19454-2739
ILSON, MD, BERNARD E * NEP
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8548
INGAGLIO, MD, PHILIP E * FP
1838 S BROAD ST
PHILADELPHIA PA 19145-2303
215-389-2100
INGERMAN, MD, MARK J * ID
467 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
215-896-0210
INGERSOLL, MD, CHARLES J FP
811 BRADLEY PL
LAFAYETTE HILL PA 19444-1521
INGRAM, MD, ROBERT C OM
1801 MARKET ST
PHILADELPHIA PA 19103
215-977-3385
INGUI, MD, JOHN P
2400 CHESTNUT ST STE 3009
PHILADELPHIA PA 19103
215-662-0960
INSCO, RICHARD A ST
317 N BROAD ST APT 820
PHILADELPHIA PA 19107-1019
IOCONO, MD, JOSEPH A ST
9 WESTMINSTER
HERSHEY PA 17033
IQBAL, MD, SARWAT A * PD
4018 N 5TH ST
PHILADELPHIA PA 19140-2612
215-223-0200
IQBAL, SYMA ST
3643 HAYWOOD ST
PHILADELPHIA PA 19129-1542
IRANI, MD, ROSHEN N ORS
1015 WALNUT ST
PHILADELPHIA PA 19107-5005
215-955-6922
IRIZARRY, MD, CARMEN P P
344 OVERLOOK LN
GULPH MILLS PA 19428-2634
717-738-6630
ISAACSON, MD, HOWARD * OBG
217 WILTSHIRE RD
WYNNEWOOD PA 19096-3332
215-477-1306
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418 E LANCASTER AVE
WAYNE PA 19087-4310
KERSTEIN, MD, MORRIS D VS
BROAD AND VINE ST
PHILADELPHIA PA 19102-1176
215-762-1033
KESSEL, MD, LAWRENCE J IM
8200 HENRY AVE APT G1
PHILADELPHIA PA 19128-2959
215-482-2336
KESWANI, MD, ASHOK K OBG
7841 RIDGE AVE APT B162
PHILADELPHIA PA 19128-3053
KETTERER, MD, CYNTHIA L GS
617 PLUM RUN
WEST CHESTER PA 19382
215-893-2556
KEYES, MD, BALDWIN L N
609 WYNNEWOOD PLZ
WYNNEWOOD PA 19096
KEYKHAH, MD, MOHAMMAD M AN
329 FAIRHILL RD
WYNNEWOOD PA 19096-1803
KHALUPSKY, MD, LARISA IM
404 BELLOWS LN
FEASTERVILLE PA 19053-7840
215-831-7000
KHAN, MD, ALI N IM
210 LOCUST ST UNIT 27H W
PHILADELPHIA PA 19106
215-427-7000
KHAN, SAMEENA S ST
325 N 15TH ST APT 604
PHILADELPHIA PA 19102-1009
KHANTHAN, MD, SUBRAMANIAM E AN
1739 SHARPLESS RD
MEADOWBROOK PA 19046
215-238-2000
KHAW, BERNARD ST
253 ANTHONY RD
KING OF PRUSSIA PA 19406-1855
KHELLA, MD, LEWIS PM
45 OLD GULPH RD
GLADWYNE PA 19035-1526
KHELLA, MD, SAMI L N
45 OLD GULPH RD
GLADWYNE PA 19035-1526
KHONA, MD, NITHYASHUBA B * PM
28 ASHBROOKE DR
VOORHEES NJ 08043-2817
215-339-4260
KHOURI, MD, MARGARET GE
HAHNEMANN UNIV MS1310
PHILADELPHIA PA 19102-1176
215-448-8101
KHOURY, MD, DENNIS J OPH
8118 BUSTLETON AVE
PHILADELPHIA PA 19152-2803
215-342-8116
KIESWETTER, MD, CAREN OBG
5500 WISSAHICKON AVE APT 608C
PHILADELPHIA PA 19144-5620
215-842-8000
KIM, ANDREW ST
139 VICTORIA LN
HORSHAM PA 19044-1243
KIM, MD, EDWARD P
823 LOMBARD ST
PHILADELPHIA PA 19147-1316
215-955-8420
KIM, MD, HAEWON C PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2260
KIM, MD, IKJIN IM
234 BARCLAY CIR
CHELTENHAM PA 19012-1030
215-535-5425
KIM, MD, JUNG S PD
7901 ROLLING GREEN RD
CHELTENHAM PA 19012-1709
215-663-0515
KIM, MD, KWAN E NEP
7901 ROLLING GREEN RD
CHELTENHAM PA 19012-1709
215-448-8047
KIM, MINA H ST
STILES ALUMNI HALL APT 1404
PHILADELPHIA PA 19102-1012
KIM, MD, PATRICIA A IM
604 S WASHINGTON SQ
PHILADELPHIA PA 19106-4115
215-829-3000
KIMBALL, MD, HARRY R IM
3624 MARKET ST
PHILADELPHIA PA 19104-2814
215-243-1500

KIMMEL, DO, MURRAY A FP
6656 RUTLAND ST
PHILADELPHIA PA 19149-2128
KIMMEL, MD, MURRAY H U
2301 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-3124
215-563-0647
KING, DO, BERNARD F FP
1843 WYNNEWOOD RD
PHILADELPHIA PA 19151
215-248-8145
KING, KATHLEEN S ST
5515 WISSAHICKON AVE APT B402
PHILADELPHIA PA 19144-4525
KING, KEVIN J ST
1902 COUNTRY CLUB DR
CHERRY HILL NJ 08003-3316
KING, MD, LOIS I R
8840 GERMANTOWN AVE
PHILADELPHIA PA 19118-2725
KING, MD, LORRAINE C * END
12140 2ND AVE
STONE HARBOR NJ 08247-1057
215-922-2442
KING, ROBERT C ST
111 MAC DADE BLVD APT A-217
FOLSOM PA 19033
KIRCHNER, MD, JOHN S GS
1608 CALLOWHILL ST APT 409
PHILADELPHIA PA 19130-4111
KIRKLAND, MD, MATT L GS
301 S 6TH ST
PHILADELPHIA PA 19106-4014
215-829-3697
KIRKPATRICK, MD, WILLIAM H ORS
BRYM MAWR MED BLDG N
BRYN MAWR PA 19010
215-527-3096
KIRSCHBAUM, DO, MICHAEL J CD
9 KILBURNE CT
CHERRY HILL NJ 08003-1965
215-667-8558
KIRSHBAUM, MD, BERNARD A D
D128 MADISON HSE PRES APTS
PHILADELPHIA PA 19131
215-877-6620
KISSICK, MD, WILLIAM L GPM
ELLET LN
PHILADELPHIA PA 19119-3703
215-898-6385
KISTLER, MEG S ST
254 S 10TH ST APT 3F
PHILADELPHIA PA 19107-6750
KITEI, MD, MILTON N GP
2243 S 9TH ST
PHILADELPHIA PA 19148-3102
215-334-4049
KITEI, MD, ROBERT A OPH
TOWER II
PHILADELPHIA PA 19108
KITSON, JOANNE ST
1324 LOCUST ST APT 429
PHILADELPHIA PA 19107-5644
KLACHKO, MD, MARTA N EM
MEDICAL COLLEGE HOSP
PHILADELPHIA PA 19129-1191
KLASS, MD, DANIEL J IM
3930 CHESTNUT ST
PHILADELPHIA PA 19104-3111
215-590-9644
KLAUSNER, MD, ROBERT D OTO
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-4000
KLEES, MD, JULIA E IM
1879 LEHIGH PKY N
ALLENTOWN PA 18103-2913
215-955-8381
KLEIN, MD, DOROTHY E PD
3300 S PENINSULA DR
DAYTONA BEACH FL 32118-6301
KLEIN, MD, SHELDON GP
SCOTCHBROOK DR
PHILADELPHIA PA 19115
215-464-9000
KLEINBART, MD, MORRIS IM
3600 CONSHOHOCKEN AVE
PHILADELPHIA PA 19131-5363
KLEINER, MD, HENRY T PYA
PRESIDENTIAL APTS D116
PHILADELPHIA PA 19131
215-877-7055
KLEINER, MD, ROBERT C OPH
MANOR MED BLDG
NORTH WALES PA 19454-1803
215-699-7600
KLIBER, ALLISON A ST
105 ROCHELLE AVE APT 2-F
PHILADELPHIA PA 19128
KLIGERMAN, MD, MORTON M TR
3400 SPRUCE ST #522
PHILADELPHIA PA 19104-4219
215-662-3198
KLIGMAN, MD, ALBERT M * D
CLINICAL RESEARCH BLDG RM 219
PHILADELPHIA PA 19104-6140
215-898-3230
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904 RONNIE CIR
PHILADELPHIA PA 19128-1045
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218 WICKFORD RD
HAVERTOWN PA 19083-4741
215-624-8145

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215-842-6962
KLINGHOFFER, MD, LEONARD ORS
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-732-0606
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209 CEDAR RD
ELKINS PARK PA 19117-1602
215-725-0111
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4025 PULITZER PL
SAN DIEGO CA 92122-4212
KLUFT, MD, RICHARD P * P
111 N 49TH ST
PHILADELPHIA PA 19139-2716
215-471-2484
KNAUSS-BROWN, CHRISTINA C ST
623 N LIME ST
LANCASTER PA 17602-2217
KNEE, DO, NORMAN S GP
5103 WHITAKER AVE
PHILADELPHIA PA 19124-3036
215-535-7722
KNIGHT, ADINA K ST
2400 CHESTNUT ST APT 701
PHILADELPHIA PA 19103-4315
KNIGHT, MD, BARBARA S IM
521 S 9TH ST STE 3F
PHILADELPHIA PA 19147-1352
KNORR, ERIC J ST
3443 TILDEN ST
PHILADELPHIA PA 19129-1434
KO, MD, ALBERT E GS
2034 ARCH ST UNIT N
PHILADELPHIA PA 19103-1417
KO, MD, MIN-HSIUNG FP
10890 BUSTLETON AVE STE 209
PHILADELPHIA PA 19116-3313
215-245-5120
KO, MD, PAULA C L OPH
3342 AINSLIE ST
PHILADELPHIA PA 19129-1442
215-221-3401
KOCH, ROBERT M ST
410 LANCASTER AVE APT 110
HAVERFORD PA 19041-1332
KODROFF, MD, KURT S END
1801 BUTTONWOOD ST APT 519
PHILADELPHIA PA 19130-3949
KODSI, MD, MAGDI S PS
1245 HIGHLAND AVE STE G05
ABINGTON PA 19001-3714
KOHL, MD, E JAMES ORS
931 HAVERFORD RD
BRYN MAWR PA 19010-3838
215-527-1544
KOHN, MD, MARK I DR
437 N HIGHLAND AVE
MERION STATION PA 19066-1709
215-934-4020
KOIWAI, MD, EICHI K PTH
11 FORRESTER RD
HORSHAM PA 19044-1726
KOLANSKY, MD, HAROLD PYA
ELKINS PARK HOUSE
ELKINS PARK PA 19117
215-635-1666
KOLDE, DAVID A ST
1 FRANKLIN TOWN BLVD #1214
PHILADELPHIA PA 19103
KOLTES, MD, JOHN A P
530 SPRING LN
PHILADELPHIA PA 19128-1002
215-482-2337
KOMINSKY, MD, ALAN H OTO
375 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2257
215-663-1121
KONDRATOWSKI, MD,
RICHARD Z OTO
124 SWEDESFORD RD
MALVERN PA 19355
KOO, MD, KIM ENG NS
612 64TH AVE
PHILADELPHIA PA 19126-3819
215-338-2288
KOOLPE, MD, HARVEY A DR
161 SERRILL RD
ELKINS PARK PA 19117-1616
215-456-6200
KOOLPE, MD, LOUIS IM
8226 WESTMINSTER RD
ELKINS PARK PA 19117-1409
KOPNICKY, AIMEE J ST
376-C RIDGE RD
NATRONA HGTS PA 15065
KOPPEL, ADAM M ST
210 LOCUST ST APT 3A
PHILADELPHIA PA 19106-3922
KOPPELMAN, GAYLE M ST
1 FRANKLINTOWN BLVD APT 315
PHILADELPHIA PA 19103
KOPROWSKI, MD, HILARY PD
THOMAS JEFFERSON UNIV
PHILADELPHIA PA 19107-6731
215-955-4761

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6901 OLD YORK RD
PHILADELPHIA PA 19126-2234
KOREY, MD, JOSEPH J GS
SACRED HRT FOR CNCR PATIENTS
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215-634-4159
KORNELUK-REILLY, MD,
THERESA OPH
2416 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4403
215-634-6660
KORNSGOLD, LAURA M ST
1000 WALNUT ST APT 1208
PHILADELPHIA PA 19107-5536
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515 PLYMOUTH RD STE H-3
PLYMOUTH MTNG PA 19462-1611
215-787-9000
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23 N LANSDOWNE AVE
LANSDOWNE PA 19050-2205
215-626-4397
KOTAPKA, MD, MARK J NS
5 SILVERSTEIN
PHILADELPHIA PA 19104
215-349-8325
KOTLER, MD, BARRY M OM
244 IRONWOOD CIR
ELKINS PARK PA 19117-1315
215-224-7775
KOTLOFF, MD, LEON IM
1001 CITY AVE
WYNNEWOOD PA 19096-3902
KOTSENAS, MD, AMY L ST
325 GREEN LN APT 3
PHILADELPHIA PA 19128-4751
KOTWAL, MD, NEVILLE H P
RR 1 BOX 243T
SCHNECKSVILLE PA 18078-9431
KOUTCHER, MD, MARTIN E IM
2221 S BROAD ST
PHILADELPHIA PA 19148-2938
215-336-0655
KOVALSKY, MD, DON A ORS
DELAWARE COUNTY MED CTR
BROOMALL PA 19008-3504
215-353-1113
KOVEN, MD, NORMAN L AI
720 2ND ST PIKE
STE 102
SOUTHAMPTON PA 18966-3949
215-947-4620
KOZART, MD, DAVID M OPH
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8045
KOZERA, MD, RICHARD J IM
3400 N BROAD ST
PHILADELPHIA PA 19140-5104
215-221-4516
KOZUB, MD, ROBERT E CD
2301 S BROAD ST
PHILADELPHIA PA 19148-3542
215-468-5123
KRAIN, ALYSA B ST
950 WALNUT ST APT 712
PHILADELPHIA PA 19107-5564
KRAINSKY, MD, SAMUEL M IM
1211 E LYCOMING ST
PHILADELPHIA PA 19124-5315
215-877-9960
KRAKOVITZ, MD, JAY A IM
1162 DIXON LN
RYDAL PA 19046-1802
KRAMER, MD, DAVID J EM
124 S DALLAS AVE
PITTSBURGH PA 15208-2624
412-647-3135
KRAMER, MD, FREDERICK L DR
7 WORTHINGTON DR
MEDIA PA 19063-1157
215-893-2007
KRAMER, MD, MARK S NEP
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141
215-456-6970
KRAMER, RACHEL L ST
306 E 98TH ST APT 16D
NEW YORK NY 10128-3853
KRAMER, MD, SELMA CHP
3902 NETHERFIELD RD
PHILADELPHIA PA 19129-1014
215-849-7272
KRANE, MD, MARVIN A * OBG
312 BARWYNNE LN
WYNNEWOOD PA 19096
215-546-6475
KRANTZ, MD, KATHRYN E OBG
3029 W QUEEN LN
PHILADELPHIA PA 19129-1034
215-482-9250
KRARAS, MD, CHRISTINE M AN
1043 HIGHVIEW DR
CHESTER SPRINGS PA 19425-1712
KRASNOFF, MD, SIDNEY O CD
1000 VENETIAN WAY APT 710
MIAMI FL 33139-1008
215-635-2235
KRATZ, RICHARD T ST
5450 WISSAHICKON AVE
PHILADELPHIA PA 19144-5221

KRAUS, MD, THEODORE J GP
3153 RICHMOND ST
PHILADELPHIA PA 19134-5808
215-739-5978
KRAUSE, MD, MARILYN PD
433 WARICK RD
WYNNEWOOD PA 19096-2343
215-649-4559
KRAUSE, MD, ROBERT L CD
RED LION AND KNIGHTS RDS
PHILADELPHIA PA 19114
215-281-0800
KRAUSZ, MD, MARTIN R GP
7739 LYCOMING AVE
PHILADELPHIA PA 19126-1421
KRAVITZ, MD, CHARLES H * IM
1321 W TABOR RD
PHILADELPHIA PA 19141-3020
215-244-4277
KRAVITZ, MD, KEVIN D OTO
601 GREEN LN
PHILADELPHIA PA 19128-2633
KRAVITZ, MD, RICHARD M PDP
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3749
KRAWET, MD, STEVEN H GE
834 CHESTNUT ST APT 829
PHILADELPHIA PA 19107-5140
KREMENS, MD, VICTOR R
406 RANDALL RD
WYNCOTE PA 19095-2106
KREMER, MD, FREDERIC B OPH
1518 LOCUST ST
PHILADELPHIA PA 19102
215-546-0493
KREMER, MD, HOWARD U * IM
1901 JFK BLVD APT 2004
PHILADELPHIA PA 19103
215-893-2359
KRENZEL, MD, ARCHIBALD R P
191 PRESIDENTIAL BLVD APT 113
BALA CYNWYD PA 19004-1208
215-664-8464
KRESSLER, MD, ROBERT J PD
600 E CATHEDRAL RD APT 8315
PHILADELPHIA PA 19128-1933
KREULEN, MD, THOMAS H CD
GRADUATE HOSP
PHILADELPHIA PA 19146-1497
215-893-2495
KRIEDMAN, MD, TERRY F OBG
813 BETHLEHEM PIKE
ERDENHEIM PA 19118-2112
215-836-1300
KRIEGER, MD, BENSON FP
2401 PENNA AVE APT 12C45
PHILADELPHIA PA 19130-3061
215-848-8800
KRISHNA, ROHIT ST
3332 TILDEN ST
PHILADELPHIA PA 19129
KRIVY, MD, JULIE B IM
122 CHANTICLEER
CHERRY HILL NJ 08003-4819
KROLL, MD, BARRY S PD
623 AVON RD
PHILADELPHIA PA 19118-3303
KRON, MD, KENNETH M P
WYNCOTE HOUSE BOX A
WYNCOTE PA 19095
215-576-0350
KRON, MD, SAMUEL D GS
2555 COLLINS AVE #404
MIAMI BEACH FL 33140
215-569-3500
KROOP, MD, HOWARD S GE
PUPMC 39TH & MARKET STS
PHILADELPHIA PA 19104
215-662-8900
KROSER, JONATHAN M ST
2855 WELSH RD
PHILADELPHIA PA 19152
KROSER, MD, JOYANN A * IM
7901 HENRY AVE APT A-507
PHILADELPHIA PA 19128-3060
215-842-6000
KROSER, MD, LILA S GP
2855 WELSH RD
PHILADELPHIA PA 19152-1647
215-464-2121
KROUSE, MD, THEODORE B PTH
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7280
KRUG, MD, ROBERT J IM
834 CHESTNUT ST APT 1529
PHILADELPHIA PA 19107-5147
KUBER, MD, MATTHEW E CD
1534 HUNTINGDON PIKE
HUNTINGDON VLY PA 19006-7702
215-947-6055
KUGACZEWSKI, MD, JANE T PDS
320 LONGWOOD RD
KENNETT SQUARE PA 19348-1808
215-622-9670
KUHAR, DO, KIM P IM
817 CLOVER DR
NORTH WALES PA 19454-2749
215-668-9999
KULSHRESTHA, MD, SUNITA ST
2400 CHESTNUT ST APT 1103
PHILADELPHIA PA 19103

KUMAR, MD, MYSORE S A GS
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1192
215-762-1856
KUMAR, MD, VEERANDRA IM
181 E LEHIGH AVE
PHILADELPHIA PA 19125-1011
215-426-5100
KUNKEL, MD, ELISABETH J P
1020 SANSOM ST
1652 THOMPSON
PHILADELPHIA PA 19107
215-955-8683
KUNKEL, REBECCA L ST
834 CHESTNUT ST APT 1606
PHILADELPHIA PA 19107
KUO, BRADEN ST
1017 ORIENTE AVE
WILMINGTON DE 19807-2260
KUO, SHEREE ST
7901 HENRY AVE C505
PHILADELPHIA PA 19128-3066
KUPERMAN, MD, JULIO L * N
1703 S BROAD ST
PHILADELPHIA PA 19148-1505
215-389-8448
KUREY, PAMELA H ST
2550 BOND AVE
DREXEL HILL PA 19026-1602
KUROKI, MD, HELEN M OBG
1528 S 30TH ST
PHILADELPHIA PA 19146-3504
215-662-4000
KURTH, MD, CHARLES D AN
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1883
KURTZ, MD, ALFRED B * DR
1050 INDIAN CREEK RD
WYNNEWOOD PA 19096
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717 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2111
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7022 LAFAYETTE AVE
FT WASHINGTON PA 19034-2101
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PHILADELPHIA PA 19107
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351 S 47TH ST APT B510
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4040-2919 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131
215-842-6545
LA FORGIA, SAL T ST
879 N 30TH ST
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LA LUNA, MD, LOUIS IM
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107-5084
LA MANNA, MD, MARGARET M NM
740 S CHESTER RD STE C1
SWARTHMORE PA 19081-2226
215-690-2620
LA ROCCA, SANDRO ST
1902 GREEN ST APT 1-W
PHILADELPHIA PA 19130
LABE, MD, ALEXANDER GS
60 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2249
215-379-4600
LABKOFF, MD, STEVEN E IM
205 UXBRIDGE DR
CHERRY HILL NJ 08034-3731
LABORDE, MD, ANDREA T PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9537
LADDEN, MD, PAUL A GP
6616 N AMERICAN ST
PHILADELPHIA PA 19126-3114
LADENHEIM, MD, STEVEN E OTO
1920 CHESTNUT ST
PHILADELPHIA PA 19103-4634
215-561-2546
LAFER, MD, EDMUND L IM
1510 S 13TH ST
PHILADELPHIA PA 19147-6205
215-331-0600
LAFFERTY, MD, THOMAS E IM
834 CHESTNUT ST APT 1421
PHILADELPHIA PA 19107-5145
LAFONTANT, MD, GILBERT PM
MEDICAL COLLEGE HOSP
PHILADELPHIA PA 19129-1191
215-456-9900

LAFONTANT, MD, RAYMOND F PM
MOSS REHAB HOSP
PHILADELPHIA PA 19141
215-329-5715
LAHANIATIS, JOHN E ST
325 N 15TH ST APT 211
PHILADELPHIA PA 19102-1007
LAIBSON, MD, PETER R OPH
445 MULBERRY LN
HAVERFORD PA 19041-1911
215-928-3180
LAING, MD, FAYE C R
BRIGHAM AND WOMENS HOSP
BOSTON MA 02115
215-955-4870
LAM, ALLISON C ST
1000 WALNUT ST APT 1500
PHILADELPHIA PA 19107
LAMBERT, MD, BARBARA A TR
1751 STOCKTON RD
MEADOWBROOK PA 19046-1152
215-335-6323
LAMBERT, MD, ROBERT L LM
409 ALLENDALE WAY
CAMP HILL PA 17011-8407
717-766-1122
LAME, MD, EDWIN L R
1400 WAVERLY RD
GLADWYNE PA 19035-1254
215-645-8697
LAMSBACK, MD, EDWARD G * IM
1441 LEWIS RD
RYDAL PA 19046-1411
215-947-0151
LANCIANO, MD, RACHELLE M RO
7701 BURHOLME AVE
PHILADELPHIA PA 19111
215-728-2963
LANE, MD, SALLY D ON
5735 RIDGE AVE STE 101
PHILADELPHIA PA 19128-1745
215-848-4662
LANG, MD, NIKKI EM
834 PINE ST
PHILADELPHIA PA 19106-4109
215-627-1300
LANGE, MD, BEVERLY J PHO
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2253
LANGELL, JOHN T ST
928 CLINTON APT 3
PHILADELPHIA PA 19107
LANGIERI, MD, GARY OTO
925 ROBERTS AVE
DREXEL HILL PA 19026-4421
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1640 OAKWOOD DR
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215-698-9200
LAPAYOWKER, MD, MARC S R
2301 CHERRY ST APT 16-E
PHILADELPHIA PA 19103-1029
LAPERLE, MD, MARGARET M IM
6201 N 10TH ST APT 405
PHILADELPHIA PA 19141-3819
LARGOZA, MD, NACIANCENO T FP
186 LANSDOWNE AVE
LANSDOWNE PA 19050
215-284-8080
LARICCIA, MD, PATRICK J IM
3947 DENNISON AVE APT H-9
DREXEL HILL PA 19026-2749
215-662-8968
LAROSSA, MD, DONATO D PS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2044
LARSON, MD, PETER J IM
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3823
LASALVIA, MD, LUCY A GYN
METHODIST HOSP MED BLDG
PHILADELPHIA PA 19148-3542
215-467-5300
LASCH, HUGH M ST
919 CLINTON ST
PHILADELPHIA PA 19107-6034
LASKAS, CLAIRE A ST
39 COOPER AVE
CHERRY HILL NJ 08002-3521
LAU, MD, HAR CHI GS
MEDICAL COLLEGE OF PA
PHILADELPHIA PA 19129-1191

LAU, MD, HENRY T GS
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2737
LAUCIUS, MD, J FREDERICK IM
1025 ARBORETUM RD
WYNCOTE PA 19095-2109
215-923-5678
LAUGHINGHOUSE, MD, KENNETH A IM
ALDEN PARK MANOR
PHILADELPHIA PA 19144-5651
215-667-2720
LAURY, MD, WILLIAM L IM
834 E UPSAL ST
PHILADELPHIA PA 19119-1541
215-924-4440
LAUTZ, MD, VIRGINIA H * OTO
BRYN MAWR TERRACE
BRYN MAWR PA 19010
215-526-0135
LAVAN, MD, DONALD W IM
1420 LOCUST ST STE 100
PHILADELPHIA PA 19102-4223
215-735-1200
LAVELLE, MD, JANE M PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1944
LAVERAN STIEBER, MD, RUDOLF F P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2470
LAVRICH, MD, JUDITH B OPH
31 N COLUMBUS BLVD
PHILADELPHIA PA 19106-1402
215-928-3244
LAWN, MD, BERYL B IM
458 MORENO RD
WYNNEWOOD PA 19096-1124
215-762-7892
LAWRENCE, CHERYL I ST
3352 VAUX ST
PHILADELPHIA PA 19129
LAWRENCE, MD, JAMES B * P
25 JAMES RD
BROOMALL PA 19008-1409
LAWRENCE, MD, JODY IM
570 N 23RD ST APT 5-B
PHILADELPHIA PA 19130-3132
215-448-7000
LAWSON, MD, LORI A EM
707 S 8TH ST
PHILADELPHIA PA 19147-2003
215-928-6000
LAWTON, L GREGORY ST
1000 WALNUT ST
PHILADELPHIA PA 19107-5536
LAZARO MORAN, MD, MIGUELA D FP
11991 AUDUBON AVE
PHILADELPHIA PA 19116-2418
215-677-2003
LAZARUS, MD, GERALD S D
UNIV OF PA 229 MED ED BLDG
PHILADELPHIA PA 19104
215-898-3240
LE BON, FENTON G ST
HARBOUR HOUSE
PEMAQUID HARBOR ME 04558
LEARNER, MD, NORMAN IM
2401 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-3061
LEAVITT, DO, RICHARD JAY IM
210 RIDINGS WAY
AMBLER PA 19002-5246
215-535-5522
LEBER, GEOFFREY E ST
2110 SPRING ST
PHILADELPHIA PA 19103-1002
LEBERMAN, MD, PAUL R U
17TH AND LOCUST STS
PHILADELPHIA PA 19103
LECHTZIN, NOAH ST
7705 WOODLAWN AVE
MELROSE PARK PA 19126-1414
LECKS, MD, LEONARD E CD
RITTENHOUSE CLARIDGE
PHILADELPHIA PA 19103
215-546-3587
LEDDY, MD, CHERYL CD
2701 HOLME AVE STE 105
PHILADELPHIA PA 19152-2029
215-335-4944
LEDER, MD, DAVID S DR
332 MERION AVE
HADDONFIELD NJ 08033-1132
LEDESMA, MD, ELIHU J GS
330 S 9TH ST
PHILADELPHIA PA 19107-6153
215-922-7901
LEE, MD, BERNARD L U
FOXCROFT SQ APT 309
JENKINTOWN PA 19046
LEE, DANIEL D ST
4033 ARBOUR CIR
LAFAYETTE HILL PA 19444-2607
LEE, MD, GUY A ST
5920 BENNINGTON ST
PHILADELPHIA PA 19120-1202
LEE, HELEN ST
3865 LARABY DR
HARRISBURG PA 17110-3650
LEE, MD, HENRY F PD
4 COTTRILLS COVE ELM ST
DAMARISCOTTA MA 04543-1374

LEE, HYUN-JOO ST
5651 CHEW AVE
PHILADELPHIA PA 19138-1740
LEE, MD, HYUNAH IM
834 CHESTNUT ST APT PH120
PHILADELPHIA PA 19107-5127
215-955-8904
LEE, JAMES ST
3551 N WATTS ST
PHILADELPHIA PA 19140-4239
LEE, JONG O ST
3332 N PARK AVE
PHILADELPHIA PA 19140-5219
LEE, MD, KWANG W AN
CHILDRENS HOSP
PHILADELPHIA PA 19104-4385
LEE, MD, ROTAN GP
7999 RTE 130 SOUTH
PENNSAUDEN NJ 08110
LEE, YI-CHUN ST
1015 AFTON ST APT 5
PHILADELPHIA PA 19111-3234
LEE JR, MD, CHARLES T * IM
8811 GERMANTOWN AVE
PHILADELPHIA PA 19118-2718
215-247-6212
LEE JR, MD, JAMES H OBG
1722 BAYSHORE DR
COCOA BEACH FL 32931-2314
LEEGARD, MD, ROBERT L AN
2701 HOLME AVE STE 201
PHILADELPHIA PA 19152-2029
LEFKOE, MD, ROY T ORS
GRADUATE MED OFFICE BLDG
PHILADELPHIA PA 19146-1529
215-546-8343
LEFTON, MD, HARVEY B GE
TWO BALA PLAZA 1L22 24
BALA CYNWYD PA 19004
LEHMAN, MD, JOHN D ORS
435A SHAWMONT AVE
PHILADELPHIA PA 19128
215-221-2000
LEHMANN, MD, DAVID C CD
957 PAIGE CT
LANGHORNE PA 19053-3568
215-427-7000
LEHRER, MD, LEWIS AN
40 E RIDING DR
CHERRY HILL NJ 08003-2707
609-428-6861
LEIGHTON JR, MD, JOHN C HEM
7726 ROCKWELL AVE
PHILADELPHIA PA 19111-2424
215-221-4000
LEINWEBER, MD, BRUCE K * OBG
DEPT OB/GYN LEVY 2
PHILADELPHIA PA 19141-3001
215-456-7700
LEISER, MD, JONATHON B IM
1521-A STONEY LN
PHILADELPHIA PA 19115
LEMAY, MD, MICHELE L OBG
327 S 17TH ST
PHILADELPHIA PA 19103
215-546-6475
LEMOLE, MD, GERALD M CDS
CHRISTIANA MED CTR STE 205
NEWARK DE 19713
LENCHNER, MD, GREGORY S PUD
1001 CITY LINE AVE APT WB113
PHILADELPHIA PA 19151
215-896-0280
LENZ, PATRICK K ST
MARTIN BLDG ROOM 530
PHILADELPHIA PA 19107-5512
LEO, MD, LOUIS R CD
439 LANKENAU MED BLDG W
WYNNEWOOD PA 19096-3427
215-658-0489
LEON, STUART M ST
3579 INDIAN QUEEN LN
PHILADELPHIA PA 19129-1539
LEONARD, MD, EDWARD H AN
1131 SPRUCE ST
PHILADELPHIA PA 19107
215-955-6080
LEONARD JR, MD, EDWARD C P
1435 CLOVERLY LN
RYDAL PA 19046-1403
215-831-4800
LEONE, LISA D ST
3120 W SCHOOL HOUSE LN
PHILADELPHIA PA 19144-5433
LEONG, MD, MILA A PUD
2643 WENTWORTH RD
PHILADELPHIA PA 19131-2810
215-427-5183
LEONG, MIMI ST
3327 AINSLIE ST
PHILADELPHIA PA 19129-1423
LEOPOLD, MD, ROBERT L P
3300 DARBY RD #4110
HAVERFORD PA 19041-1061
215-662-2926
LEPAR, MD, EDWIN R
1040 KINGSLEY RD
RYDAL PA 19046-3338
LEPERA, DO, PAMELA A HEM
117 BOULDER RD
PLYMOUTH MTNG PA 19462-1813
215-728-3889

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7524 FRANKFORD AVE
PHILADELPHIA PA 19136-3533
215-224-8980
LERNER, MD, HARVEY J ON
1 PENN BLVD
PHILADELPHIA PA 19144-1498
215-951-8014
LERNER, SUSAN M ST
2400 CHESTNUT ST APT 305
PHILADELPHIA PA 19103-4314
LERTZMAN, MD, BETH H ST
834 CHESTNUT ST APT 1606
PHILADELPHIA PA 19107
LESCHEK, LISA M ST
4000 GYPSY LN APT 207
PHILADELPHIA PA 19144-5505
LESHNER, DO, RICHARD T CD
235 YELLOW SPRINGS CT
YARDLEY PA 19067-5731
215-750-6657
LESLIE, HEATHER F ST
5229 GERMANTOWN AVE APT 3G
PHILADELPHIA PA 19144-2329
LESSER, MD, RAYMOND W OTO
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1178
215-782-3700
LESSIG, MD, HARRY J NM
MEDICAL COLLEGE HOSP
ELKINS PARK PA 19117
215-663-6044
LESSIG, MD, MARVIN A PTH
78 ROCK ROAD W
GREEN BROOK NJ 08812
201-775-8211
LETIZIA, KATHLEEN A ST
313 CREEK DR #325
ST DAVIDS PA 19087
LETO, MD, FRANCESCO IM
1419 S BROAD ST
PHILADELPHIA PA 19147-4919
215-462-3191
LEVICK, MD, STANLEY N ND
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141
215-969-8960
LEVIEN, MD, DAVID H GS
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7042
LEVIN, MD, ANDREW J * OPH
1703 S BROAD ST
PHILADELPHIA PA 19148-1505
215-339-8100
LEVIN, MD, BARRY L DR
GRADUATE HOSP
PHILADELPHIA PA 19146
215-893-2041
LEVIN, MD, DAVID C R
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107-0000
215-955-7264
LEVIN, MD, MICHAEL D PD
2701 HOLME AVE STE 205
PHILADELPHIA PA 19152-2029
LEVIN, MD, NORMAN P PTH
EPISCOPAL HOSP PTH DEPT
PHILADELPHIA PA 19125
215-427-7333
LEVIN, MD, RONALD M IM
21 CHESWOLD DR
SOUTHAMPTON PA 18966-3012
215-332-4467
LEVIN, STEVEN I ST
81 ROCKRIDGE RD
LINCOLN RI 02865-2802
LEVINE, MD, ARNOLD H DR
1307 RUTLAND LN
WYNNEWOOD PA 19096-2422
215-449-8896
LEVINE, MD, BRETT A OTO
HOSP OF THE UNIV OF PA
PHILADELPHIA PA 19104-4219
215-662-2777
LEVINE, MD, FREDERICK H CDS
5501 OLD YORK RD
PHILADELPHIA PA 19141
215-456-8270
LEVINE, MD, RICHARD B R
304 DOGWOOD LN
ELKINS PARK PA 19177-0001
215-663-6078
LEVINSKY, MD, WALTER J IM
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-4738
LEVINSON, MD, STUART L P
117 N 15TH ST APT 1001
PHILADELPHIA PA 19102-1518
LEVIT, MD, EDITHE J OS
1910 SPRUCE ST
PHILADELPHIA PA 19103-6613
LEVIT, MD, LAWRENCE S * AN
151 DARTMOUTH RD
BALA CYNWYD PA 19004
215-874-6448
LEVIT, MD, SAMUEL M CD
1910 SPRUCE ST
PHILADELPHIA PA 19103-6613
215-545-4243

LEVITT, MD, JERRY D AN
33 E PRINCETON RD
BALA CYNWYD PA 19004-2242
215-782-7962
LEVY, MD, DAVID E IM
3901 COHSHOHOCKEN AVE #1204
PHILADELPHIA PA 19131
LEVY, MD, MICHAEL H ON
DEPT MEDICINE ROOM C305
PHILADELPHIA PA 19111
215-728-2965
LEVY, MD, SUSAN E PD
CHILDRENS SEASHORE HOUSE
PHILADELPHIA PA 19104
215-895-3626
LEWIS, MD, ALAN E END
VALLEY ENDOCRINE ASSOC
MESA AZ 85202-4712
602-827-1220
LEWIS, MD, DANIEL W CD
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-545-2521
LEWIS, ELDRIN F ST
4604 CHESTER AVE #1R
PHILADELPHIA PA 19143
LEWIS, MD, JAMES W IM
7601B GERMANTOWN AVE
PHILADELPHIA PA 19119
215-248-0112
LEWIS, MD, KENNETH E AN
700 ARDMORE AVE APT 421
ARDMORE PA 19003-1108
215-332-7605
LEWIS, NANCY L ST
3420 CRAWFORD ST
PHILADELPHIA PA 19129-1518
LEWIS, MD, PAUL L PTH
521 BAIRD RD
MERION STATION PA 19066-1301
215-952-0962
LEWIS, WALTER E ST
212 VALLEY VIEW RD
MEDIA PA 19063-1356
LEWIS JR, MD, GEORGE C ON
1025 WALNUT ST RM 300
PHILADELPHIA PA 19107-5001
215-955-8498
LEYZIN, MD, FELIX * GP
8025 CASTOR AVE
PHILADELPHIA PA 19152-2733
LEYZIN, MD, MARA S * FP
8025 CASTOR AVE
PHILADELPHIA PA 19152-2733
LIACHOWITZ, MD, CLAIRE H PM
SUTTON TER APT 501
BALA CYNWYD PA 19004
215-867-8764
LIACOURAS, MD, CHRIS A GE
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2965
LIAW, MD, MING T * GS
125 W BROAD ST
TAMAQUA PA 18252-1918
717-668-5177
LIAW, MD, WEN HAW EM
10 GUM TREE RD
LAFAYETTE HILL PA 19444-2432
215-787-2121
LIBELL, DAVID P ST
8200 HENRY AVE APT C6
PHILADELPHIA PA 19128-2942
LICHTENSTEIN, MD, ISRAEL IM
7909 OXFORD AVE
PHILADELPHIA PA 19111-2224
215-745-8803
LICHTENSTEIN, MD, STEPHEN B OPH
150 LANKENAU MEDICAL BLDG
WYNNEWOOD PA 19096
215-649-2600
LICHTMAN, MD, JOSEPH M US
1819 FIRESIDE LN
CHERRY HILL NJ 08003-3244
215-922-4274
LIEBENBERG, MD, ROBERT E ORS
KLEIN PROF OFF BLDG
PHILADELPHIA PA 19141
215-456-9400
LIEBER, MD, CLAUDE P GS
GRADUATE HOSP PEPPER PAV
PHILADELPHIA PA 19146
215-735-4699
LIEBERMAN, MD, DANIEL P
7 N DELAWARE AVE STE 140
PHILADELPHIA PA 19106-1422
LIEBERMAN, MD, DONALD H IM
1139 E LUZERNE ST
PHILADELPHIA PA 19124-5234
215-537-1740
LIEBERMAN, MD, GEORGE E OTO
CEDARBROOK APTS A306
WYNCOTE PA 19095
LIEBERMAN, DO, RONALD M PM
8201 HENRY AVE APT N-17
PHILADELPHIA PA 19128-2983
LIEBERT, MD, PAUL L ORS
1905 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3121
215-739-8512
LIEBMAN, MD, EMIL P OTO
2108 SPRUCE ST
PHILADELPHIA PA 19103-6504
215-790-1553

LIEF, MD, HAROLD I P
700 SPRUCE ST STE 503
PHILADELPHIA PA 19106-4027
215-829-5640
LIFTON, STACEY H ST
BLYTHEWOOD APT P31W
PHILADELPHIA PA 19144
LIGHTS, MD, VERNEDA M IM
LIGHTS MED CTR
PHILADELPHIA PA 19144-4404
215-843-4455
LIMBERAKIS, MD, ANTHONY J * DR
9551 BUSTLETON AVE
PHILADELPHIA PA 19115-3801
215-698-1000
LIMOGES, MD, RICHARD F P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2428
LIN, DEBORAH W ST
3327 AINSLIE ST
PHILADELPHIA PA 19129-1423
LIN, DWIGHT J ST
317 N BROAD ST APT 815
PHILADELPHIA PA 19107-1019
LIN, MD, EDUARDO I T IM
101 WASHINGTON LN APT M632
JENKINTOWN PA 19046
215-456-7890
LIN, MD, PAUL M NS
1100 MILL RD
RYDAL PA 19046-2527
LIN, WENDY W ST
2805 W QUEEN LN APT 3R
PHILADELPHIA PA 19129-1031
LINDQUIST, MD, JOHN N IM
422 SABINE AVE
WYNNEWOOD PA 19096-1402
215-923-5413
LINGARAJU, MD, NAGARAJ AN
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-762-7962
LINN, DO, ROBERT P
419 LAWRENCE RD
BROOMALL PA 19008-3748
215-353-2800
LINNEMANN, MD, ROGER E * R
3021 DARNELL RD
PHILADELPHIA PA 19154
215-537-0672
LIPKIN, DO, HERBERT J GP
743 CARMET RD
RYDAL PA 19046-3307
215-235-1665
LIPMAN, MD, BERNARD L PDA
CEDARBROOK HLS APTS STE 4
WYNCOTE PA 19095-2614
LIPPA, MD, ERIK A OPH
1045 STEVENS DR
FT WASHINGTON PA 19034-1633
215-834-2640
LIPPA, MD, LINDA S M OPH
1045 STEVENS DR
FT WASHINGTON PA 19034-1633
215-279-3335
LIPPMAN, CALEB R ST
4701 PINE ST APT 10B
PHILADELPHIA PA 19143-1818
LIPPO, MD, FRANK L OBG
2301 S BROAD ST
PHILADELPHIA PA 19148-3542
LISCHUTZ, MD, ARTHUR PDA
8002 COBDEN RD
PHILADELPHIA PA 19118-1129
215-248-0606
LIPSCHUTZ, MD, LOUIS B P
175 RIDINGS WAY
AMBLER PA 19002-5245
215-853-3370
LIPSCHUTZ, MD, STEVEN M * FP
170 W OLNEY AVE
PHILADELPHIA PA 19120-2457
LIPSENTHAL, MD, LEE * IM
4507 KINGSESSING AVE
PHILADELPHIA PA 19143-3712
215-925-4300
LIPSHUTZ, MD, HAROLD U
1147 HILLSBORO MILE APT 302S
HILLSBORO BEACH FL 33062-1715
LIPSHUTZ, MD, WILLIAM H * GE
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-3561
LIPSIUS, MD, EDWARD I OPH
1919 CHESTNUT ST APT 1504
PHILADELPHIA PA 19103-3424
LISAN, MD, PHILIP CD
468 MERION RD
MERION PA 19066-1350
215-861-6687
LISI, MD, LOUISE M PD
308 PELHAM RD
PHILADELPHIA PA 19119-3110
215-247-2996
LISKER, MD, SHELDON A ND
1840 SOUTH ST
PHILADELPHIA PA 19146-1419
215-735-4942
LISTA, MD, WILLIAM A CD
525 JAMESTOWN AVE STE 101
PHILADELPHIA PA 19128-1751
215-482-1400

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15 MONTGOMERY AVE APT 3B
BALA CYNWYD PA 19004-2657
LITTMAN, MD, JEFFREY JAY AN
401 HIGHLAND AVE
MEDIA PA 19063-2209
215-955-6181
LIU, VINCENT ST
NICHOLS BOX 739
PHILADELPHIA PA 19104-6109
LIU, MD, WINSTON T * IM
1205 MEINEL RD
HUNTINGDON VLY PA 19006-8411
215-885-6868
LIVOLSI, MD, PHILIP D GP
7430 NEW SECOND ST
PHILADELPHIA PA 19126-2518
215-635-5964
LIVORNESE, MD, DOUGLAS S IM
4041 RIDGE AVE APT 211
PHILADELPHIA PA 19129-1550
LIVORNESE JR, MD, LAWRENCE L * ID
LANKENAU MEDICAL BLDG STE 467
WYNNEWOOD PA 19096
215-896-0210
LODISE, MD, RAYMOND J IM
1500 LOCUST ST APT 2608
PHILADELPHIA PA 19102-4319
215-735-8459
LOEB, ELIZABETH V ST
2 44 SHAULSON HAR NOF
JERUSALEM ISRAEL
LOFTUS, MD, THOMAS A P
278 MAPLE ST
HAWORTH NJ 07641-1122
212-288-3364
LOGAN, MD, MARTHA L IM
7661 BROOKHAVEN RD
OVERBROOK PARK PA 19151-2023
215-359-1355
LOGAN, MD, THOMAS M GP
110 MAGNOLIA DR
DOUGLASSVILLE PA 19518-1128
LOGUE, MD, JAMES G GYN
7600 PINE RD
WYNDMOOR PA 19118-2523
215-438-3301
LOKEY, MD, PATRICIA A OBG
NORTHWEST OB/GYN ASSOC
PHILADELPHIA PA 19128-1737
215-482-9250
LOMAX JR, MD, WALTER P * IM
PO BOX 24
HILLTOWN PA 18927-0024
LOMBARDI, JOSEPH V ST
1822 HULSEMAN ST
PHILADELPHIA PA 19145
LONDON, MD, PHILIP ORS
6658 SANZO RD APT B
BALTIMORE MD 21209-2442
LONDON, MD, W THOMAS IM
FOX CHASE CTR
PHILADELPHIA PA 19111-2412
215-728-2204
LONG, TRICIA A ST
600 W HARVEY ST APT B-421
PHILADELPHIA PA 19144-4301
LONGNECKER, MD, DAVID E AN
UNIV OF PA DEPT ANES
PHILADELPHIA PA 19104-4283
LONGO-MALLOY, DO, DEBORAH R GP
278 BALLYMORE RD
SPRINGFIELD PA 19064-2302
LONSDORF, MD, RICHARD G P
415 OLD GULPH RD
NARBERTH PA 19072-1442
215-898-7471
LOOSE, MD, JEFFREY H PTH
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-782-8431
LOPEZ, MD, AISA G PM
8046 CRITTENDEN ST
PHILADELPHIA PA 19118-2909
215-233-6200
LOPONTE, MD, MARIE A TR
842 GRUBBS MILL RD
BERWYN PA 19312-1534
215-647-7755
LORBER, MD, STANLEY H GE
211 EMERALD LN
PALM BEACH FL 33480
215-221-3433
LORD, MD, BRIAN U
1420 SOUTHWIND WAY
DRESHER PA 19025-1026
215-745-7010
LORENZO, MD, CONRADO C IM
PACKARD MOTOR CAR BLDG
PHILADELPHIA PA 19107-1018
215-448-7000
LOUIE, HELEN ST
3613 FOX ST
PHILADELPHIA PA 19129
LOUIS-CHARLES, MD, ROY PD
550 E WASHINGTON LN
PHILADELPHIA PA 19144-1011
LOVE, MD, CAROL A * FP
216 W CHELTEN AVE
PHILADELPHIA PA 19144-3803
215-848-8800

LOVE, MD, MICHAEL B DR
205 E FIEDLER RD
AMBLER PA 19002-2718
215-221-2586
LOWRY, MD, LOUIS D OTO
909 WALNUT STREET
PHILADELPHIA PA 19107
215-955-6784
LU, MD, MELVIN C IM
6100 CITY AVE APT 1115
PHILADELPHIA PA 19131-1245
LUBIN, MD, JOSEPH D AN
226 LOCUST ST
PHILADELPHIA PA 19106-3901
LUBINSKI, STUART M ST
15 CHARLES PLAZA
BALTIMORE MD 21201
LUBIZKA, MD, ALEXANDRA P
6357 WAYNE AVE APT B1
PHILADELPHIA PA 19144-3117
215-843-9334
LUCAS, MD, R DUBOIS GP
237 E PRICE ST
PHILADELPHIA PA 19144-2147
215-438-7745
LUCAS-FEHM, MD, LYNN MICHELE R
8309 CRITTENDEN ST
PHILADELPHIA PA 19118-2913
215-247-4500
LUCEY III, MD, DENIS J * US
40 W HIGHLAND AVE
PHILADELPHIA PA 19118
LUDOLPH, MD, CAROL ANN * NS
5049 OXFORD AVE
PHILADELPHIA PA 19124-2652
215-288-2343
LUDWIG, MD, STEPHEN PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2162
LUI, MD, NELSON L IM
4515 ROSLYN RD
WILMINGTON DE 19804
215-955-4954
LUNDY, MD, THEODORE IM
2565 E NORRIS ST
PHILADELPHIA PA 19125-3530
LUONGO JR, MD, ROMEO A * OTO
2054 LOCUST ST
PHILADELPHIA PA 19103-5614
215-567-2262
LURIE, SHARI D ST
35 HAMILTON CIR
PHILADELPHIA PA 19130-3821
LUSCOMBE, MD, HERBERT A D
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-928-0212
LUSH, MD, DAVID T * IM
2020 WALNUT ST APT 21B
PHILADELPHIA PA 19103-5642
215-842-6869
LUSTINE, MD, HOWARD T IM
6234 RIDGE AVE
PHILADELPHIA PA 19128-2631
LUTZ, WENDY J ST
1712 WALLACE ST APT 201
PHILADELPHIA PA 19130-3313
LYNCH, MD, JAMES J GP
2318 E CUMBERLAND ST
PHILADELPHIA PA 19125-2206
MAACK, DO, DONNA J EM
LINCOLN GREEN
PHILADELPHIA PA 19131
MACCHIAVELLI, ANTHONY J ST
1825 S SARTAIN ST
PHILADELPHIA PA 19148-2113
MACDONALD, MD, JOHN S ON
3322 N BROAD ST
PHILADELPHIA PA 19140-5102
215-221-8030
MACEK, MD, ANNE L PD
532 ELLIOTT DR
KING OF PRUSSIA PA 19406-1612
215-265-9290
MACFADYEN, MD, BRUCE V OBG
245 CHATHAM WAY HERSHEY MILL
WEST CHESTER PA 19380-6815
MACHT JR, MD, ELMER L GYN
#3 STEEPLECHASE LN
BLUE BELL PA 19422
215-657-8430
MACHTAY, MD, MITCHELL RO
HUP
PHILADELPHIA PA 19104
215-662-3694
MACK, BRIAN R ST
328 BUTLER AVE
PHILADELPHIA PA 19107
MACKELL, MD, JAMES V PD
GYPSY HILL RD BOX 35
PENLLYN PA 19422
MACKELL JR, MD, JAMES V * ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
215-725-8500
MACKEY, JILL E ST
12 CORAL DR
CLAYMONT DE 19703-2106
MACKIE, MD, JULIUS A GS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2012

MACKIN, MD, GLENN A N
4200 E 9TH AVE
DENVER CO 80262
303-270-4126
MACKINNEY, MD, CHARLES C U
264 CHATHAM WAY
WEST CHESTER PA 19380-6819
MACMORAN, MD, JAY W R
435 RIGHTERS MILL RD
NARBERTH PA 19072-1422
215-456-6200
MACNEEL, MICHAEL R ST
3441 INDIAN QUEEN LN 2ND FLR
PHILADELPHIA PA 19129-1520
MACVAUGH III, MD, HORACE CDS
GRADUATE HOSP STE 901
PHILADELPHIA PA 19148
215-985-9190
MADDUX III, JAMES T ST
1025 LOMBARD ST
PHILADELPHIA PA 19147
MADHANI, MD, JAYESH M OTO
215 MALLARD RD
HOLLAND PA 18966-2147
MADIANOS, MD, MICHAEL IM
1081 FOXCHASE RD
JENKINTOWN PA 19046-3322
215-676-9223
MADOR, MD, ANNE T ST
2227 A PRIOR RD
WILMINGTON DE 19809
MADOW, MD, LEO PYA
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2339
MAENZA, MD, RONALD M PTH
805 HOLLOW RD
RADNOR PA 19087-2805
215-762-4635
MAGALONG, LESLIE A ST
950 WALNUT ST APT 318
PHILADELPHIA PA 19107-5564
MAGALSKI JR, JOSEPH J ST
7424 KEIFFER ST
PHILADELPHIA PA 19128-1423
MAGARGAL, MD, HELGA O * OPH
9601 MILNOR ST
PHILADELPHIA PA 19114-3109
215-624-0500
MAGARGAL, MD, LARRY E OPH
WILLS EYE HOSP
PHILADELPHIA PA 19107
215-824-3920
MAGDALINSKI, DO, ANTHONY J HEM
213 FULLING MILL LN
AMBLER PA 19002-4202
215-448-7000
MAGEE, MD, JOHN G PD
220 HEWETT RD
WYNCOTE PA 19095-1204
215-247-1172
MAGEE, MD, JONI * OBG
2208 S BROAD ST
PHILADELPHIA PA 19145-3923
215-467-4422
MAGEE, MD, MICHAEL C U
PENNSYLVANIA HOSP
PHILADELPHIA PA 19107-6192
215-829-6502
MAGEN, BARRY G ST
7400 ROOSEVELT BLVD APT D 303
PHILADELPHIA PA 19152
MAGILNER, MD, ARTHUR D DR
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19191-0001
215-456-6200
MAGILNER, MD, LOUIS R
124 OLYMPUS CIR
JUPITER FL 33477-7302
MAGILNER, MARK ST
950 WALNUT ST #606
PHILADELPHIA PA 19107-5564
MAGNUSSON, MD, MARK R PD
426 GLENDALE CIR
SPRINGFIELD PA 19064
215-590-4020
MAGRAN, MD, LEONARDO CHP
1001 VALLEY RD
MELROSE PARK PA 19126-1914
215-635-2482
MAGUIRE, MD, ALBERT M OPH
SCHEIE EYE INST
PHILADELPHIA PA 19104
215-662-8675
MAIER, MD, WILLIS P GS
TEMPLE UNIV HOSP
PHILADELPHIA PA 19140
MAISSEL, MD, GERDA S PM
169 STONEWAY LN
BALA CYNWYD PA 19004-3124
MAISTROW, MD, MARLA G AN
6385 WOODBINE AVE
PHILADELPHIA PA 19151-2523
MAITIN, MD, ELLEN C HS
7602 CENTRAL AVE STE 101
PHILADELPHIA PA 19111-2402
215-342-8330
MAJCHRZAK JR, MD, CHARLES G ST
142 CHESTNUT ST
SAYRE PA 18840
MAJOR, MD, DAVID A IM
624 W CLIVEDEN ST
PHILADELPHIA PA 19119-3601
215-440-8681
MAKLER, MD, JACOB S OS
225 S 16TH ST APT 915
PHILADELPHIA PA 19103-6126
MAKLER JR, MD, P TODD NM
960 MEETINGHOUSE RD
RYDAL PA 19046-2432
215-456-6260
MAKOUS, MD, NORMAN IM
688 S HIGHLAND AVE
MERION STATION PA 19066-1606
215-829-3456
MALASPINA, PAUL J ST
2309 N GILINGER RD
LAFAYETTE HILL PA 19444-2227
MALEK, MD, MANSOUR FP
4160 N SCOTTSDALE RD
SCOTTSDALE AZ 85251-3908
MALETA, VIVIANA M ST
257 S 16TH ST APT B13
PHILADELPHIA PA 19102-3327
MALICKI, MARK M ST
313 S 10TH ST
PHILADELPHIA PA 19107
MALKIN, MD, ALAN G EM
1301 FAIRY HILL RD
RYDAL PA 19046-2937
215-456-8608
MALKIN, MD, RICHARD L PD
9600 ROOSEVELT BLVD
PHILADELPHIA PA 19115-3932
215-969-4917
MALKOWICZ, MD, STANLEY B U
HOSP OF UNIV OF PA
PHILADELPHIA PA 19104-4219
215-662-7330
MALLAVARAPU, MD, CHRISTOPHER T OTO
2400 CHESTNUT ST
PHILADELPHIA PA 19103-4319
MALLER, MD, ERIC S GE
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3247
MALLER, MD, JACALYN S PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1944
MALLORY, DIANA L ST
1738 LOMBARD ST
PHILADELPHIA PA 19146-1519
MALLOY, MD, TERRENCE R U
299 S 6TH ST
PHILADELPHIA PA 19106-4010
215-829-3409
MALMUD, MD, LEON S * NM
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-7079
MALSCH, MD, EVAMARIE AN
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6795
MALTZMAN, JONATHAN S ST
2429 LOCUST ST APT 218
PHILADELPHIA PA 19103-5557
MAMA, SAIFUDDIN T ST
2531 SALMON ST
PHILADELPHIA PA 19125-4010
MANCALL, MD, ELLIOTT L N
BROAD AND VINE ST
PHILADELPHIA PA 19102-1179
215-448-8092
MANDAK, MD, JEFFREY S IM
6820 LAWNTON ST
PHILADELPHIA PA 19128-2524
215-662-4000
MANDAL, MD, SANAT K CD
829 SPRUCE ST STE 105
PHILADELPHIA PA 19107-5752
215-829-3530
MANDARINO, MD, MICHAEL J * ORS
2832 BELMONT AVE
PHILADELPHIA PA 19131-1519
215-878-1212
MANDEL, MD, MARTIN M N
1650 HUNTINGDON PIKE STE 160
MEADOWBROOK PA 19046-8095
MANDEL, MD, STEVEN N
125 S 9TH ST STE 200
PHILADELPHIA PA 19107-5115
215-574-0075
MANDELL, MD, MORTON S * CD
5401 OLD YORK RD STE 401
PHILADELPHIA PA 19141-3030
215-329-0633
MANHOFF, MD, DION T * PTH
1819 MERRIBROOK LN
PHILADELPHIA PA 19151-2717
MANI, MD, SHOBHA T * AN
479 ROLLING RD
ROSEMONT PA 19010
MANIFOLD, STEVE G ST
3319 N PARK AVE APT 4
PHILADELPHIA PA 19140-5219
MANLEY, MD, DONELSON R OPH
226 WINDSOR PL
HAVERFORD PA 19041
215-896-6088
MANLOVE, MD, FRANCIS R P
709 DIXON LN
GLADWYNE PA 19035-1601
215-649-3993
MANN, MD, DENISE L AN
200 POLO DR
NORTH WALES PA 19454-4244
215-248-8000
MANNELLA, MD, JOSEPH J ST
951 PERRY HIGHWAY APT 227
PITTSBURGH PA 15237
MANNES, MD, ANDREW J AN
519 WINDERMERE AVE
DREXEL HILL PA 19026-1117
215-662-8000
MANNING, MD, FRANCIS J OPH
210 LOCUST ST APT 12-H
PHILADELPHIA PA 19106-3934
215-662-6100
MANNION, MD, JOHN D * TS
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-5095
MANNO, MD, CATHERINE S PHO
34TH AND CIVIC CENTER BLVD
PHILADELPHIA PA 19104
MANNO JR, MD, BRUNO V * IM
1650 HUNTINGDON PIKE STE 352
MEADOWBROOK PA 19046-8097
215-947-9218
MANSFIELD, MD, CARL M * TR
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-955-6705
MANSON, MD, FLORENCE N PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2178
MANSTEIN, MD, CARL H PS
JEANES PHYS OFFICE BLDG
PHILADELPHIA PA 19111-2431
215-742-6700
MANSTEIN, MD, GEORGE PS
1400 RYDAL RD
RYDAL PA 19046-1217
215-742-6700
MANSTEIN, MD, MARK E PS
1400 RYDAL RD #31
RYDAL PA 19046-1217
215-742-6700
MANUS, MD, NATHAN GP
1001 CITY AVE
WYNNEWOOD PA 19096-3902
MARBACH, MD, A HERBERT GYN
CEDARBROOK HILL APTS BPH 19
WYNCOTE PA 19095-2820
MARCELIS, MD, JOHN F IM
2 PENN BLVD APT 202
PHILADELPHIA PA 19144-1403
215-548-6494
MARCELO, MD, FLORDELIZA S AN
872 WARFIELD LN
HUNTINGDON VLY PA 19006-2108
MARCH, THERESA M ST
108 LEVERING ST APT L-4
PHILADELPHIA PA 19127
MARCHANT, MD, LEWIS K IM
5500 WISSAHICKON AVE APT 403A
PHILADELPHIA PA 19144
215-893-2000
MARCHETTO, MD, PAUL A ORS
29 WILTSHIRE RD
PHILADELPHIA PA 19151
215-221-2111
MARCUCCI, MD, MICHAEL C GS
227 N BROAD ST
PHILADELPHIA PA 19107-1511
215-563-5468
MARCUS, MD, CRAIG H OPH
200 LOCUST ST
PHILADELPHIA PA 19106-3921
215-221-3401
MARCUS, MD, DONALD K ID
60 HESTON CT
LANGHORNE PA 19047-1444
215-335-1313
MARCUS, MD, MICHAEL N US
7901 HENRY AVE APT E310
PHILADELPHIA PA 19128-3070
215-662-2800
MARCUS, MD, MICHAEL S AN
2911 WOODPIPE LN APT D
PHILADELPHIA PA 19129
MARDEN, MD, PHILIP A OTO
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3363
MARGATE, MD, PEDRO R DR
208 DEMAREST RD
MOORESTOWN NJ 08057-1304
MARGLIN, MD, STEPHANIE L IM
624 LINCOLN WOODS
LAFAYETTE HILL PA 19444-1139
215-762-7000
MARGOLES, MD, LOUIS IM
7715 SYCAMORE LN
PHILADELPHIA PA 19117-1025
MARGOLIN, MD, JUDITH F PHO
34TH AND CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-2910
MARGOLIS, MD, BERNARD PD
7342 BROOKHAVEN RD
PHILADELPHIA PA 19151-2205
215-473-8444
MARGOLIS, MD, DAVID J D
111 E LEVERING MILL RD
BALA CYNWYD PA 19004-2250
215-662-6026
MARGOLIS, MD, STEPHEN H IM
CEDARBROOK HILL STE 111
WYNCOTE PA 19095
215-886-6348
MARINARO, MARIA ST
4045 DEXTER ST
PHILADELPHIA PA 19128-5219
MARINO, LOUIS C ST
313 S 10TH ST
PHILADELPHIA PA 19107
MARINO, MD, RALPH PM
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-955-5012
MARK, MD, GEORGE E CD
934 COATES RD
MEADOWBROOK PA 19046-2542
MARKAKI, MD, VASSILIKI E P
111 ARDSLEY RD
UPPER DARBY PA 19082-1503
215-448-7000
MARKAKIS, MD, DOROTHEA A AN
CHILDRENS HOSP
PHILADELPHIA PA 19104
MARKMANN, MD, WILLIAM J ORS
7500 CENTRAL AVE STE 108
PHILADELPHIA PA 19111-2432
215-745-4050
MARKOFF, MD, JOSEPH I OPH
1703 S BROAD ST
PHILADELPHIA PA 19148-1505
215-339-8100
MARKOW, MD, HARRY G CHP
PO BOX 1011
NEWTOWN PA 18940-0652
215-968-1777
MARKOWSKI, MD, WILLIAM J ORS
4040-2924 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131
215-955-6212
MARKS, MD, GERALD * GS
1100 WALNUT ST
PHILADELPHIA PA 19107-5583
215-923-5010
MARKS, MD, MEYER A OTO
3814 CONSHOHOCKEN AVE
PHILADELPHIA PA 19131-2822
MARKS TABBY, MD, SARA PM
217 SPRINGHOUSE LN
MERION STATION PA 19066-1114
215-288-2910
MARLOWE, MD, FRANK I OTO
1920 CHESTNUT ST
PHILADELPHIA PA 19103-4634
215-561-2546
MARLOWE, MD, SCOTT D DR
62 DOGWOOD LN
HORSHAM PA 19044-1937
MARMAR, MD, EARL C ORS
7201 RISING SUN AVE
PHILADELPHIA PA 19111-3928
215-635-1589
MARMO, DO, VINCENT J IM
275 BRYN MAWR AVE
BRYN MAWR PA 19010
215-782-7000
MARONE, MD, PHILLIP J ORS
130 S 9TH ST STE 108
PHILADELPHIA PA 19107-5212
MARQUART, CHRISTINE A ST
1346 E CARACAS AVE
HERSHEY PA 17033
MARQUEZ, MD, MANUEL S PD
12 SO PENNSYLVANIA AVE
MORRISVILLE PA 19067
215-324-2648
MARR, BRIAN P ST
119 YARMOUTH LN
MEDIA PA 19063-4329
MARRA, SUSAN L ST
1197 HAMPSHIRE PL
WEST CHESTER PA 19382-8009
MARSHALL, MD, E WAYNE PUD
153 MEDFORD LEAS
MEDFORD NJ 08055-2231
MARTE, MD, JORGE G IM
24201 DELAIRE LANDING RD
PHILADELPHIA PA 19114
215-893-2000
MARTIN, MD, CLARENCE H IM
7700-A STENTON AVE STE 1
PHILADELPHIA PA 19119
215-247-6333
MARTIN, MD, EDWARD T IM
GREENBRIAR APARTMENTS
PHILADELPHIA PA 19131-5430
MARTIN, JOEL E ST
950 WALNUT #713
PHILADELPHIA PA 19107
MARTINELLI JR, MD, MICHAEL J CD
109 HAWTHORNE AVE
HADDONFIELD NJ 08033-1401
MARTINEZ, MD, CARLOS M IM
785 PROVIDENCE RD APT G301
LANSDOWNE PA 19050
MARTINEZ, MD, IRISAIDA PD
1526-B MARCY PL
PHILADELPHIA PA 19115
MARTINEZ, MICHAEL F ST
113 N MOLE ST
PHILADELPHIA PA 19130
MARTYN, MD, LOIS J OPH
ERIE AVE AT FRONT ST
PHILADELPHIA PA 19134
215-427-5058
MARVA, MD, DONALD J IM
309 PINE ST
PHILADELPHIA PA 19106-4212
215-922-2920
MARZIANO, MD, MICHELE L ST
1304 HARRINGTON RD
HAVERTOWN PA 19083-2029
MASCARENHAS, MD, MARIA R PD
34TH AND CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3247
MASLOFF, MD, MELVIN L OTO
723 S LATCHES LN
MERION STATION PA 19066-1913
MASON, MD, DANIEL CD
911 BRYN MAWR AVE
NARBERTH PA 19072-1524
215-564-3050
MASS, MD, SHARON B ST
834 CHESTNUT ST APT PH104
PHILADELPHIA PA 19107
MASTER, MD, KENNETH V P
2311 DELANCEY PL
PHILADELPHIA PA 19103
MATARAZZO, MARC F ST
7200 BEN FRANKLIN PKWY
PHILADELPHIA PA 19130
MATHEWS, MD, ROBERT A PDC
1225 SCOBEE DR
LANSDALE PA 19446-6510
215-834-2308
MATHIAS, MENEN A ST
325 N 15TH ST APT 912
PHILADELPHIA PA 19102-1038
MATHUR, MD, RAKESH K AN
275 S BRYN MAWR AVE APT K7
BRYN MAWR PA 19010-4070
MATSKO, MD, JANINE A OPH
83 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
215-329-2566
MATSUMOTO, MD, TERUO GS
1119 SANDRINGHAM RD
BALA CYNWYD PA 19004-2023
215-448-8183
MATTEI, MD, FRANK A ORS
1421 S BROAD ST
PHILADELPHIA PA 19147-4919
215-465-8900
MATTEUCCI, MD, WALTER V IM
9103 ARDMORE AVE
PHILADELPHIA PA 19119
215-247-7898
MATTHEWS, WILLIAM E ST
317 N BROAD ST APT 835
PHILADELPHIA PA 19107-1019
MATTHYS-OLLODART, MD, SUSANNE E PD
927 MT EYRE RD
NEWTOWN PA 18940
MATTLEMAN, MD, STEVEN J IM
205 NEWTOWN RD STE 207
WARMINSTER PA 19974-5207
215-674-4227
MAUK, MD, JOYCE E PD
34TH ST CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-895-3639
MAURER, MD, PHILIP M AN
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
215-928-6191
MAURIELLO, DO, CHARLES A ORS
2500 GRUBB RD STE 110
WILMINGTON DE 19810-4711
MAUS, MD, MARLON T OPH
324 LOMBARD ST
PHILADELPHIA PA 19147-1502
215-928-1417
MAVRIDIS, SAVAS P ST
1 FRANKLIN TOWN BLVD
PHILADELPHIA PA 19103-1244
MAXSON JR, MD, CHESTER J GE
HOSP OF MCP
PHILADELPHIA PA 19129-1121
215-842-6511
MAY, MD, ROBERT E U
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-242-8260
MAYER, MD, DAVID P DR
968 IDLEWILD RD
GLADWYNE PA 19035-1438
215-893-7272
MAYER, MD, EUGENE M GE
1797 MELMAR RD
HUNTINGDON VLY PA 19006-7982
MAYER, MD, NATHANIEL H PM
1019 69TH AVE
PHILADELPHIA PA 19126-2911
215-456-9560
MAYLATH, CRAIG F ST
701 SUMMIT AVE APT B213
PHILADELPHIA PA 19128-2321

MAYOCK, MD, ROBERT L PUD
HOSP OF UNIV OF PA
PHILADELPHIA PA 19104-4274
MAYRO, MD, JULIAN IM
1134 DEVON RD BOX 218
RYDAL PA 19046-3013
MAYS, WARREN L ST
3343 INDIAN QUEEN LN
PHILADELPHIA PA 19129-1519
MAZER, MD, HOWARD U
512 GARWOOD DR
CHERRY HILL NJ 08003-3406
MAZUR, MD, DONALD W GS
304 MARTINS LN
WALLINGFORD PA 19086-6418
MAZZACCO, MD, STACEY L GS
136 LAURISTON ST
PHILADELPHIA PA 19128-3728
MCALLISTER, MD, HELEN B P
8100 W CHESTER PARK DR
COLLEGE PARK MD 20740
MCAULIFFE, MD, THOMAS C GS
745 TENNIS AVE
AMBLER PA 19002-2729
MCBRYAN JR, DONALD J ST
117 N 15TH ST APT 903
PHILADELPHIA PA 19102-1518
MCCAFFERTY, MD, JOHN P GS
1817 FULMER ST
PHILADELPHIA PA 19115-3202
MCCAIRNS, MD, ROBERT G * GS
111 S 11TH ST STE 8280
PHILADELPHIA PA 19107-4824
215-923-0118
MCCARRON, MD, DANIEL J OBG
RIDDLE HLTH CARE CTR STE 1G8
MEDIA PA 19063
215-565-6111
MCCARTER JR, MD, THOMAS G IM
2001 HAMILTON STE STE P-101
PHILADELPHIA PA 19130-4248
MCARTHY, DO, BRYAN S AN
ALBERT EINSTEIN MEDICAL CTR
PHILADELPHIA PA 19141
MCCASLIN, TODD A ST
511 GOLF AVE
ELLWOOD CITY PA 18117-2522
MCCLOSKEY, MD, RICHARD V ID
1997 ROCHAMBEAU DR
MALVERN PA 19355-9722
215-889-4517
MCCLUSKEY, MD, LEO F N
8TH AND SPRUCE STS
PHILADELPHIA PA 19107
215-829-5342
MCCONNELL JR, MD, EDWARD L OBG
115 GYPSY LN
WYNNEWOOD PA 19096-1111
215-482-2220
MCCORMACK, MD, THOMAS M NS
HAHNEMANN UNIVERSITY HOSP
PHILADELPHIA PA 19102-1178
215-762-8072
MCCORMICK, DO, DANIEL J CD
1703 S BROAD ST
PHILADELPHIA PA 19148-1505
215-463-5333
MCCORMICK, MD, JOHN L GS
1016 WARRIOR RD
DREXEL HILL PA 19026-4823
MCCORVEY, V MONIQUE ST
1000 WALNUT ST APT 1911
PHILADELPHIA PA 19107-5537
MCCUNE, MD, WALLACE G * IM
2 PENN BLVD
PHILADELPHIA PA 19144-1416
215-843-6093
MCCURDY, MD, DINO E P IM
THE STRATH HAVEN APT 802
SWARTHMORE PA 19081
215-468-5122
MCCURLEY, SCOTT D ST
THE DUVAL APT 801
PHILADELPHIA PA 19144-2517
MCDERMIT, MD, JOHN R EM
1627 S BROAD ST
PHILADELPHIA PA 19148-1003
215-821-3252
MCDONALD, JEROME M ST
36TH AND HAMILTON WALK
PHILADELPHIA PA 19104
MCDONALD JR, DO, JAMES F CD
5401 OLD YORK RD
PHILADELPHIA PA 19141-3030
215-329-0633
MCFARLAND, MD, MALCOLM D IM
95 WILLOW WAY MEADOWOOD
LANSDALE PA 19446-5870
MCGEADY, MD, STEPHEN J * PDA
233 S 10TH ST STE 550
PHILADELPHIA PA 19107-5566
215-955-8912
MCGEHEE, MD, EDWARD H FP
527 E GRAVERS LN
PHILADELPHIA PA 19118-2410
215-955-2353
MCGILL, MD, HERMAN I IM
923 MACDADE BLVD
COLLINGDALE PA 19023-3719
215-522-1222
MCGINNIS, MD, DAVID E U
6 WILLINGS ALLEY MEWS
PHILADELPHIA PA 19106-3827
215-955-6981

MCGLAMERY, MD, MURIEL E N
KLEIN PROFESSIONAL BLDG
PHILADELPHIA PA 19141-3030
215-456-7190
MCGOWAN, MD, DAVID G AM
31 N DELAWARE AVE APT 414
PHILADELPHIA PA 19106-1402
215-441-3203
MCGRATH, MD, THOMAS J US
307 S CAMAC ST
PHILADELPHIA PA 19107-5901
MCGRAW, MD, THOMAS E OM
207 65TH AVE
PHILADELPHIA PA 19126-3905
MCGREGOR, MD, DEBORAH * GPM
12 W WILLOW GROVE AVE #138
CHESTNUT HILL PA 19118
215-584-7750
MCHUGH, MD, MARY P PTH
45 MAYFLOWER DR
SICKLERVILLE NJ 08081-4120
MCINTYRE, PATRICK E ST
1326 SPRUCE ST APT 905
PHILADELPHIA PA 19107-5828
MCKEE, MD, RODERICK S GS
MEDICAL OFFICE BLDG STE 301
PHILADELPHIA PA 19114
215-632-3630
MCKENZIE, MD, STEVEN E PHO
34TH AND CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3536
MCKEOWN JR, MD, JOHN J GS
935 CEDAR GROVE RD
WYNNEWOOD PA 19096
MCLAUCHLAN, GAIL L ST
3455 SUNNYSIDE AVE
PHILADELPHIA PA 19129-1432
MCLAUGHLIN, MD, EDWARD D GS
3112 GARNET MINE RD
BOOTHWYN PA 19061-1718
MCLAUGHLIN, MD, GEORGE E RHU
1401 DEKALB AND FORNACE STS
NORRISTOWN PA 19401
215-277-2750
MCLEAN, MD, THOMAS W PD
2317 DELANCEY ST APT 3F
PHILADELPHIA PA 19103-6406
MCLEER, MD, SUSAN V CHP
3200 HENRY AVE
PHILADELPHIA PA 19129-1137
215-842-4411
MCLEOD, DO, ALLAN M GP
210 SPENCER RD
DEVON PA 19333-1429
215-487-1313
MCLINTOCK, GLENN R ST
317 S 11TH ST
PHILADELPHIA PA 19107
MCNAMARA, MD, J ARCH OPH
929 HONEYSUCKLE LN
WYNNEWOOD PA 19096-1649
215-233-4300
MCNEAL, AMY R ST
3120 W SCHOOLHOUSE LN JB-11
PHILADELPHIA PA 19144-5444
MCNEIL, BRYON K ST
8312 SHERWOOD RD APT C-9
PHILADELPHIA PA 19151
MCNEIL-JACOBI, MD, ATHOLE G AN
MEDICAL COLLEGE OF PA
PHILADELPHIA PA 19129-1191
215-842-6795
MCPEAK, MD, VINCENT J OBG
HOLY REDEEMER HOSP
MEADOWBROOK PA 19046-8001
215-938-2014
MCSORLEY, MD, MARYANN BIDI PD
1233 LOCUST ST STE 400
PHILADELPHIA PA 19107
215-545-8188
MCWILLIAMS, WAYNE F ST
20 MC PHERSON ST
PHILADELPHIA PA 19119
MEADAA, MD, REYMOND CD
GRADUATE HOSP
PHILADELPHIA PA 19146-1497
215-893-2590
MEADOWS, MD, ANNA T PHO
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2804
MEASE, MICHAEL R ST
1113 WHITPAIN HILLS
BLUE BELL PA 19422
MEBUS, LISA JANE C ST
316 WADSWORTH AVE
PHILADELPHIA PA 19119-1127
MEDINGER, MD, FRED G GS
77 MIDDLE RD APT 163
BRYN MAWR PA 19010-1758
MEEHAN, MD, JOHN J * CD
1850 HUNTINGDON PIKE STE 256
MEADOWBROOK PA 19046-8096
MEIHOFER, MD, MARY A PTH
2601 PENNSYLVANIA AVE #1123
PHILADELPHIA PA 19130-2303
215-762-7179
MELICK, MD, JUDITH E OPH
929 HONEYSUCKLE LN
WYNNEWOOD PA 19096-1649
215-329-2566

MELIN, MD, JEFFREY M AI
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-426-5022
MELLER, MD, MENACHEM M ORS
48 LANFAIR RD
CHELTENHAM PA 19012-1422
215-427-6261
MELLINS, MD, ELIZABETH D PD
CHILDRENS HOSP RM 8138
PHILADELPHIA PA 19104
215-590-3701
MELNICK, MD, JOSEPH L OBG
1222 REMINGTON RD
WYNNEWOOD PA 19096-2330
215-877-1311
MELNICK, MD, SANDY D P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2483
MELTZER, MD, MICHELE S RHU
DUNCAN BLDG STE 506
PHILADELPHIA PA 19106-4027
215-537-4575
MELVIN, MD, JOHN L PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9554
MENDEL, MD, HOWARD G AN
12 LUCERNE CT
CHERRY HILL NJ 08003
215-955-6161
MENDEL, MD, RICHARD C NS
221 NW 20TH ST
OKLAHOMA CITY OK 73103-1914
MENDELL, MD, THEODORE H IM
LOGAN SQ E APT 912
PHILADELPHIA PA 19103-1223
MENDELSON, MD, MYER P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-431-2446
MENDELSSOHN, MD, EDWIN GS
CEDARBROOK HILL APTS B-401
WYNCOTE PA 19095-2701
MENDEZ, MD, LEONARDO GE
220 LOCUST ST APT 7B S
PHILADELPHIA PA 19106
215-955-6944
MENIN, MD, RICHARD A GE
5401 OLD YORK RD
PHILADELPHIA PA 19141-3030
215-324-3399
MENIN, MD, WILLIAM GE
5401 OLD YORK RD STE 400
PHILADELPHIA PA 19141-3030
215-324-3399
MENON, MD, VENU G AN
810 BOXWOOD CT
TROY OH 45373-4351
MERCADER, MD, LUIS AN
8201 HENRY AVE APT S-18
PHILADELPHIA PA 19128-0000
609-582-6155
MERCADER, MD, VIRGINIA R
8201 HENRY AVE APT S-18
PHILADELPHIA PA 19128
215-221-4200
MERCUGLIANO, MD, MARIANNE PD
CHILDRENS SEASHORE HOUSE
PHILADELPHIA PA 19104
215-590-3728
MERKIN, MD, ALVIN AN
3250 S OCEAN BLVD APT 210-N
PALM BEACH FL 33480-5636
305-588-6005
MERLIN, MARK A ST
310 GATEHOUSE
ANDALUSIA PA 19020
MERSKY, MD, STEVEN A OS
415 CITY LINE AVE APT J-3
MERION STATION PA 19066
MESHKOV, MD, ARNOLD B CD
1353 GILBERT RD
MEADOWBROOK PA 19046-1815
215-674-4227
MESSORI, MD, DIVO A * GE
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-247-8070
METHRATTA, MD, SOSAMMA T DR
164 LAURISTON ST
PHILADELPHIA PA 19128-3728
MEUSBURGER, MD, CHARLES E P
1037 MAGNOLIA RD
VINELAND NJ 08360-6480
215-928-6104
MEYER, MD, KATHRYN J AN
2000 BRANDYWINE ST
PHILADELPHIA PA 19130-3205
215-955-6181
MEYERS, MD, KARL R * PTH
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-951-8800
MEYERS, MD, ROBERT W P
4524 FOREST PARK AVE
SAINT LOUIS MO 63108-2166
314-367-8424
MEYERSON, MD, ARTHUR T P
HAHNEMANN UNIV
PHILADELPHIA PA 19102
215-448-4494

MEZEY, MD, ALAN L IM
1601 SPRING GARDEN ST APT 402
PHILADELPHIA PA 19130-3943
215-649-1515
MEZZANOTTE, MD, JOHN J IM
221 HUNTSMAN LN
BLUE BELL PA 19422-2819
MICAILY, MD, BIZHAN TR
250 MAPLE HILL RD
GLADWYNE PA 19035-1308
215-448-8409
MICCHIA JR, JOSEPH M ST
270 W WALNUT LN
PHILADELPHIA PA 19144
MICEK, MD, EDWARD W GS
2701 HOLME AVE STE 202
PHILADELPHIA PA 19152
215-563-9070
MICHAELSON, MD, CAROLYN Z GER
8815 GERMANTOWN AVE STE 36
PHILADELPHIA PA 19118-2722
MICHALS, MD, TIMOTHY J * P
125 S 9TH ST STE 1003
PHILADELPHIA PA 19107-5123
215-829-0331
MICHAUD, MD, LINDA J PM
CHILDRENS SEASHORE HOUSE
PHILADELPHIA PA 19104
215-895-3642
MICHEL, MD, SHOBHA PD
1930 N BROAD ST APT 25
PHILADELPHIA PA 19121-3313
215-448-8097
MICKLER, MD, THOMAS A AN
436 WILLIAMS RD
WYNNEWOOD PA 19096-2012
215-662-3815
MIGNOTT, MD, HAROLD L EM
806 ORLANDO CT
CHERRY HILL NJ 08034
215-662-4000
MIKAELIAN, MD, DIRAN O OTO
909 WALNUT ST
PHILADELPHIA PA 19107-5211
215-955-6760
MIKELBERG, MD, ROSE R PD
830 MONTGOMERY AVE APT 414
BRYN MAWR PA 19010
MIKLOS, MD, JOHN R OBG
1 FRANKLINTOWN BLVD APT 1411
PHILADELPHIA PA 19103
215-448-3596
MIKUTA, MD, JOHN J * OBG
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3313
MILHOAN, KIRK A ST
PO BOX 981
PHILADELPHIA PA 19105
MILICIA, MD, ANTHONY P * OBG
327 S 17TH ST
PHILADELPHIA PA 19103-6726
215-546-6475
MILLER, MD, ALLEN C P
168 SUMMIT LN
BALA CYNWYD PA 19004-2931
215-664-4418
MILLER, MD, BARBARA A PTH
304 SUMMER LN
MARLTON NJ 08053-4153
MILLER, MD, C JOSEPH GE
BENJAMIN FOX PAVILION #414
JENKINTOWN PA 19046
215-576-6226
MILLER, MD, CYNTHIA L R
106 BENTLEY DR
MOUNT LAUREL N J 08054-4501
215-952-9145
MILLER, MD, DAVID FP
8550 NW 17TH PL
PLANTATION FL 33322-5533
MILLER, MD, DAVID M IM
611 CHARETTE RD
PHILADELPHIA PA 19115-3503
MILLER, MD, FRANCINE J EM
4139 JACKSON DR
LAFAYETTE HILL PA 19444-1621
215-844-4843
MILLER, MD, GLADYS M IM
1735 KNOB LANE BOX 485
VALLEY FORGE PA 19481
MILLER, MD, GLENN D OTO
304 MURRAY DR APT C
KING OF PRUSSIA PA 19406-3445
MILLER, MD, JEFFREY J ST
233 S 8TH ST #506
PHILADELPHIA PA 19106
MILLER, MD, JEFFREY L END
HAHNEMANN UNIV MS 426
PHILADELPHIA PA 19102-1121
215-762-8114
MILLER, DO, JERI L OBG
2420 TERWOOD RD
HUNTINGDON VLY PA 19006-5511
215-663-9233
MILLER, DO, JEROME FP
5101 WHITAKER AVE
PHILADELPHIA PA 19124-3052
215-535-7722
MILLER, MD, JEROME A
191 PRESIDENTIAL BLVD
BALA CYNWYD PA 19004-1207
215-667-7278

MILLER, MD, LEONARD D GS
HOSP OF THE UNIV OF PA
PHILADELPHIA PA 19104-4219
215-662-2014
MILLER, MD, MARK A IM
4000 GYPSY LN APT 601
PHILADELPHIA PA 19144-5542
MILLER, DO, MORRIS P
3001 DEER CREEK C C
BLVD 753
DEARFIELD BEACH FL 33442-8442
MILLER, PAMELA M ST
2991 W SCHOOL HOUSE LN
PHILADELPHIA PA 19144-5357
MILLMOND, MD, STEVEN H DR
212 BRITTANY LN
PITTSFORD NY 14534
215-893-7272
MILLSTEIN, MD, JEFFREY H IM
534A WANAMAKER RD
JENKINTOWN PA 19046-2220
215-438-5559
MILLWARD JR, CARL L ST
317 S 11TH ST
PHILADELPHIA PA 19107-6034
MILNER, ROSS ST
2321 SANSOM ST
PHILADELPHIA PA 19103-4308
MILON, MD, CHARLES F AI
834 CHESTNUT ST STE 434
PHILADELPHIA PA 19107-5127
215-627-2525
MILORO, MD, MICHAEL J GS
4000 PRESIDENTIAL BLVD #411
PHILADELPHIA PA 19131
MILSTEN, MD, RICHARD U
100 CARNIE BLVD STE A-3
VOORHEES NJ 08043
609-751-7772
MINCZAK, BOHDAN M ST
112 BONCOUER RD
CHELTENHAM PA 19012-1322
MINEHART, MD, JOHN R GS
149 W WALNUT LN
PHILADELPHIA PA 19144-2611
MINERVA, MD, FELICISIMA B AN
60 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2249
215-663-6303
MINGRONI, DO, JULIUS A * US
1439 E PASSYUNIC AVE
PHILADELPHIA PA 19147-5610
215-334-5656
MINION, MD, STEVEN L AN
520 S 19TH ST STE 1B
PHILADELPHIA PA 19146-1449
215-545-4173
MINNARD, MD, EMERY A GS
4334 BROOKVIEW PLACE
ELKINS PARK PA 19117
215-238-7730
MINTON, MD, RUSSELL F DR
600 E CATHEDRAL RD APT 301-G
PHILADELPHIA PA 19128-1933
MINTZER, MD, DAVID M * ON
818-24 PINE ST STE 2A
PHILADELPHIA PA 19107
215-922-7200
MIRALIAKBARI, REZA ST
400 GARDNER ST
PHILADELPHIA PA 19118-2736
MICHANDANI, MD, HARESH G PTH
321 S UNIVERSITY AVE
PHILADELPHIA PA 19104-4543
215-823-7470
MISHKIN, MD, MARK M R
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
215-955-5445
MITCHELL, MD, DONALD G DR
132 S 10TH ST
PHILADELPHIA PA 19107
215-955-4809
MITCHELL, MD, ROBERT M * OBG
211 ARDLEIGH RD
NARBERTH PA 19072-1301
215-898-6241
MITTAL, MD, SUNEET IM
4000-1719 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131
MITTELDORF, MD, STEPHEN E N
547 HEATH RD
MERION STATION PA 19066-1422
215-667-7187
MITTICA, NICHOLAS M ST
950 WALNUT ST APT 304
PHILADELPHIA PA 19107-5564
MIURA, MD, KAREN K P
1810 RITTENHOUSE SQ
PHILADELPHIA PA 19103-5837
215-735-1718
MOBLEY, MD, DERRICK K GP
PO BOX 12456
PHILADELPHIA PA 19151
MOCH, ANNE L ST
3900 CHESTNUT ST APT 1020
PHILADELPHIA PA 19104-3109
MOFFA, MICHAEL A ST
4 CHIVAS CT
SOUTHAMPTON NY 11968-3740
MOFFITT, MD, JOHN J OTO
1305 JUNIPER ST
LEBANON PA 17042
717-274-9775

MOFFSES, MD, GARABED H OBG
1340 HARDY AVE
ORLANDO FL 32803-2725
MOGHADAM, MD, ABDOL NABI CD
LANKENAU MED BLDG STE 567 E
WYNNEWOOD PA 19096
215-649-7263
MOGHADAM, MD, EILEEN S PD
809 EDWIN LN
BRYN MAWR PA 19010-1810
215-823-7621
MOGIL, MD, ROBERT A U
80 LLANFAIR CIR
ARDMORE PA 19003-3342
215-677-0667
MOHAN, MD, KRISHNA K * PUD
711 COX RD
MOORESTOWN NJ 08057-3941
MOHEIMANI, MD, CHRISTOPHER H ST
2304 LONDON WAY
NEWARK DE 19713
MOHIUDDIN, MD, M AZAM N
1650 HUNTINGDON PIKE STE 159
MEADOWBROOK PA 19046-8095
215-947-4558
MOHIUDDIN, MD, MOHAMMED * TR
229 MUNN LN
CHERRY HILL NJ 08034-3028
MOHR, MD, ROSE M OTO
3400 N BROAD ST
PHILADELPHIA PA 19140-5104
215-221-3689
MOKRYNSKI, MD, GREG IM
2615 DEKALB PIKE APT 318-1
NORRISTOWN PA 19401-1843
215-334-2067
MOLDOFSKY, MD, PHILIP J NM
1439 PENNSYLVANIA AVE
PAOLI PA 19301-1519
MOLL, MD, GEORGE A AI
911 PINE GROVE RD
HANOVER PA 17331-9033
717-633-6191
MOLLOY, MD, PATRICIA T CHN
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1719
MONAHAN, FRANCINE M ST
3431 VAUX ST
PHILADELPHIA PA 19129-1436
MONDEREWICZ, KATHLEEN M ST
4740 PINE ST
PHILADELPHIA PA 19143-1860
MONGIARDO, JAY P ST
8630 JACKIE DR
SAN DIEGO CA 92119-1415
MONHEIT, MD, RICHARD S IM
7900 OLD YORK RD APT 513A
ELKINS PARK PA 19117-2328
215-456-7260
MONITTO, MD, CONSTANCE L AN
CHILDRENS HOSP
PHILADELPHIA PA 19104-4385
215-590-1974
MONTEFORTE, MD, JOSEPH S ID
17 LONGWOOD DR
WAYNE PA 19087-2922
MONTEFORTE, MD, MARK J ST
8781 DUVEEN DR
WYNDMOOR PA 19118
MONTEIRO, MD, DENNIS T PS
PO BOX 604
VALLEY FORGE PA 19482-0604
215-935-5600
MONTESANO, MD, ANGELICA T TR
AEMC YORK AND TABOR RDS
PHILADELPHIA PA 19141
215-456-6280
MONTGOMERY, MD, KARLA J PD
1084 PUTNAN BLVD
WALLINGFORD PA 19086
215-427-7176
MONTGOMERY, MD, LYNN C P
812 W CLIVEDEN ST
PHILADELPHIA PA 19119-3601
215-487-4000
MONTGOMERY, MD, OWEN C * OBG
THOMAS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107-4824
215-955-8707
MONTGOMERY, MD, THADDEUS OBG
3500 W CHESTER PIKE APT E304
NEWTOWN SQUARE PA 19073-4101
MOON, MD, BRIAN W ST
3801 CONSHOHOCKEN AVE APT 210
PHILADELPHIA PA 19131-5533
MOORE, ELIZABETH A ST
29 E BELLS MILL RD
PHILADELPHIA PA 19118-2614
MOORE, MD, JAY R NEP
1832 SPRUCE ST STE 100
PHILADELPHIA PA 19103-6619
215-545-2080
MOORE, MD, MATTHEW T N
1813 DELANCEY PL
PHILADELPHIA PA 19103-6606
215-545-3334
MOORE JR, MD, JOHN H PS
135 S 18TH ST
PHILADELPHIA PA 19103-5228
215-563-8557
MOORE JR, MD, SAMUEL R OM
1060 KEYON DR
FT WASHINGTON PA 19034

MORALE, MD, SAMUEL G EM
3606 INDIAN QUEEN LN
PHILADELPHIA PA 19129-1525
MORALES, MD, DIEGO PM
12TH STREET AND TABOR RD
PHILADELPHIA PA 19141
215-456-9513
MORALES-PELAEZ, MD, EILEEN S AN
EPISCOPAL HOSP AN DEPT
PHILADELPHIA PA 19125
215-427-7495
MORANDI, NEIL P ST
3120 SCHOOL HOUSE LN APT MC11
PHILADELPHIA PA 19144-5446
MORANI, MD, ALMA D PS
3665 MIDVALE AVE
PHILADELPHIA PA 19129-1712
215-843-0213
MORENO, MD, HERMANN A ST
206 S 13TH ST APT 2401
PHILADELPHIA PA 19107-5436
MORGANROTH, MD, JOEL CD
1040 STONY LN
GLADWYNE PA 19035-1136
215-662-5050
MORGENLANDER, MD, LYNN E AN
2 REX CT
PHILADELPHIA PA 19118-3748
215-456-6850
MORGENSTERN, MD, DIANA M IM
272 STANDISH RD
MERION STATION PA 19066-1136
MORGENSTERN, KENNETH E ST
2043 SPRING GARDEN ST 3RD FL
PHILADELPHIA PA 19130-3804
MORGENSTERN, STEVEN A ST
3120 SCHOOLHOUSE LN APT FA8
PHILADELPHIA PA 19144
MORINIGO-MESTRE, MD, GLADYS * EM
1736 LOMBARD ST
PHILADELPHIA PA 19146-1519
MORONEY, MD, JOHN F IM
1903 SPRUCE ST APT F
PHILADELPHIA PA 19103-5732
215-662-4000
MORRIS, MD, JON B GS
4 SILVERSTEIN HUP
PHILADELPHIA PA 19104-4219
215-662-2131
MORRIS, MD, MICHAEL C GS
5401 OLD YORK RD STE 505
PHILADELPHIA PA 19141-3030
215-456-6933
MORRISON, ALAN L ST
311 S 13TH ST APT 503
PHILADELPHIA PA 19107
MORRISSEY, MD, WILLIAM L IM
MED COLL HOSPS ELKINS PK
ELKINS PARK PA 19117-2293
215-663-6330
MORRONE, DO, CHARLES C * FP
7432 TORRESDALE AVE
PHILADELPHIA PA 19136-4118
215-338-1400
MORTENSEN, ERIC M ST
2805 W QUEEN LN
PHILADELPHIA PA 19129-1031
MOSES, MD, MELVIN L * GS
118 FAIRVIEW RD
NARBERTH PA 19072-1331
MOSHANG JR, MD, THOMAS END
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3173
MOSKAL, MD, JOSEPH P AN
773 ARDEN RD
JENKINTOWN PA 19046-1524
MOSS, MD, DAVID A ORS
1347 CHANTICLEER
CHERRY HILL NJ 08003-4862
MOSS, MD, EDWARD R GP
6268 ALGARD ST
PHILADELPHIA PA 19135-3502
215-332-3965
MOSTER, MD, MARK L N
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141-3001
215-456-7193
MOSTER, MD, MARLENE R OPH
LANKENAU MED STE 154
WYNNEWOOD PA 19096
215-649-9600
MOULTON, MD, MICHAEL P EM
1801 BUTTONWOOD ST APT 1201
PHILADELPHIA PA 19130-3953
215-842-6000
MOURADIAN, ROBERT D ST
317 N BROAD ST APT 603
PHILADELPHIA PA 19107-1017
MOYER, MD, RAY A ORS
BROAD AND TIOGA STS
PHILADELPHIA PA 19140
215-221-2111
MOZLEY JR, MD, P DAVID NM
119 S 22ND ST
PHILADELPHIA PA 19103-4310
215-662-3041
MUENKE, MD, MAXIMILIAN OS
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
MULHOLLAND, MD, S GRANT U
1025 WALNUT ST RM 1112
PHILADELPHIA PA 19107-5001
215-955-6861

MULLEN, MD, JAMES L GS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2089
MULLEN, MD, MARK J IM
9528-B JAMES ST
PHILADELPHIA PA 19114
215-464-0770
MULLER, MD, ALFONS J PM
445 RICES MILL RD
WYNCOTE PA 19095-2037
215-536-9300
MULLER, MD, GARY W ORS
7602 CENTRAL AVE STE 101
PHILADELPHIA PA 19111-2402
215-342-8330
MULUKUTLA, MD
RAJYALAKSHMI OPH
3342 AINSLIE ST
PHILADELPHIA PA 19129-1442
215-221-3401
MUMBAUER, STEVEN W ST
2829A W QUEEN LN
PHILADELPHIA PA 19129-1031
MUNGUL, MD, LISE M IM
507 ASHMEAD RD
CHELTENHAM PA 19012-1504
215-548-2328
MUNSHOWER, DO, JOHN C FP
2738 N 45TH ST
PHILADELPHIA PA 19131
MUNZER, MD, STEVEN J R
1103 ANSLEY AVE
MELROSE PARK PA 19126-1821
215-663-6074
MURDOCK, MD, MORTON G DR
1901 WALNUT ST APT 8-A
PHILADELPHIA PA 19103-4605
215-893-0832
MUREEBE, MD, LEILA GS
4000 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131-1725
MURPHEY, MD, SHEILA A ID
212 E MEADE ST
PHILADELPHIA PA 19118-2813
215-955-7188
MURPHY, BRIAN J ST
8 ASHLEY CT
GLEN MILLS PA 19342-2005
MURPHY, EDWARD ST
937 GLEN TER
CHESTER PA 19013-5612
MURPHY, MD, JOHN B PS
888 GLENBROOK AVE STE 309
BRYN MAWR PA 19010-2506
215-527-4833
MURPHY, MD, JOHN D PD
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1792
MURPHY, JOSEPH J ST
1705 CLOVERLY AVE
JENKINTOWN PA 19046-2215
MURPHY, MD, THOMAS W P
4735 JAMES ST
PHILADELPHIA PA 19137-1105
215-259-6735
MURPHY, MD, WINDELL H A OPH
7600 WEST AVE
ELKINS PARK PA 19117-2511
215-748-9806
MURR III, MD, GEORGE A * GS
213 REECEVILLE RD STE 35
COATESVILLE PA 19320-1538
215-383-6363
MURRAY, JOSEPH F ST
3720 BIRNEY AVE
MOOSIC PA 18507-1512
MURRAY, MD, THOMAS R AN
95 E BROOKLINE DR
LAUREL SPRINGS NJ 08021-4842
215-545-4173
MURTAGH JR, MD, FREDERICK NS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3490
MURTHY, MD, MSJ IM
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-247-1405
MUSSOLINE JR, MD, JOSEPH F OPH
15 ROBERTS
HADDONFIELD NJ 08033
MUSTIN, MD, ANDREW J OTO
433A SHAWMONT AVE
PHILADELPHIA PA 19128
MUTTREJA, MANOJ R ST
UNIV OF PA
PHILADELPHIA PA 19104
MYERS, MD, ABRAHAM ORS
518 WINDING WAY
MERION STATION PA 19066-1119
215-232-3326
MYERS, MD, ALLEN R RHU
TEMPLE MEDICAL SCHOOL
PHILADELPHIA PA 19140-5196
215-221-4019
MYERS, MD, DAVID OTO
2401 PENNSYLVANIA AVE #6836
PHILADELPHIA PA 19130-3061
MYERS, MD, DONALD L * NS
MEZZANINE
PHILADELPHIA PA 19107-4318
215-627-4380

MYERS, MD, MARK D PD
5 THOUSAND OAK DR
SICKLERVILLE NJ 08081-4626
MYERS, MELISSA A ST
PO BOX 53050
PHILADELPHIA PA 19105-3050
MYERSON, MD, RALPH M IM
310 MAPLEWOOD RD
MERION STATION PA 19066-1031
NADEL, MD, MARCELL-BERNH FP
6635 HAVERFORD AVE
PHILADELPHIA PA 19151-3623
215-476-2371
NAGARAJAN, RAJARAM ST
3443 TILDEN ST
PHILADELPHIA PA 19129-1434
NAGLE JR, MD, FRANK O OPH
2 PENN CENTER PLZ FL 1012
PHILADELPHIA PA 19102-1710
215-567-2261
NAGORSKY, MD, MATTHEW J OTO
230 N BROAD ST
PHILADELPHIA PA 19102
215-762-3700
NAIDE, MD, DAVID VS
2 BALA PLAZA PL-8
BALA CYNWYD PA 19004
215-583-1212
NAIDE, MD, MEYER CD
2034 SPRUCE ST
PHILADELPHIA PA 19103-6524
NAIDOFF, MD, MICHAEL A * OPH
308 SPRUCE ST
PHILADELPHIA PA 19106-4201
215-922-2455
NAIDS, MD, RICHARD E OPH
1874 AUTUMN LEAF LN
HUNTINGDON VLY PA 19006-1526
215-423-2400
NAIR, MD, SOMNATH N NS
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1178
215-762-8072
NAJI, MD, ALI GS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2066
NAJM, MD, PIERRE S IM
1701 LOCUST ST APT 812
PHILADELPHIA PA 19103-6113
NAKHJAVAN, MD, FRED K CD
5401 OLD YORK RD STE 404
PHILADELPHIA PA 19141-3030
215-456-7023
NAKISBENDI, KARA M ST
7901 HENRY AVE APT F201
PHILADELPHIA PA 19128-3054
NALBANTIAN, MD, MICHEL S DR
1223 HAGYS FORD RD
NARBERTH PA 19072-1103
215-291-3630
NALIN, MD, DAVID R ID
MRL (BL 3-4)
WEST POINT PA 19486
215-834-2625
NAMJOSHI, MD, SHASHIKALA D AN
213 SUSAN DR
ELKINS PARK PA 19117-1832
215-427-7498
NAPIERKOWSKI, DO, STANLEY A GS
8 EMERY HILL CT
MARLTON NJ 08053-2454
215-897-8365
NAPOLITANO, MD, JOSEPH D OPH
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104-4399
215-590-2791
NAPPI, MD, DOMINIC F * ORS
1849 S 15TH ST
PHILADELPHIA PA 19145-2301
215-465-5700
NARVAEZ, MD, RICHARD A CD
86 WYNNEDALE RD
NARBERTH PA 19072-1725
215-564-3050
NASCA, MD, THOMAS J IM
1025 WALNUT ST ROOM 812
PHILADELPHIA PA 19107
215-955-1626
NASH, MD, DAVID B * IM
1015 WALNUT ST STE 621
PHILADELPHIA PA 19107-5005
215-955-6969
NASO, MD, FRANCIS PM
111 S 11TH ST STE 9410
PHILADELPHIA PA 19107-4824
215-955-6548
NAST, MD, PHILIP R GE
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
215-525-9570
NATALE, MELISSA A ST
2223 WALLACE ST 1ST FL
PHILADELPHIA PA 19130
NATHAN, MD, BARNETT R IM
1 FRANKLINTOWN BLVD APT 1008
PHILADELPHIA PA 19103
215-762-7000
NATHAN, DAVID L ST
36TH AND HAMILTON WALK
PHILADELPHIA PA 19104

NATHANSON, MD, JULIET E GP
2048 PINE ST
PHILADELPHIA PA 19103-6536
215-732-2762
NATICCHIA, MD, JENNIFER M FP
101 REILLYWOOD AVE
HADDONFIELD NJ 08033-2201
215-955-8363
NAULTY, MD, JOHN S AN
800 SPRUCE ST
PHILADELPHIA PA 19107
215-829-3867
NAUNCZEK, MICHAEL J ST
600 TRENTON RD APT 136
LANGHORNE PA 19047-5650
NAYAK, MD, PRADEEP R OTO
28 ELMWOOD AVE
NARBERTH PA 19072-2408
215-955-6000
NAZ, MD, TEHMINA IM
10825 E KESWICK RD APT 7
PHILADELPHIA PA 19154-4129
215-934-4000
NAZARI, MD, AHMAD * OBG
10 CURTIS PARK DR
WYNCOTE PA 19046
NDETO, MD, GEOFFREY W T AN
402 BERKLEY RD
HAVERFORD PA 19041-1542
NEEDELL, JAMES E ST
35 LOWRY'S LN
ROSEMONT PA 19010
NEIFELD, MD, KENNETH A IM
8480 LIMEKILN PIKE, M-1
WYNCOTE PA 19095
215-924-6606
NEIGH, MD, JOHN L AN
520 FAIRFAX RD
DREXEL HILL PA 19026-1211
215-662-8244
NELSON, MD, ANNE S R
3503 RHOADS AVE APT 107
NEWTOWN SQUARE PA 19073-3810
NELSON, MD, BEVERLY P PTH
153 E WALNUT PARK DR
PHILADELPHIA PA 19120-1024
215-221-4323
NELSON, MD, ELEANOR C AN
315 MCCLENAGHAN MILL RD
WYNNEWOOD PA 19096-1028
NELSON, MD, FREDRIC P PD
2801 ISLAND AVE STE 1
PHILADELPHIA PA 19153-2326
215-365-0205
NELSON, MD, GUY M IM
WILDMAN ARMS APT 630
SWARTHMORE PA 19081
NELSON, MD, LEONARD B OPH
9TH AND WALNUT STS
PHILADELPHIA PA 19107
215-928-3244
NELSON, TIMOTHY S ST
950 WALNUT ST APT 812
PHILADLEPHIA PA 19107-5596
NELSON, MD, WALDO E PD
1400 WAVERLY RD APT A220
GLADWYNE PA 19035-1257
NEMEZ, MD, ALBERT GP
7001 KINDRED ST
PHILADELPHIA PA 19149-1724
215-745-5662
NEMEZ, MD, JACK S IM
7001 KINDRED ST
PHILADELPHIA PA 19149-1724
215-745-5662
NEMIROFF, MD, RICHARD L * OBG
301 S 8TH ST
PHILADELPHIA PA 19106-4014
215-829-5300
NEMIROVSKY, MD, BORIS PM
9551 BUSTLETON AVE
PHILADELPHIA PA 19115-3801
215-698-2220
NESSEL, CHRISTOPHER C ST
623 BENSON AVE
PHILADELPHIA PA 19111-1930
NEUFELD, STEVEN K ST
8558 BARTLETT ST
PITTSBURGH PA 15217-1834
NEUHAUSER, DO, JEFFREY H OTO
34 PARKVIEW RD
CHELTENHAM PA 19012-1815
215-456-7265
NEUMANN, DO, MELISSA A OTO
523 BUMHAM RD
PHILADELPHIA PA 19119
NEVIN, MD, JANICE E FP
THOMAS JEFFERSON UNIV HOSP
PITTSBURGH PA 19101
215-955-8364
NEVYAS, MD, HERBERT J OPH
1120 TOWER LN E
NARBERTH PA 19072-1132
215-561-1411
NEVYAS-WALLACE, MD, ANITA S OPH
231 TOWER LN
NARBERTH PA 19072-1127
215-561-1411
NEWBERG, MD, AARON N PD
9150 MARSHALL STREET
PHILADELPHIA PA 19114
215-884-5715

NEWBROUGH, MD, ROBERT S CHP
1006 LINDSEY CT
MARLTON NJ 08053-2060
NEWMAN, MD, ANDREW ORS
301 CITY LINE AVE STE 210
BALA CYNWYD PA 19004
215-660-0805
NEWMAN, MD, BENJAMIN E CD
9336 EAGLE VIEW DR
LAFAYETTE HILL PA 19444
215-482-1113
NEWMAN, MD, LEROY PD
7525 CASTOR AVE
PHILADELPHIA PA 19152-4001
215-342-7044
NGUY, STEVEN T ST
1627 S 7TH ST
PHILADELPHIA PA 19148-1247
NGUYEN, MD, KENNETH V IM
448 E WYOMING AVE
PHILADELPHIA PA 19120-4538
215-234-2180
NGUYEN, PETER-PHUOC T ST
555 RICHMOND RD
WEST CHESTER PA 19380
NIBBELINK, MD, DONALD W N
DUPONT CO INC
WILMINGTON DE 19898-0001
215-662-3606
NICASTRO, MD, GENNARO C OTO
3016 N 25TH ST
PHILADELPHIA PA 19132-1314
215-228-4974
NICHOLAS, ANGELA M ST
315 VERNON AVE
WILLIAMSPORT PA 17701
NICHOLAS, MD, LESLIE D
1919 CHESTNUT ST APT 1119
PHILADELPHIA PA 19103-3418
215-735-7144
NICOLAU, MARTIN F ST
3300 HENRY AVE #530
PHILADELPHIA PA 19129-1121
NICOLSON, MD, SUSAN C AN
CHILDRENS HOSP
PHILADELPHIA PA 19104-4385
215-590-1874
NICY, MD, NADIJA L PTH
1910 BAY LAKE WAY
DAYTONA BEACH FL 32124-6865
NIEDELMAN, MD, MEYER L D
5846 MT CARMEL TRCE APT 505
JACKSONVILLE FL 32216—496
NIEDERMAYER, MD, GEORGE H IM
711 SPRUCE ST
PHILADELPHIA PA 19106-4006
215-627-2122
NIELSON, MD, DAVID H GS
8400 HULL DR
PHILADELPHIA PA 19118-1518
215-645-2000
NIMAN, DMITRY ST
1716 DANFORTH ST
PHILADELPHIA PA 19152
NIMOITYN, MD, BENJAMIN S IM
604 WASHINGTON SQ S APT 415
PHILADELPHIA PA 19106
NIMOITYN, MD, PHILIP CD
1128 WALNUT ST
PHILADELPHIA PA 19107-5513
215-829-1158
NISENBAUM, MD, HARVEY L * DR
618 GREYTHORNE RD
WYNNEWOOD PA 19096-2509
215-456-6200
NISHIMURA, GREGORY S ST
1611 TRONA WAY
SAN JOSE CA 95125-5054
NITSKANSKY, MD, LEA GP
9369 HOFF ST
PHILADELPHIA PA 19115-4708
215-698-1042
NIZEN, MD, JENNIFER S IM
766A N 24TH ST
PHILADELPHIA PA 19130-2542
215-829-3521
NOBEL, MD, GOLDA R P
2006 DELANCEY ST
PHILADELPHIA PA 19103-6510
215-732-2126
NOBEL, MD, JOEL J * AN
5200 BUTLER PIKE
PLYMOUTH MTG PA 19462-1241
215-825-6000
NOFSINGER, CHARLES C ST
STEMMLER HALL
BSMNT BOX 482
PHILADELPHIA PA 19104
NOONE, MD, R BARRETT PS
888 GLENBROOK AVE
BRYN MAWR
PA 19010-2506
215-527-4833
NORRIS, MD, CHARLES M LAR
8007 NAVAJO ST
PHILADELPHIA PA 19118-3926
215-221-3851
NORRIS, MD, ROBERT B CD
PENNSYLVANIA HOSP
PHILADELPHIA PA 19106
215-829-6089

NORRIS, MD, ROBERT F PTH
3500 W CHESTER PIKE
NEWTOWN SQUARE PA 19073-4101
NORTHRUP, MD, BRUCE E NS
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-928-6744
NORWOOD, MD, WILLIAM I TS
CHILDRENS SURGICAL ASSOC
PHILADELPHIA PA 19104-0000
215-590-2708
NOSHENY, MD, STANLEY Z RHU
8021A CASTOR AVE
PHILADELPHIA PA 19152-2733
215-745-5805
NOTTE, MD, MICHAEL A ST
211 LOCUST ST
PITTSBURGH PA 15202
NOWOSIWSKY, MD, TARAS PH
15 N 32ND ST RM 111
PHILADELPHIA PA 19104-2804
215-596-2420
NOWOSLAWSKI, MD, JOSEPH F * EM
1211 LAKEMONT RD
VILLANOVA PA 19085-2103
215-524-2400
NTOSO, MD, MAY-ANGE * OBG
1128 WALNUT ST STE 201
PHILADELPHIA PA 19107-5513
215-627-3670
NUNEZ, TIMOTHY C ST
4222 PECHIN ST
PHILADELPHIA PA 19128
NUSBAUM, MD, MOREYE GS
PRESBYTERIAN MEDICAL CTR
PHILADELPHIA PA 19104
215-662-8026
NUSSBAUM, MD, ROBERT L IM
UNIV OF PA
PHILADELPHIA PA 19104-6145
215-898-1012
NYE, MD, ROBERT S EM
105 ROCKLAND AVE
BELMONT HILLS PA 19004-1827
215-842-6545
OAKES, EVAN M ST
3332 TILDEN
PHILADELPHIA PA 19129
OBANION, MD, KATHLEEN S * OBG
1128 WALNUT ST
PHILADELPHIA PA 19107-5513
215-627-3670
OBRIEN, ERIN M ST
1611 GREEN ST APT B
PHILADELPHIA PA 19130
OBRIEN II, MD, JOHN S P
125 S 9TH ST STE 1003
PHILADELPHIA PA 19107-5123
215-928-8115
OBRIEN, MD, WILLIAM R * P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-474-0702
OCONNOR, MD, ELLEN M * IM
124 CURTIS BLDG
PHILADELPHIA PA 19107-5005
215-955-6835
OCONNOR, MD, MAUREEN E AN
JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
215-955-7162
OCONNOR, MD, MICHAEL J NS
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1407
215-893-2566
OCONNOR, MD, TIMOTHY P GS
1720 LOMBARD APT PH2
PHILADELPHIA PA 19146
OCONOR, MD, LORRAINE M * P
429 CHANDLEE DR
BERWYN PA 19312-2063
215-221-1335
ODONNELL, SEAN M ST
414 LINCOLN RD
PHOENIXVILLE PA 19460
ODORICO, MD, JON S GS
818 N PENNOCK ST
PHILADELPHIA PA 19130
ODORISIO, MD, LYNNE A AN
965 CAPISTRANO AVE
LAGUNA BEACH CA 92651-3711
215-955-6161
ODOWD, MD, LIZA C IM
3400 SPRUCE ST DEPT IM
PHILADELPHIA PA 19104
215-662-4000
OFFIT, MD, PAUL A ID
34TH BT & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2020
OFFNER, MD, THEODORE W FP
725 BYBERRY RD
PHILADELPHIA PA 19118-2111
215-464-0577
OGRADY, MD, TIMOTHY J AN
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-3326
OGUN, MD, DAVID J ST
2355 TILBURY AVE
PITTSBURGH PA 15217
OH, EUGENE ST
BOX 885
PHILADELPHIA PA 19104-6112

OH, MD, JANG K DR
NORTHEASTERN HOSP
PHILADELPHIA PA 19134-4497
OH, MD, SUNG-KYU H OBG
1820 S BROAD ST
PHILADELPHIA PA 19145-2303
215-468-7722
OHARA, MD, A EDWARD PDR
5812 GARDEN LAKEB DR
BRADENTON FL 34203-7235
OHENE-FREMPONG, MD, KWAKU PHO
34TH ST AND CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3423
OKAGAWA, MD, RICK CD
7901 BUSTLETON AVE STE 200
PHILADELPHIA PA 19152-3302
215-332-4000
OKEN, MD, DONALD P
PENNSYLVANIA HOSP
PHILADELPHIA PA 19107
215-829-5233
OLEARCHYK, MD, ANDREW S TS
129 WALT WHITMAN BLVD
CHERRY HILL NJ 08003-3746
215-427-7090
OLIVA, DO, JOSEPH E AN
203 SYCAMORE AVE
MERION PA 19066-1544
OLIVIERY-LORENZO, MD, P
MILAGROS D
SUNNYSIDE DR APT D
UPLAND PA 19013
215-448-8140
OLKEN, MD, MARK D DR
1200 YORK RD
ABINGTON PA 19001-3788
215-576-2050
OLSHIN, MD, IRVING JOEL PD
247 S 7TH ST
PHILADELPHIA PA 19106-4135
215-968-3811
OMALLEY, MD, ERIN A ST
117 N 15TH ST APT 405
PHILADELPHIA PA 19102-1517
OMALLEY, MD, KEVIN B IM
2235 GARRETT RD
DREXEL HILL PA 19026-1130
215-622-6970
ONEILL, MD, HUGH P
441 LANKENAU MED BLDG
WYNNEWOOD PA 19096-3427
215-842-7676
ONEILL JR, MD, JAMES A PDS
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2727
ONEILL, MD, SHEA A ST
712 IVY ST
PITTSBURGH PA 15232
ONG, JOSEPH G ST
ALDEN PARK APT 212-A
PHILADELPHIA PA 19144-5653
ORDENTLICH, MD, ELENA CHP
2424 MICHAEL RD
HUNTINGDON VLY PA 19006-6602
215-947-8042
ORDOUKHANIAN, ELSA ST
3650 CHESTNUT ST
PHILADELPHIA PA 19104-6131
ORELLANA, MD, CHARLES F IM
3900 CITY AVE APT D-220
PHILADELPHIA PA 19131-5817
ORELLANA, MD, JOSE R GE
22 BROOKSHIRE LN
PHILADELPHIA PA 19118-1219
215-472-2677
OREN, MD, AHUVA * PTH
4150 CITY AVE
PHILADELPHIA PA 19131-1810
215-871-2466
ORLANDO, MD, DAVID C US
7 MARCY CT
MARLTON NJ 08053
215-248-8203
ORLEVITCH, MD, STEPHEN R ST
8100 CITY AVE APT 1105
PHILADELPHIA PA 19131
ORNE, MD, MARTIN T P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2525
ORTEGA, MARCOS R ST
2200 BEN FRANKLIN PKWY W112
PHILADELPHIA PA 19130
OSLICK, MD, THEODORE PUD
7500 CENTRAL AVE STE 100
PHILADELPHIA PA 19111-2432
215-342-8500
OSMICK, MD, MARY J IM
1805 BROOKS RD
WEST CHESTER PA 19382-6907
215-878-7600
OSORIO, MD, EMMANUEL P * OBG
5245 OXFORD AVE
PHILADELPHIA PA 19124-1847
OSTERHOLM, MD, JEWELL L NS
JEFFERSON MED COLL
PHILADELPHIA PA 19107-4318
215-955-6744
OSTERMAN, MD, A LEE HS
PENN TOWER 8TH FL
PHILADELPHIA PA 19104
215-662-3345

OSTRUM, MD, BERNARD J R
2040 RITTENHOUSE SQ
PHILADELPHIA PA 19103-5621
215-456-6200
OSULLIVAN, MOLLY K ST
1740-42 GREEN ST APT I
PHILADELPHIA PA 19130
OTERO, MD, SUSANNE I AN
700 LOWER STATE RD #14C-8
NORTH WALES PA 19454-2187
OTOOLE, MD, THOMAS F GP
415 LYCEUM AVE
PHILADELPHIA PA 19128-3418
215-482-2033
OTT, MD, CAROL E PD
306 MARGARETTA AVE
HUNTINGDON VLY PA 19006-8714
215-969-4917
OTTENBERG, MD, DONALD J OS
8553 TRUMBAUER DR
WYNDMOOR PA 19118-1459
OTTERY, MD, FAITH D GS
FOX CHASE CANCER CENTER
PHILADELPHIA PA 19111-2497
215-728-2596
OWENS, MD, JOHN S CD
1228 KAY DR W
CHERRY HILL NJ 08034
609-845-6807
OXMAN, MD, REED S EM
2212 LOCUST ST
PHILADELPHIA PA 19103-5511
PACKMAN, MD, BARRY E IM
9880 BUSTLETON AVE
PHILADELPHIA PA 19115-2185
215-969-2900
PADOLINA, MD, RUBY M AN
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-7962
PADULA, MD, ANTHONY M GS
525 JAMESTOWN ST STE 205
PHILADELPHIA PA 19128-1751
215-483-2400
PAEZ, MD, EDUARDO J PTH
4000 N MARSHALL ST
PHILADELPHIA PA 19140-2506
215-227-5617
PAGALILAUAN, MD, MANUEL A PTH
PO BOX 1811
BENSALEM PA 19020-6811
215-765-3663
PAL, PARUL ST
3561 INDIAN QUEEN LN
PHILADELPHIA PA 19129
PAL, SHIKHA ST
196 ANDRIEN RD
GLEN MILLS PA 19342
PALANT, MD, MARINA B IM
107 QUAKER LN
VILLANOVA PA 19085-1323
527-031-0000
PALAT, DO, HERMAN W * IM
3555 CHIMNEY SWIFT DR
HUNTINGDON VLY PA 19006-3301
PALILLA, MD, THOMAS F AN
18 BROOKSHIRE LN
PHILADELPHIA PA 19116-1219
215-448-7922
PALLADINO, MD, DIANE P GS
MEDICAL BUILDING STE 301
PHILADELPHIA PA 19114
215-632-3630
PALMA, DOUGLAS A ST
85 GIBSON AVE
MT HOLLY NJ 08060-2117
PALMACCIO, MD, ANTHONY J ORS
12000 BUSTLETON AVE STE 206
PHILADELPHIA PA 19116
215-677-2078
PALMER, MD, MARY E EM
5500 WISSAHICKON AVE APT 7058
PHILADELPHIA PA 19144-5653
215-842-4565
PALMER, MD, ROBERT H IM
SMITHKLINE BEECHAM PHARM
KING OF PRUSSIA PA 19406-0939
215-751-5210
PALMER-BRADSHAW, JOSETTE C ST
11 OAK ST
GLASSBORO NJ 08028-2628
PALMON, MD, FLORENTINO E OPH
840 EDMONDS AVE
DREXEL HILL PA 19026
PALUMBO, SALVATORE J ST
2127B ARCH ST
PHILADELPHIA PA 19103-1307
PANAHANDEH, MATTHEW R ST
950 WALNUT ST APT 510
PHILADELPHIA PA 19107
PANAS, MD, GEORGE IM
873 N 27TH ST
PHILADELPHIA PA 19130-1839
215-221-2000
PANCHOLY, MD, DIPTI S IM
834 CHESTNUT ST APT 1022
PHILADELPHIA PA 19107-5142
PANCHOLY, MD, SAMIR B CD
834 CHESTNUT ST APT 1022
PHILADELPHIA PA 19107
215-662-9022
PANDOLFI, MD, FRANK J OPH
1822 BROAD STREET
PHILADELPHIA PA 19146

PANETTIERI, MD, REYNOLD A PUD
900 W WELSH RD
AMBLER PA 19002-2209
215-662-3202
PANGILINAN, AUDWIN J ST
10 KILLINGTON CT
SICKLERVILLE NJ 08081-3230
PANIS, MD, ROBERTO IM
113 MARY WATERSFORD ST
BALA CYNWYD PA 19004
215-322-4887
PAPACONSTANTINOU, VALERIE ST
3665 STANTON ST
PHILADELPHIA PA 19129-1618
PARAMESWARIN, MD, R CD
1818 TERRACE DR
MAPLE GLEN PA 19002-3033
215-457-1313
PARENTI, DO, DANIEL J OTO
810 BAINBRIDGE ST
PHILADELPHIA PA 19147-2112
609-346-6000
PARISI, MD, MARY T PTH
317 N BROAD ST APT 714
PHILADELPHIA PA 19107
PARK, MD, CHAN H NM
11TH AND WALNUT STS
PHILADELPHIA PA 19107
215-955-6707
PARK, MD, CHONG H GE
1012 DENSTON DR
AMBLER PA 19002-4036
PARK, MD, HYUNG K AN
302 ANTHONY DR
PLYMOUTH MTNG PA 19462-1106
PARK, JEANNE S ST
2201 CHERRY ST APT PH4
PHILADELPHIA PA 19103-1049
PARK, MD, JULIE U ST
3354 WIEHLE ST
PHILADELPHIA PA 19129
PARK, MD, PAULINE K GS
111 S 11TH ST STE G6280
PHILADELPHIA PA 19107-4824
215-928-7873
PARKER, DONNA J ST
8900 RIDGE AVE
PHILADELPHIA PA 19128-2027
PARKER, MD, GERALD B GP
115 SOMERSET LN
MARLTON NJ 08053
PARKER, MD, JANET A TR
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6585
PARKS, MD, DONALD B FP
2305 N BROAD ST
PHILADELPHIA PA 19132-4504
215-229-2022
PARMET, MD, JONATHAN L AN
528 WYNLYN RD
PHILADELPHIA PA 19096-1317
215-448-7960
PARR, MD, JUSTIN L NA
ARBOUR STREAM
RADNOR PA 19087-8313
215-687-5596
PARRIS, MD, TED M CD
227 N BROAD ST
PHILADELPHIA PA 19107-1511
215-564-3050
PARRISH, MD, BETH CHP
5515 WISSAHICKON AVE APT D405
PHILADELPHIA PA 19144-4529
215-895-3818
PARRY, MD, CAROLYN E * DR
PENNSYLVANIA HOSP
PHILADELPHIA PA 19107
215-829-3201
PARRY, MD, H FRAZER PM
2 BRIDLE LN
BLUE BELL PA 19422-2454
PASHMAN, MD, DAVID R ORS
939 LEOPARD RD
RYDAL PA 19046-2409
215-456-9400
PASKIN, MD, DAVID L GS
301 S 8TH ST
PHILADELPHIA PA 19106-4014
PASQUARIELLO, MD, PATRICK PD
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-4020
PASQUARIELLO, MD, PATRICK S IM
3407 W SCHOOL HOUSE LN
PHILADELPHIA PA 19144
215-848-7227
PASQUARIELLO, RICK D ST
905 DAISY ST
CLEARFIELD PA 16830-2718
PASTO, MD, MATTHEW E R
FITZGERALD MERCY HOSP
DARBY PA 19023
215-237-4355
PASTORE, MD, GAETANO N IM
124 FAIRFAX RD
ROSEMONT PA 19010-1014
PASTORE, MD, TIMOTHY P AN
7925 RIDGE AVE APT 11
PHILADELPHIA PA 19128-3012
215-237-4000

PASTUSZKO, PETER ST
207 ST MARK'S SQ
PHILADELPHIA PA 19104
PATCHEFSKY, MD, ARTHUR S ATP
702 ANDORRA RD
LAFAYETTE HILL PA 19444-1701
215-448-3747
PATEL, MD, JANMEJAY J CD
227 N BROAD ST
PHILADELPHIA PA 19107-1511
215-762-8272
PATEL, MD, MANUBHAI R IM
2700 HOLME AVE
PHILADELPHIA PA 19152-3011
PATEL, SANTOSH C ST
3026 W QUEEN LN APT B-3A
PHILADELPHIA PA 19129-1057
PATEL, MD, UTHICA P AN
2301 WOODWARD ST
PHILADELPHIA PA 19115-5138
PATIL, SUSHEEL P ST
950 WALNUT ST APT 315
PHILADELPHIA PA 19107-5564
PATNAIK, MD, RAMPRASAD GS
610 CREEK RD
MOORESTOWN NJ 08057-3906
PATTERSON, MD, JOHN R * RHU
111 S 11TH ST STE 6010
PHILADELPHIA PA 19107-4824
215-923-4833
PATULA, PAULA J ST
3613 FOX ST
PHILADELPHIA PA 19129-1004
PAUL, MD, ALBERT J IM
8302 OLD YORK RD APT C22
ELKINS PARK PA 19117-1525
PAUL, MD, GERSON S OBG
1710 WOODLAND RD
ABINGTON PA 19001-3904
PAUL, MD, PHYLLIS O IM
1710 WOODLAND RD
ABINGTON PA 19001-3904
PAVLIDES, MD,
CONSTANTINOS A GS
WILLIAM PENN MED BLDG
PHILADELPHIA PA 19107-1523
215-568-1015
PAWLOWSKI, MD, NICHOLAS A IG
38 E CLEARFIELD RD
HAVERTOWN PA 19083-1402
215-590-1997
PAZ, MD, HAROLD L CCM
HAHNEMANN UNIV MS #300
PHILADELPHIA PA 19102
215-765-4590
PEARLSTINE, MD, BEATRICE GE
1109 ANSLEY AVE
MELROSE PARK PA 19128-1821
215-635-5655
PECK, ERIC A ST
834 CHESTNUT ST #1132
PHILADELPHIA PA 19107
PECKHAM, MD, GEORGE J NPM
667 CONESTOGA RD
VILLANOVA PA 19085
215-590-1653
PECORELLA, WENDY A ST
5515 WISSAHICKON AVE APT D304
PHILADELPHIA PA 19144-4531
PEEBLES JR, MD, ROOSEVELT PS
4000-2715 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131
202-687-8751
PEER, MD, MEETA D PM
60 ANDREW ROAD
HUNTINGDN VLY PA 19006-7902
215-677-3000
PEFF, MD, THOMAS C ORS
8407 BUSTLETON AVE
PHILADELPHIA PA 19152-1901
215-722-3200
PEGGS, MD, MICHAEL A IM
9560 A JAMES ST
PHILADELPHIA PA 19114
PELENSKY, MD, JEANNE M PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9900
PELIAS, MD, ANASTASIOS TS
1233 FOLKSTONE WAY
CHERRY HILL NJ 08034
215-662-9408
PELLECCHIA, MD, PATRICK E GS
1533 OLD WELSH RD
HUNTINGDON VLY PA 19006-5833
609-786-8608
PELSZYNSKI, MD, EUGENE E FP
5959 HORROCKS ST
PHILADELPHIA PA 19149-3316
215-289-3963
PELTZER, LETICIA I ST
5 HANCOCK PATH #B
MAPLE SHADE NJ 08052-1457
PENDINO, DO, ALEXANDER M N
301 SUSAN DR
CINNAMINSON NJ 08077-4257
PENDRAK, DO, INNA S FP
2903 BOYTON RD
NORRISTOWN PA 19403
215-248-8145
PENNE, MD, ROBERT B OPH
256 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
215-649-1970

PENNEYS, MD, EDITH T P
232 WINDING WAY
MERION STATION PA 19066-1216
215-829-3926
PENNOCK, MD, RONALD S CD
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-7578
PERCIVAL, PAUL J ST
625 E LANCASTER AVE
WYNNEWOOD PA 19096-2014
PEREIRA, MD, GILBERTO R NPM
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1653
PEREZ-SCHWARTZ, MD, LUZ AN
410 ROSLYN LN
WYNNEWOOD PA 19096-2334
PERILLO, MD, RUTHANN IM
5453 HOUGHTON PL
PHILADELPHIA PA 19128-2616
215-842-6000
PERKEL, MD, ROBERT L FP
1015 WALNUT ST 401 CURTIS
PHILADELPHIA PA 19107
215-955-8363
PERKINS, MD, JEFFREY C PM
MOSS REHAB HOSP
PHILADELPHIA PA 19141
PERLMAN, MD, ABRAHAM P
9906 BUSTLETON AVE #II-C8
PHILADELPHIA PA 19115-2148
215-333-1234
PERLMAN, MD, HENRY H D
201 S 18TH ST APT 315
PHILADELPHIA PA 19103-5922
215-546-4418
PERLMUTTER, DAVID M ST
950 WALNUT ST APT 214
PHILADELPHIA PA 19107-5564
PERLSTEIN, MD, SAMUEL M D
2121 N OCEAN BLVD
APT 1005E
BOCA RATON, FL 33431-7838
PERROTTA, MD, VINCENT J PS
17 DEVON DR
NEWTOWN SQUARE PA 19073-4204
211-522-1200
PERROTTO, MD, SANTLE L FP
3839 CHALFONT DR
PHILADELPHIA PA 19154-3407
PETACCIO, CLAUDIA J ST
317 N BROAD ST #718
PHILADELPHIA PA 19107-1016
PETERS, MELISSA L ST
6600 MCCALLUM ST APT 1-F
PHILADELPHIA PA 19119-3120
PETERSON, MD, DONALD D * PUD
910 STONY LN
GLADWYNE PA 19035-1126
215-642-3796
PETERSON, MD, JUDITH R PM
1015 CHESTNUT ST STE 1205
PHILADELPHIA PA 19107-4312
215-923-4001
PETRO, GREGORY P ST
1000 WALNUT ST APT 405
PHILADELPHIA PA 19107
PETRONE, MD, LOUIS R FP
1532 ASHTON RD
HAVERTOWN PA 19083-1935
215-978-7800
PETROWSKY, MD, DEBORAH IM
241 S 6TH ST APT 1109
PHILADELPHIA PA 19106-3732
PETRUCCI, MD, WILLIAM G CD
1603 OLD YORK RD
ABINGTON PA 19001-1740
215-657-6678
PETTINELLI, DO, FRANK P GP
1337 S 9TH ST
PHILADELPHIA PA 19147-5741
215-465-5491
PETTIT, MD, HORACE A
123 KENNEDY LN
BRYN MAWR PA 19010-2808
PETTIT, MD, MARY D OBG
566 POINTING ROCK RD BOX 1016
BORREGO SPRINGS CA 92004
PEZZI, MD, THOMAS A GS
3198 S 2ND ST
PHILADELPHIA PA 19106-4301
PFEFFER, DO, SCOTT H OTO
4006 BALWYNNE PARK RD
PHILADELPHIA PA 19131
PFEFFER, MD, WILLIAM H * REN
100 LANCASTER AVE
WYNNEWOOD PA 19096
215-649-0500
PFOHL, MD, DAVID N * IM
172 SUMMIT LN
BALA CYNWYD PA 19004-2931
PFROMMER, MD, JAMES M P
339 MERION RD
MERION STATION PA 19066-1517
215-664-8030
PHAN, HIEP C T ST
4924 N BROAD ST
PHILADELPHIA PA 19141-2216
PHAN, MD, NGOC AN * IM
909 S 11TH ST
PHILADELPHIA PA 19147-3701
215-923-6080

PHARR, MD, MARIA E FP
834 CHESTNUT ST APT 1017
PHILADELPHIA PA 19107-5142
PHARR, MD, TARKTEN A GS
834 CHESTNUT ST #1017
PHILADELPHIA PA 19107
PHILIPS, MD, ANDREW J OPH
770 BURGUNDY CIR
KING OF PRUSSIA PA 19406-3756
215-667-6685
PHILLIPS, MD, PETER C N
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1719
PHILLIPS, MD, WILLIAM A P
60 MEADOWBROOK DR
PRINCETON NJ 08540-3628
609-924-1059
PHILLIPS, WILLIAM H ST
3759 LANKENAU RD
PHILADELPHIA PA 19131-2816
PHILLIPS III, MD, GORDON R TRS
4821 LARCHWOOD AVE
PHILADELPHIA PA 19143-1711
215-662-7323
PIACENTE, MD, GREGORY J N
6TH AND SPRUCE STS
PHILADELPHIA PA 19107
215-829-3253
PIATOK, MD, DAVID J END
HOSP OF MCP
PHILADELPHIA PA 19129-1121
215-842-6952
PICCOLI, MD, DAVID A PD
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1680
PICCONE, DO, BRUCE R ON
638 WOODBINE RD
WEST CHESTER PA 19382-8539
215-468-8008
PICCONE, MD, MICHELE R OPH
533 S 46TH ST
PHILADELPHIA PA 19143-2101
609-667-3937
PICERNO, NICOLETTE A ST
317 N BROAD ST APT 826
PHILADELPHIA PA 19107-1019
PICK, MD, ERNEST J DR
NORTH EAST MED CTR
PHILADELPHIA PA 19114
215-632-5050
PICKERING, MD, HAROLD C AN
516 BRIDLE RD
GLENSIDE PA 19038-2002
PIECHOTA, MD, DARREN F P
EPPI
PHILADELPHIA PA 19129-1137
215-842-4000
PIERCE, GREG ST
608 LINCOLN WOODS
LAFAYETTE HILL PA 19444-1141
PIERETTI, DO, MARTIN O OM
2313 ORCHARD HILL CIRCLE
WARRINGTON PA 16976
215-491-9195
PIERI, MD, DENEEN A M IM
3413 CRESSON ST APT 4
PHILADELPHIA PA 19129-1605
PIKE, MD, ANNE H OBG
311 ROSEMARY LN
NARBERTH PA 19072-1119
PILCHMAN, MD, JEFFREY M GE
2 BALA PLZ STE IL22
BALA CYNWYD PA 19004-1503
215-664-9700
PILEVSKY, MD, NICOLE D ST
4040-2905 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131
PILEWSKI, MD, JOSEPH M PUD
7321 DREXEL RD
PHILADELPHIA PA 19151-2208
215-662-2720
PILLA, MICHAEL A ST
113A N UNION AVE
LANSDOWNE PA 19050
PILMER, MD, SHARON L AN
410 W STAFFORD ST
PHILADELPHIA PA 19144-4406
215-590-1866
PINSKI, MD, GABRIEL P
411 WITLEY RD
WYNNEWOOD PA 19096-2424
215-237-4000
PINSON, THOMAS B ST
3120 SCHOOL HOUSE LN #FA3
PHILADELPHIA PA 19144
PIONTEK, MD, CATHERINE M P
1030 E LANCASTER AVE #319
ROSEMONT PA 19010
215-842-4192
PIRZADA, MD, NOOR A N
1 MED CTR BLVD APT 302
UPLAND PA 19013-3968
PISTONE, MD, GREGORY A D
1316 W RITNER ST
PHILADELPHIA PA 19148-3525
PITETTI, MD, RAYMOND D PD
822 N 25TH ST
PHILADELPHIA PA 19130-1819
215-427-5000

PITTENGER, MD, MARY A GP
2103 S 58TH ST
PHILADELPHIA PA 19143-5907
PIWOZ, MD, SEYMOUR R
656 FOXCROFT RD
ELKINS PARK PA 19117-1528
PIZANO, LOUIS R ST
1919 SUSQUEHANNA AVE
EXETER PA 18643-2527
PIZZICA, DO, ALBERT L NPM
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7749
PIZZUTILLO, MD, PETER D ORS
1015 WALNUT ST STE S-501
PHILADELPHIA PA 19107-5005
215-955-2193
PLATT, MD, DENNIS E P
507 GREENHILL RD
WILLOW GROVE PA 19090-2816
215-458-8925
PLATT, MD, RUTH M US
502 ELIZABETH DR
LANCASTER PA 17601-4406
PLOCK, MD, GREGORY L N
417 S 10TH STREET
PHILADELPHIA PA 19147
215-829-7550
PLODKOWSKI, RAYMOND A ST
2 BRIARWOOD LN
BROOKSIDE NJ 07926
PLUMB, MD, JAMES D FP
1015 WALNUT ST STE 410
PHILADELPHIA PA 19107-5005
215-955-8363
PO, MD, CHRISTOPHER L IM
8201 HENRY AVE APT K7
PHILADELPHIA PA 19128-2223
215-456-7890
POBER, MD, NEIL J ST
1916 HUNTINGTON DR
CHERRY HILL NJ 08003
PODELL, MD, MORRIS J FP
2401 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-3061
POJE, MD, CHRISTOPHER P OTO
2101 CHESTNUT ST APT 303
PHILADELPHIA PA 19103-3108
215-662-2542
POLAKOFF II, MD, PEDRO NS
1010 FOX CHASE RD
PHILADELPHIA PA 19111-1609
215-379-2600
POLAN, MD, SIMON P
286 N HIGHLAND AVE
MERION STATION PA 19066-1706
215-664-0299
POLIN, MD, EDWARD B IM
7810 OLD YORK RD
ELKINS PARK PA 19117-2509
215-548-6494
POLIN, MD, RICHARD A NPM
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2181
POLISHOOK, MD, ROBERT D P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2062
POLISTINA, MD, DEAN C GS
600 W HARVEY ST APT A-1215
PHILADELPHIA PA 19144-4301
POLK, MD, LEWIS D GPM
226 W RITTENHOUSE SQ APT 1708
PHILADELPHIA PA 19103-5748
215-345-3320
POLL, MD, DAVID S CD
PENNA HOSP
PHILADELPHIA PA 19107-5701
215-829-5064
POLLACK, MD, DEBRA A N
812 LOMBARD ST APT 26
PHILADELPHIA PA 19147
215-829-7550
POLLACK, MD, HOWARD M R
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
POLLOCK, MD, JEFFREY L D
8033 CASTOR AVE
PHILADELPHIA PA 19152-2733
215-364-2900
POMERANCE, MD, JAY F HS
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141-3098
215-456-6051
POMERANTZ, MD, JOEL D IM
7300 GERMANTOWN AVE
PHILADELPHIA PA 19119-1725
215-242-3912
PONCZ, MD, MORTIMER HEM
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3574
POON, MD, MARIO J CD
3901 CONSHOHOCKEN AVE APT 821
PHILADELPHIA PA 19131-5430
215-427-6212
POPE, DO, RONALD L P
99 LAUREL LN
LANSDALE PA 19446-3214
POPKY, MD, GEORGE L * DR
8801 CREFELD ST
PHILADELPHIA PA 19118-3603

POPORAD, MD, GEORGE A ID
6100 ROOSEVELT BLVD STE 103
PHILADELPHIA PA 19152-2911
215-335-1313
PORITSKY, MD, SUSAN P
111 N 49TH ST
PHILADELPHIA PA 19139-2716
215-471-2413
PORRECA, MD, GEORGE A OBG
16 N MORGAN AVE
HAVERTOWN PA 19083-4901
PORTER, MD, MARY M CLP
350 WALNUT AVE
WAYNE PA 19087-3624
PORTNER, MD, JAY H GS
60 TOWNSHIP LINE RD
PHILADELPHIA PA 19117-2249
215-379-4600
PORTNER, MD, JEFF H FP
601B MCNAIR LN
ATLANTA GA 30310-5108
404-752-3027
PORTNOY, MD, LARRY NEAL FP
184 GLENIFFER HILL RD
RICHBORO PA 18954-1367
215-743-2573
POST, ALISON B ST
117 N 15TH ST #404
PHILADELPHIA PA 19102
POTH, ROBERT A ST
5040 CITY LIN AVE #B-10
PHILADELPHIA PA 19131
POTOCHNY, JOHN D ST
1000 WALNUT ST APT 904
PHILADELPHIA PA 19107-5536
POTSIC, MD, WILLIAM P OTO
1 CHILDRENS CTR
PHILADELPHIA PA 19104-4385
215-590-3450
POTTASH, MD, RUBEN R P
1205 WYNGATE RD
WYNNEWOOD PA 19096-2426
215-842-8447
POWELL JR, DO, THOMAS F * EM
1407 CLEMENTS RD
PHILADELPHIA PA 19095-2303
215-787-2120
POWERS, MD, ROBIN E IM
1008 SPRUCE ST APT 1F
PHILADELPHIA PA 19107-6076
PRADELL, MD, LAWRENCE PD
ERIE AVE & FRONT ST
PHILADELPHIA PA 19134
215-427-5000
PREHATNY, MD, JOHN R GS
402 PENN RD
WYNNEWOOD PA 19096-1611
PREMAZA-MUELLER, DO,
ALICE R NEP
7210 OXFORD AVE APT 5-G
PHILADELPHIA PA 19111-4061
215-871-1000
PRESSMAN, MD, DEBORAH M IM
HENRY AVE & CATHEDRAL RD
PHILADELPHIA PA 19128
215-487-0900
PRESSMAN, MD, ROBERT S * IM
2401 PA AVE APT 2C4
PHILADELPHIA PA 19130-3061
215-232-9272
PREUCEL, MD, ROBERT W OBG
UNIVERSITY HOSP
PHILADELPHIA PA 19104-4274
215-386-9090
PRIANO, STEVEN V ST
1825 SPRING GARDEN ST
PHILADELPHIA PA 19130-3916
PRIBITKIN, MD, EDMUND HNS
909 WALNUT ST 3RD FLR
PHILADELPHIA PA 19107
215-955-6784
PRICE, MD, RAPHAEL I PS
PO BOX 57015
PHILADELPHIA PA 19111-7015
PRICE JR, MD, HENRY L AN
510 LYNMERE RD
BRYN MAWR PA 19010-3638
PRIESTLEY, MD, MARGARET A PD
4000 PRESIDENTIAL BLVD #1610
PHILADELPHIA PA 19131-1725
215-590-1000
PROCACCI, MD, PASQUALE M CD
1703 S BROAD ST STE 300
PHILADELPHIA PA 19148-1505
215-463-5333
PROCTOR, MD, MARGARET S ST
43 WOODSIDE DR
GREENVILLE DE 19807-1245
PROMISH, MD, DAVID S AN
1901 JF KENNEDY BLVD APT 2201
PHILADELPHIA PA 19103
PROMISLOFF, DO, ROBERT A PUD
1001 CITY LINE AVENUE WB113
WYNNEWOOD PA 19096
215-896-0280
PUCK, MD, JENNIFER M IG
CHILDRENS HOSP
PHILADELPHIA PA 19104
PUDPUD, DO, ABIGAIL PD
625 LOMBARD ST
PHILADELPHIA PA 19147-1416

PUGH, MD, JAMES E CD
3600 PARK RD
CHARLOTTE NC 28209-4102
215-626-7800
PUGLISI, MD, ANTHONY S ORS
7201 RISING SUN AVE
PHILADELPHIA PA 19111-3926
215-742-6303
PUGLISI, MD, VINCENT GP
3900 GALT OCEAN DR APT 2718
FORT LAUDERDALE FL 33308
PULLEN, DO, CARL R FP
5922 GREENE ST
PHILADELPHIA PA 19144
PUPPALA, SHAYM ST
1110 OLDE HICKORY RD
LANCASTER PA 17601-4938
PURCELL, SUSAN M ST
1100 SPRUCE ST APT 3-D
PHILADELPHIA PA 19107
PURTILL, JAMES J ST
6411 DREXEL RD
PHILADELPHIA PA 19151-2402
PUTNAM, MD, MARK A P
5015 NEWHALL ST
PHILADELPHIA PA 19144-4109
215-471-2311
PUTNAM, MD, RICHARD C * ON
787 N VALLEY FORGE RD
DEVON PA 19333-1243
215-642-6545
PYFER, MARK F ST
UNIV OF PA
PHILADELPHIA PA 19104
QUALEY, MD, DEBORAH A ST
37 CHELFIELD RD
GLENSIDE PA 19038-1401
QUALLS, MD, DONALD M * ORS
218 LANKENAU MED BLDG
WYNNEWOOD PA 19096
215-649-7590
QUICK, MATTHEW B ST
919 CLINTON ST
PHILADELPHIA PA 19107-6109
QUINN, MD, GRAHAM E OPH
PHILADELPHIA PA 19104
QUINTANILLA, MD, ARTHUR PD
268 KATIE DR
FEASTERVILLE PA 19053-7334
215-672-7272
RABER, MD, IRVING M OPH
LANKENAU MED BLDG STE 156
WYNNEWOOD PA 19096
215-699-7000
RABINOVICI, MD, REUVEN GS
406 HOLL LN
WYNNEWOOD PA 19096
215-955-4138
RABINOWITZ, MD, HOWARD K PD
26 LIBERTY LN
CHERRY HILL NJ 08002-1638
215-955-7418
RABSON, MD, MOSES ORS
1133 ASHBOURNE RD
CHELTENHAM PA 19012-1106
RACE, BETSY G ST
2710 W COUNTRY CLUB RD
PHILADELPHIA PA 19131-2813
RACKOW, MD, LAWRENCE L A
BEAVER HILL APT B-28
JENKINTOWN PA 19046
RAD, BABAK N ST
400 W HORTTER ST #408
PHILADELPHIA PA 19119-3640
RADBILL, MD, SIDNEY G OPH
41 CONSHOHOCKEN STATE RD
BALA CYNWYD PA 19004-2426
RADECKI, MD, PAULA J OBG
750 LEWIS LN
AMBLER PA 19002-5144
215-662-7840
RADON, PAULA A ST
3120 SCHOOL HOUSE LN
PHILADELPHIA PA 19144
RAFEI, KEYVAN ST
5450 WISSAHICKON AVE APT 812A
PHILADELPHIA PA 19144
RAFFENSPERGER, MD, BRUCE GYN
717 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2111
215-233-3331
RAFFERTY, DO, MICHAEL F FP
101 MORELAND RD
HUNTINGDON VALLEY P 19006-7944
215-464-9000
RAGONESI, MD, SUSAN B * PD
101 CLYMER CT
PHILADELPHIA PA 19147
215-755-4640
RAHMAN, MD, MAHBOOB U IM
2343 CHIPMUNK LN
CLIFTON HEIGHTS PA 19018-4505
RAINES, MD, HERBERT S GP
6897 N 19TH ST
PHILADELPHIA PA 19126-1534
RAINES, MD, JONATHAN M P
PO BOX 470
GLADWYNE PA 19035-0470
215-649-8717
RAIS-DANA, MD, JALAL P
26 VALLEY RD APT 3
DREXEL HILL PA 19026-5416

RAJA, MD, GEETA IM
8900 CITY AVE APT C1215
PHILADELPHIA PA 19131
RAJASEKHARA, PADMA ST
3634 HAYWOOD ST
PHILADELPHIA PA 19129-1531
RAJASENAN, KIRAN K ST
117 N 15TH ST APT 806
PHILADELPHIA PA 19102-1518
RAKINIC, MD, JAN CRS
604 S WASHINGTON SQ APT 703
PHILADELPHIA PA 19106-4115
215-923-5010
RALPH, MD, NATHAN PUD
7400 ANNAPOLIS LN
PARKLAND FL 33067-1634
305-755-2477
RALSTON, MD, EDGAR L ORS
3300 DARBY RD APT 3315
HAVERFORD PA 19041-1070
RAM, MD, NAND * IM
22 ASHBROOKE DR
VOORHEES NJ 08043-2817
215-787-2000
RAMACIOTTI, MD, CLAUDIO PDC
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1792
RAMAN, MD, JAYALAXMI PD
900 RONNIE CIR
PHILADELPHIA PA 19128-1045
215-848-0888
RANA, MD, ASHISH V IM
834 CHESTNUT ST APT 1704
PHILADELPHIA PA 19107-5149
RAND, MD, CYNTHIA H PD
2106 GREEN ST
PHILADELPHIA PA 19130-3111
215-590-1000
RANDALL, MD, JOHN L FP
1015 WALNUT ST RM 401
PHILADELPHIA PA 19107-5005
215-955-7272
RANDALL, MD, PETER * PS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2042
RANIERI, DO, JOSEPH N IM
2234 S CHADWICK ST
PHILADELPHIA PA 19064
RANIERI, MD, TITO A GS
2320 S BROAD ST
PHILADELPHIA PA 19145-4417
215-462-7373
RAO, MD, VIJAY M DR
132 S 10TH ST
PHILADELPHIA PA 19107
215-955-4804
RAPHAELY, MD, RUSSELL C * AN
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1872
RASCOE JR, MD, ROBERT R OBG
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-386-9090
RASEFSKE, JASON P ST
3420 SUNNYSIDE AVE
PHILADELPHIA PA 19129-1433
RASHKIS, MD, HAROLD A P
10 CONSHOHOCKEN STATE RD
GLADWYNE PA 19035-1328
215-649-2511
RASLEAR HENDRICKSON, MD, MARIA A ST
220 WINDSOR CT
GLEN MILLS PA 19342
RATCLIFFE, MD, MARK B TS
3400 SPRUCE ST
PHILADELPHIA PA 19104
215-662-7364
RATNER, MD, ERIC R AN
111 S 11TH ST STE 66460
PHILADELPHIA PA 19107
215-855-6161
RAVANDOOST, MD, PARVANEH FP
220 E MERMAID LN APT 118
PHILADELPHIA PA 19118-3207
215-844-1020
RAVETZ, DO, ROBERT S * P
1919 CHESTNUT ST APT 924
PHIALDELPHIA PA 19103-3414
215-831-4701
RAVIOLA, MD, CAROL ANN VS
301 S 8TH ST STE 2-A
PHILADELPHIA PA 19106-4014
215-829-6520
RAWDIN, DAVID E ST
763 N 27TH ST
PHILADELPHIA PA 19130-2412
RAY, ANDREA O ST
221 S 12TH ST APT 613-S
PHILADELPHIA PA 19107-5556
RAY, MD, TARUN K * END
609 ASHBOURNE RD
ELKINS PARK PA 19117-2518
215-221-3560
RAYBECK-DE VLIEGER, KELLI J ST
5219 RIDGE AVE
PHILADELPHIA PA 19128
RAYNER, MD, MARK E GS
2407 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4402
215-739-2121

RAZDAN, MD, BHARTI NPM
100 FULMER DR
VOORHEES NJ 08043
215-590-1650
READ, MD, FRANK P
604 S WASHINGTON SQ #1208
PHILADELPHIA PA 19106
215-458-7890
REBBECCHI, MD, THOMAS A EM
4410 ABERDEEN DR
MT LAUREL NJ 08054-5609
REDDY, MANOJ S ST
950 WALNUT ST APT 801
PHILADELPHIA PA 19107
REED, MD, CRYSTAL D TR
3826 SHARP ST
PHILADELPHIA PA 19127-1616
REED, MD, KRISTYN M IM
217 E SEDGWICK ST
PHILADELPHIA PA 19119-1807
REEDY, MD, BRIAN K GS
4521 LARCHWOOD AVE
PHILADELPHIA PA 19143-2105
215-662-4000
REEKIE, MD, TIMOTHY G * FP
1811 BETHLEHEM PIKE STE 235
FLOURTOWN PA 19031-1111
215-233-2006
REES, MD, CHRISTOPHER J IM
1700 PINE STREET
PHILADELPHIA PA 19103
215-829-3000
REEVE, AMANDA D ST
1 VIRGINIA AVE
WESTMONT NJ 08108
REGINATO, ANTHONY M ST
437 CHURCHILL DR
BERWYN PA 19312-1103
REICH, MD, JEFFREY D GS
4000 PRESIDENTIAL BLVD #1811
PHILADELPHIA PA 19131
REID-ARTIST, MD, JACINTH M IM
3120 W SCHOOL HOUSE LN #FB10
PHILADELPHIA PA 19144-5444
REILLY, MD, THOMAS M ORS
1100 S BROAD ST APT 513A
PHILADELPHIA PA 19146-5024
215-662-4000
REINACH, MD, ALAN J ST
159 N 3RD ST APT 3 S
PHILADELPHIA PA 19106
REINECKE, MD, ROBERT D * OPH
WILLS EYE HOSP
PHILADELPHIA PA 19107
215-928-3149
REINHARD, MD, DAVID L PM
4040 PRESIDENTIAL BLVD #2003
PHILADELPHIA PA 19131-1728
215-456-9900
REINPRECHT, MD, JAMES T IM
6190 RISING SUN AVE
PHILADELPHIA PA 19111-6011
215-725-8114
REIS, MD, GREGG J CD
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-5064
REISINGER, MD, SUSAN A TR
PHILADELPHIA PA 19107
215-955-6045
REISS III, MD, G RUSSELL ST
317 S 13TH ST
PHILADELPHIA PA 19107-5917
REITANO, MD, JOHN P
1726 GREEN ST APT 2
PHILADELPHIA PA 19130-3912
215-662-3513
REITER, MD, DAVID FPS
PO BOX 770
NARBERTH PA 19072-0770
215-955-6682
REITER, GEORGE T ST
1909 GREEN ST APT 3W
PHILADELPHIA PA 19130-3206
RESNICK, MD, ALBERT B P
7784 MELLON RD
WYNCOTE PA 19095-2319
215-924-3423
RESNICK, MD, EDWARD J * ORS
TEMPLE UNIV HOSP
PHILADELPHIA PA 19140
215-221-8486
RESNICK, MD, GEORGE J CD
2236 S 20TH ST
PHILADELPHIA PA 19145-3527
RESNIK, MD, ALAN M CRS
1015 CHESTNUT ST
STE 801
PHILADELPHIA PA 19107-4306
215-923-2450
RESTREPO, MD, ADRIANA PD
142 N JUNIPER ST
PHILADELPHIA PA 19107-1921
RESURRECCION, MD, ROSARIO AN
ANAESTHESIA DEPT
PHILADELPHIA PA 19141
215-456-6850
REWARI, MONA ST
3333 BOWMAN ST
PHILADELPHIA PA 19129

REYNOSO, MD, ZORAIDA L IM
7172 MIDWAY AVE
UPPER DARBY PA 19082-4923
215-662-8000
REZAIAN, MD, MICHAEL M IM
1030 E LANCASTER AVE APT 1031
BRYN MAWR PA 19010-1447
215-448-7000
REZET, MD, BETH E PD
39TH & CHESTNUT STS STE 110
PHILADELPHIA PA 19104
215-387-0590
REZNAK, MD, STEPHEN E N
1514 WOLF ST
PHILADELPHIA PA 19145-4449
215-463-3029
RHO, MD, HELENA H PD
1666 CALLOWHILL ST APT 216
PHILADELPHIA PA 19130-4117
RHOADS, DONELLE L ST
734 FERNWOOD DR
DOUGLASSVILLE PA 19518-1516
RHOADS SR, MD, JONATHAN E GS
3400 SPRUCE ST 4TH FL
PHILADELPHIA PA 19104-4220
215-662-2006
RIBEN, MICHAEL W ST
315 S 45TH ST APT 3H
PHILADELPHIA PA 19104-4719
RICCHETTI, MD, ROBERT J PD
9140 ACADEMY RD
PHILADELPHIA PA 19114-2853
RICE, MD, GEORGE E PTH
1213 WAVERLY WALK
PHILADELPHIA PA 19147-1115
215-829-3543
RICE, MD, NATALIE M ST
872 2ND ST
WHITEHALL PA 18052
RICHARDSON, MD, DAVID W N
1008 TANNERIE RUN RD
AMBLER PA 19002-4015
215-387-3401
RICHARDSON, MD, PAUL A * DR
2007 DELANCEY PL
PHILADELPHIA PA 19103-6509
215-254-8480
RICHERTS, MD, JOSEPH L CD
7901 BUSTLETON AVE STE 200
PHILADELPHIA PA 19152-3302
215-332-4000
RICHMAN, MD, KENNETH A AN
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1407
215-893-2184
RICHMOND, MD, ALLEN C OPH
KNIGHTS AND RED LION RDS
PHILADELPHIA PA 19114
215-824-1717
RICKELS, MD, KARL PA
UNIV SCIENCE CTR STE 803
PHILADELPHIA PA 19104-2649
215-662-2841
RIDOUT III, MD, DANIEL L * GE
CHEC HOUSE CCMC ANNEX
CHESTER PA 19013
215-735-2282
RIED, MD, STEPHANIE R PD
CHILDRENS SEASHORE HOUSE
PHILADELPHIA PA 19104
RIGG, MD, L ISOBEL P
725 BEACON LN
MERION STATION PA 19066-1603
215-660-9670
RILEY, MD, JUDITH A IM
1700 CLAIR MARTIN PL
AMBLER PA 19002
215-787-9000
RILEY, PAT ST
800 SPRUCE LN
BERWYN PA 19312-1457
RINGOLD, MICHAEL A ST
8875 RIDGE AVE #58
PHILADELPHIA PA 19128
RITCHIE, MD, DAVID J R
442 WILLIAMS RD
WYNNEWOOD PA 19096-2012
RITCHIE III, MD, JOHN C P
315 N LANSDOWNE AVE
LANSDOWNE PA 19050-1017
215-259-9995
RITTER, MD, CHARLES W AN
102 PINE VALLEY DR
MEDFORD NJ 08055-9214
RITTER, MD, DEBORAH E AN
102 PINE VALLEY DR
MEDFORD NJ 08055-9214
RIVAS, MD, STEVEN IM
1 FRANKLINTOWN BLVD APT 507
PHILADELPHIA PA 19103
RIVERA, MD, JOSEPH R IM
950 WALNUT ST
PHILADELPHIA PA 19107-5564
RIVIELLO, RALPH J ST
822 THROOP ST
DUNMORE PA 18512-2526
RIZZO, MARCO ST
5608 RIDGE AVE APT 5
PHILADELPHIA PA 19128
ROBBINS, MD, INGA H OTO
3 FAIRHAVEN RD
HAVERTOWN PA 19083-5719
215-645-2000

ROBBINS, KENT C ST
4233 BROOKVIEW PL
ELKINS PARK PA 19117-2810
ROBBINS, MD, MARK S HEM
6205 ASPEN WAY
ELKINS PARK PA 19117-1517
215-468-8008
ROBBINS, MD, ROBERT TR
253 STANISH RD
MERION STATION PA 19066
ROBBINS, MD, WILLIAM S P
222 SPRINGHOUSE LN
MERION STATION PA 19066-1115
215-667-5721
ROBERTO, MD, PAUL J GS
4000 PRESIDENTIAL BLVD #1223
PHILADELPHIA PA 19131-1722
ROBERTS, MD, ANDREW B VS
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6533
ROBERTS, MD, BROOKE * GS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2025
ROBERTS, MD, JOAN M OBG
8840 GERMANTOWN AVE
CHESTNUT HILL PA 19118-2725
215-248-4166
ROBERTS, MD, JOHN M GS
234 W ALLENS LN
PHILADELPHIA PA 19119-4138
215-242-4700
ROBERTS, MD, STEVEN A OTO
2201 SAGEMORE DR
MARLTON NJ 08053-4314
215-662-8000
ROBERTSON, MD, JOHN W GS
1335-49 TABOR RD STE 109
PHILADELPHIA PA 19141
ROBERTSON-SCHEIER, CRISTY A ST
818 LEVERINGTON AVE
PHILADELPHIA PA 19128-2606
ROBINSON, MD, CLAIRE E B OBG
5301 KNOX ST
PHILADELPHIA PA 19144-6215
215-664-8725
ROBINSON, MD, FREDERICK A IM
160 FOXCATCHER LN
MEDIA PA 19063-1104
ROBINSON, MD, MURRAY D NS
1801 WALNUT ST STE 908
PHILADELPHIA PA 19102-2909
215-843-8938
ROBINSON, MD, NATHANIEL M GER
5229 SPRUCE ST
PHILADELPHIA PA 19139-4022
ROBY, MD, DAVID S * N
7500 CENTRAL AVE
PHILADELPHIA PA 19111-2431
215-725-4604
ROCCO, MD, JACK F ORS
4000 GYPSY LANE APT 726
PHILADELPHIA PA 19144
ROCCO, MD, MARTIN J * AN
6TH AND SPRUCE STS
PHILADELPHIA PA 19107
215-829-5588
ROCCO, MD, NICHOLAS J IM
2202 S BROAD ST
PHILADELPHIA PA 19145-3923
RODGERS, MD, DAVID M CD
1722 BETHLEHEM PIKE
FLOURTOWN PA 19031-1644
215-233-9700
RODGERS, MD, FLORENCE E IM
1347 ANTHONY WAYNE DR
WAYNE PA 19087-1350
RODGERS, MD, JOSEPH F IM
211 S 9TH ST STE 4187
PHILADELPHIA PA 19107-5506
215-955-6914
RODGERS, MD, TIMOTHY J * IM
958 COUNTY LINE RD
BRYN MAWR PA 19010-2502
215-527-5751
RODRIGUEZ, MD, DAISY A IM
52 W MAPLE AVE
BOUND BROOK NJ 08805-1734
908-458-1717
RODRIGUEZ, MD, GEORGE L PM
1320 RACE ST 2ND FLR
PHILADELPHIA PA 19107
215-567-3088
RODRIGUEZ, MD, RAYMOND CD
1722 BETHLEHEM PIKE
FLOURTOWN PA 19031-1644
215-247-9400
RODRIQUEZ-BROATCH, MD, CARLOS R OBG
5735 RIDGE AVE STE 105
PHILADELPHIA PA 19128
215-482-7441
ROEDDER, MD, SUSAN L EM
6306 FARMAR LN
FLOURTOWN PA 19031-1308
215-635-2410
ROESER, MD, MINDI M IM
426 FITZWATER ST
PHILADELPHIA PA 19147-3109
215-221-2000
ROGERS, MD, JAMES F GP
5300 CEDAR AVE
PHILADELPHIA PA 19143-1916

ROGERS, MD, R CLAUDE PM
161 HIGHLAND CIR
BALA CYNWYD PA 19004-2909
ROITMAN, MD, GABRIELA M PD
8201 HENRY AVE APT U18
PHILADELPHIA PA 19128-2264
ROITMAN, MD, HARRY B GYN
463 N HIGHLAND AVE
MERION STATION PA 19066-1709
ROJAS, MD, JOB F PD
628 SPRING LN
PHILADELPHIA PA 19128-1046
215-482-4760
ROLLE JR, MD, WILLIAM A US
7829 RUGBY ST
PHILADELPHIA PA 19150-2509
ROMAN, MD, LAURIAN IM
6616 WOODLAND AVE
PHILADELPHIA PA 19142-2218
215-729-2143
ROMANOFF, MD, DAVID IM
1112 HAGYSFORD RD
PENN VALLEY PA 19072
215-878-5600
ROMANOW, MD, PETER W ORS
PO BOX 55
FAIRLESS HILLS PA 19030-0055
215-945-4785
ROMY, MD, MAURICE NS
RIVERSIDE MED CTR
PHILADELPHIA PA 19103-4342
215-665-8331
RONEN, ALON ST
3502 AINSLIE ST APT 2-F
PHILADELPHIA PA 19129
RONIS, MD, MAX L OTO
3400 N BROAD ST
PHILADELPHIA PA 19140-5104
215-221-3665
ROSA, MD, RAMON A IM
GRADUATE HOSP
PHILADELPHIA PA 19146-1414
215-893-2000
ROSATO, MD, ERNEST F GS
UNIV OF PA
PHILADELPHIA PA 19104-4220
215-662-2033
ROSATO, MD, ERNEST L GS
2917 E HAVERFORD RD
ARDMORE PA 19003-1818
ROSATO, MD, FRANCIS E GS
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-8643
ROSCOE, MD, CONSTANTINE PD
229 BROOKSIDE DR
FEASTERVILLE PA 19053
215-322-9224
ROSE, CARY X ST
950 WALNUT ST #1001
PHILADELPHIA PA 19107-5596
ROSE, DOUGLAS J ST
208 S STATE RD APT 2
UPPER DARBY PA 19082
ROSE, MD, ELIZABETH K PD
KENDAL #1
KENNETT SQUARE PA 19348
ROSE, MD, HENRY S DR
1189 WATERWHEEL DR
PHILADELPHIA PA 19067-4551
215-736-9101
ROSE, MD, LESLIE I END
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-8114
ROSE, MD, LEWIS J HEM
111 S 11TH ST STE 6165
PHILADELPHIA PA 19107-4824
215-923-5676
ROSEMOND, MD, GEORGE P * GS
825 OLDE HICKORY RD APT 100
LANCASTER PA 17601-4957
ROSEN, MD, DAVID IM
2375 WOODWARD ST APT 112
PHILADELPHIA PA 19115-5121
215-876-4947
ROSEN, MD, ILENE M ST
226 W RITTENHOUSE SQ APT 814
PHILADELPHIA PA 19103
ROSEN, MD, JOSEPH H R
470 BALLYTORE RD
WYNNEWOOD PA 19096-2309
ROSEN, MD, MARC R OTO
130 TRIANON LN
VILLANOVA PA 19085-1441
215-829-5180
ROSEN, MD, MARVIN I GYN
CEDARBROOK HILL APTS B-709
WYNCOTE PA 19095
215-885-8887
ROSEN, SHARON I ST
1000 WALNUT ST APT 1204
PHILADELPHIA PA 19107
ROSENBAUM, MD, ARMAND L GS
1030 ROCK CREEK DR
WYNCOTE PA 19095-2118
215-887-3417
ROSENBAUM, MD, CARL A IM
11603 BUSTLETON AVE
PHILADELPHIA PA 19116-2513
215-464-0770
ROSENBAUM, MD, JOEL N PM
1630 FAWN LN
HUNTINGDON VLY PA 19006-7958

ROSENBAUM JR, MD, LEON IM
907 MELROSE AVENUE
PHILADELPHIA PA 19126-1906
215-424-7038
ROSENBERG, MD, HENRIETTA K PDR
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141-3098
215-456-6200
ROSENBERG, MD, HENRY AN
322 SYCAMORE AVE
MERION STATION PA 19066-1539
215-762-7962
ROSENBERG, MD, IRVING CRS
1225 FAIRY HILL RD
JENKINTOWN PA 19046-2923
215-342-0977
ROSENBERG, MD, KENNETH C * CD
111 S 11TH ST STE G6120
PHILADELPHIA PA 19107-4824
215-923-5255
ROSENBERG, MD, MANUEL IM
7500 CENTRAL AVE STE 105
PHILADELPHIA PA 19111-2434
215-742-0712
ROSENBERG, MD, MORTON * PD
8823 PATTON RD
WYNDMOOR PA 19118-1433
215-834-2336
ROSENBERG, MD, PAUL E D
1015 CORN CRIB DR
HUNTINGDON VLY PA 19006-3305
215-757-0800
ROSENBERG, MD, RANDY M N
727 WELSH RD
HUNTINDON VLY PA 19006-6357
215-947-9239
ROSENBERG, MD, ROBIN E CRS
9892 BUSTLETON AVE STE 206
PHILADELPHIA PA 19115-2184
215-673-0343
ROSENBLUM, MD, MINDY F PD
101 MAPLE AVE
BALA CYNWYD PA 19004-3016
215-668-4680
ROSENBLUM, MD, NORMAN G OBG
830 PRIMROSE LN
WYNNEWOOD PA 19096-1664
215-662-6042
ROSENOW JR, MD, EDWARD C IM
3300 DARBY RD
HAVERFORD PA 19041-1061
ROSENSTEIN, MD, NANCY E IM
260 S 9TH ST APT 3-F
PHILADELPHIA PA 19107-5748
ROSENTHAL, MD, DAVID E IM
1726 CLINTON DR
AMBLER PA 19002-2445
215-885-8550
ROSENTHAL, MD, PHILIP * NS
1550 FLAT ROCK RD
NARBERTH PA 19072-1238
ROSENWASSER, MD, ROBERT H NS
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-4067
ROSENZWEIG, MD, MAX GP
337 ROBINSON DR
BROOMALL PA 19008-3724
ROSIN, MD, DEBORAH F OTO
1720 OAKWOOD TER APT 7C
NARBERTH PA 19072-1045
215-662-2777
ROSKIN, ROBERT E ST
4621 OSAGE AVE
PHILADELPHIA PA 19143-2113
ROSKOS, STEVEN E ST
6103 N 8TH ST
PHILADELPHIA PA 19120
ROSNER, MD, ISADOR K IM
GREENHILL CONDO APT ED428
WYNNEWOOD PA 19096
ROSS, MD, DENISE H GER
1939 FAWN DR
LAVEROCK PA 19118-1229
215-473-7511
ROSS, MD, R DOUGLAS OBG
1427 VINE ST
PHILADELPHIA PA 19102-1031
215-448-1784
ROSS III, MD, ARTHUR J PDS
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2744
ROSSMAN, MD, RONALD E ON
1919 CHESTNUT ST
PHILADELPHIA PA 19103-3401
215-561-5490
ROTH, MD, JAMES L GE
567 HIDKORY LN
BERWYN PA 19312
215-222-5490
ROTH, MD, JEFFREY J GS
8201 HENRY AVE APT M2
PHILADELPHIA PA 19128-2228
ROTH, MD, JONATHAN V AN
AEMC YORK AND TABOR RDS
PHILADELPHIA PA 19141
215-456-6850
ROTH, MD, KATALIN E IM
700 SPRUCE ST
PHILADELPHIA PA 19106-4014
215-829-3521

ROTHBERG, DANIEL M ST
419 N 20TH ST
PHILADELPHIA PA 19130
ROTHKOPF, MD, BRAD M CD
6231 OLD YORK RD
PHILADELPHIA PA 19141-2014
215-924-4411
ROTHKOPF, MD, HENRY * IM
6231 OLD YORK RD
PHILADELPHIA PA 19141-2014
215-924-4411
ROTHMAN, MD, RICHARD H * ORS
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-3458
ROTHSTEIN-RUBIN, MD, RENE ON
819 CHAUNCEY RD
PENN VALLEY PA 19072-1303
215-662-5947
ROTTENBERG, DO, LOUIS GP
1631 FAWN LN
HUNTINGDON VLY PA 19006-7917
215-332-3931
ROTTMAN, DO, JOEY S OBG
401 E ONTARIO ST APT 2010
CHICAGO IL 60611
215-537-7400
ROUSE, MD, PAUL V U
96 BUCKS MEADOW LN
NEWTOWN PA 18940-1406
ROVINSKY, DAVID ST
3904 SPRUCE ST
PHILADELPHIA PA 19104-4113
ROVNO, MD, HERBERT FP
10150 TORRE AVE APT 206
CUPERTINO CA 95014-2152
ROWAN, MD, PHILIP T OTO
241 S 6TH ST APT 2205
PHILADELPHIA PA 19106-3735
ROWE, MD, LEE D OTO
2340 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4433
215-423-6670
ROWMAN, MD, LEO GP
5325 OLD YORK RD
PHILADELPHIA PA 19141-2912
ROXBY, ANDREW B ST
113 YALE AVE
SWARTHMORE PA 19081-1609
ROXBY, MD, BRUCE S IM
8416 CHIPPEWA RD
PHILADELPHIA PA 19128-1206
215-482-6682
ROY, MD, JOHN AN
1947 PRESTON AVE
WILLOW GROVE PA 19090-3026
ROY, MD, ROBERT H R
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8992
ROYER, CHRISTIAN T ST
950 WALNUT ST
PHILADELPHIA PA 19107
ROZANSKI JR, MD, LAWRENCE T CD
PEPPER PAVILLION STE 101
PHILADELPHIA PA 19146
215-893-2495
ROZWADOWSKI, JEANNE M ST
3336 AINSLIE ST
PHILADELPHIA PA 19129-1442
RUBIN, DO, CARL S DR
FRANKFORD HOSP
PHILADELPHIA PA 19114
215-934-4020
RUBIN, MD, DAVID A R
3400 SPRUCE ST DEPT DR
PHILADELPHIA PA 19104
215-662-3035
RUBIN, MD, EMANUEL PTH
1020 LOCUST ST STE 279
PHILADELPHIA PA 19107-6731
RUBIN, MD, I EDWARD OPH
255 S 17TH ST FL 1509
PHILADELPHIA PA 19103-6215
215-561-0251
RUBIN, MD, JONATHAN D DR
6100 CITY AVE APT P102
PHILADELPHIA PA 19131-1249
215-893-2041
RUBIN, MD, JOYCE R IM
1427 VINE ST
PHILADELPHIA PA 19102-1031
215-762-6950
RUBIN, MD, MICHAEL B IM
4000 GYPSY LN APT 349
PHILADELPHIA PA 19144-5525
RUBIN, MD, RICHARD M OPH
110 LINCOLN WOODS
LAFAYETTE HILL PA 19444-1125
215-221-3401
RUBIN, MD, SHARON OTO
47 PINE BLUFF CT
LAUREL SPRINGS NJ 08021-2727
RUBIN, MD, WALTER IM
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6957
RUBINSON, ERIK S ST
2217 MT VERNON ST
PHILADELPHIA PA 19130
RUDDY, MD, PATRICK J AN
628 W ELLET ST
PHILADELPHIA PA 19119

RUDICEL, MD, SALLY ORS
ALBERT EINSTEIN MED CENTER
PHILADELPHIA PA 19141-3001
215-456-6051
RUDLEY, MD, LLOYD D P
INST OF PA HOSP
PHILADELPHIA PA 19139-2718
215-471-2820
RUDNICK, MD, HERMAN D P
6806 CASTOR AVE
PHILADELPHIA PA 19149-2106
215-342-6900
RUDOLPH, MD, JOSEPH PYA
2 BALA PLAZA
BALA CYNWYD PA 19004
215-664-0670
RUDZINSKI, MD, AMY J ST
317 N BROAD #404
PHILADELPHIA PA 19107
RUFFER, MD, JAMES E TR
9032 AYRDALE CRESCENT
PHILADELPHIA PA 19128
215-662-3694
RUGART, MD, KARL F OBG
301 S 8TH ST STE 3-G
PHILADELPHIA PA 19106-4014
215-922-6234
RUGEL, MD, STANLEY J IM
337 GRIBBEL RD
WYNCOTE PA 19095-1107
215-455-1216
RUGGLES, CRAIG S ST
5555 WISSAHICKON AVE #604
PHILADELPHIA PA 19144
RUNK, MD, LORENZO G N
1514 WOLF ST
PHILADELPHIA PA 19145-4449
215-463-3029
RUSSIN, MICHAEL P ST
8201 HENRY AVE APT P-33
PHILADELPHIA PA 19128-2983
RUSSO, MD, PIERANTONIO TS
FRONT ST AND ERIE AVE
PHILADELPHIA PA 19134
215-427-5109
RUTBERG, MD, FRANKLIN L OTO
20 CONSHOHOCKEN STATE RD
BALA CYNWYD PA 19004-3335
RUTBERG, MD, MICHAEL GS
2 PENN BLVD STE 117
PHILADELPHIA PA 19144-1402
215-849-7580
RUTENBERG, MD, HAROLD L CD
700 SPRUCE ST FL 504
PHILADELPHIA PA 19106-4027
215-829-3344
RUTH, MD, COREY K * ORS
520 S 19TH ST 3RD FL
PHILADELPHIA PA 19146-1449
215-985-1772
RUTLEDGE, MD, TANYA M IM
4000 PRESIDENTIAL BLVD #1503
PHILADELPHIA PA 19131-1724
RUTSTEIN, MD, RICHARD M PD
419 MEADOW LN
MERION STATION PA 19066-1332
RUTTENBERG, MD, BERTRAM A CHP
315 BERKLEY RD
MERION STATION PA 19066-1403
215-667-4150
RUTTENBERG, DO, NORMAN F R
FRANKFORD & WAKELING STS
PHILADELPHIA PA 19124
215-934-4020
RYAN, MD, JOHN L IM
8217 ARDMORE AVE
WYNDMOOR PA 19118-2401
215-834-2556
RYAN, MD, KATHLEEN F IM
4000 PRESIDENTIAL BLVD #1101
PHILADELPHIA PA 19131-1720
215-448-7000
RYCHIK, MD, JACOB PDC
404 GARY LN
BALA CYNWYD PA 19004
SAAB, MD, ELIE M PUD
5413 QUENTIN ST
PHILADELPHIA PA 19128-2818
SAADE, ROSALMA ST
HILL CREST APTS
LANSDOWNE PA 19050-2452
SABUGO, MD, EVELYN F PD
9972 WOODFERN RD
PHILADELPHIA PA 19115-2011
215-926-1220
SACHDEVA, MD, AJIT K GS
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
SACHS, MD, MARVIN L IM
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-386-7418
SADWIN, MD, ARNOLD N
313 S 17TH ST
PHILADELPHIA PA 19103-6728
215-735-1363
SAFINA, DO, THOMAS E AN
4321 MAIN ST APT 3F
PHILADELPHIA PA 19127
SAGALOW, MD, BARRY R DR
106 BENTLEY DR
MOUNT LAUREL NJ 08054-4501
215-934-4020

SAGEMAN, MD, MARC S P
200 LOCUST ST APT 15A
PHILADELPHIA PA 19106-3916
215-662-4000
SAGER, MD, ETHEL P
18 SUTPHIN PNES
YARDLEY PA 19067-3461
SAHL, MD, HENRY G CD
266 TOMKENN ROAD
WYNNEWOOD PA 19096-3328
215-726-3700
SAINI, MD, SUNIL K PD
2201 PENNSYLVANIA AVE APT 812
PHILADELPHIA PA 19130-3518
SAITO, MD, ANA Y IM
8200 HENRY AVE APT K10
PHILADELPHIA PA 19128-2975
215-842-8957
SAITO, NAOYUKI G ST
3600 CHESTNUT ST BOX 914
PHILADELPHIA PA 19104-6106
SALAK, MD, WASYL W GS
GERMANTOWN HOSP MED OFF BLDG
PHILADELPHIA PA 19144-1402
215-849-1444
SALEH, MD, A NABIL * PTH
RR 3 BOX 360
PHILIPSBURG PA 16866-9558
814-342-6236
SALEHI, HASSAN A ST
3120 SCHOOL HOUSE LN APT FB4
PHILADELPHIA PA 19144-5433
SALES, MD, IRVING J GP
LATCHES LANE APT 302
MERION STATION PA 19066
SALES, MD, PHOENIX M OBG
2480 PRESIDENTIAL WAY APT 202
W PALM BEACH FL 33401-1354
SALKIND, MD, GENE Z * NS
1165 WRACK RD
MEADOWBROOK PA 19046
215-843-8906
SALNER, MD, NATHAN P R
13 SNOWDEN RD
BALA CYNWYD PA 19004-2632
SALTZMAN, MD, MARCUS B * OS
59 MILLSTONE LN
WILLINGBORO NJ 08046-2918
215-768-3615
SALVAGE, MD, ROBERT H AN
530 S 2ND ST APT 627
PHILADELPHIA PA 19147-2423
SALVO, MD, PAUL J GP
1830 S BROAD ST
PHILADELPHIA PA 19145-2303
215-334-2793
SALZANO, LAURA J ST
378 FOREST AVE
GLEN RIDGE NJ 07028-1908
SALZMAN, DO, GARY R GP
5945 LANSDOWNE AVE
PHILADELPHIA PA 19151-3932
215-878-4585
SAMANTA, JOHAN E ST
3407 QUEEN LN
PHILADELPHIA PA 19129-1440
SAMHOURI, MD, FAROUQ A VS
2137 WELSH ROAD STE 1C
PHILADELPHIA PA 19115
215-333-7887
SAMIMI, MD, FAROKH GS
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-448-1857
SAMLIN, MD, BARRY PTH
404 S 9TH ST APT 3 REAR
PHILADELPHIA PA 19147-1333
215-829-3547
SAMM, PAUL L ST
1919 MT VERNON ST
PHILADELPHIA PA 19130
SAMMARITANO, MD, DONNA M PD
CHILDRENS HOSP
PHILADELPHIA PA 19004
215-590-4262
SAMPATH, MD, KRISHNA PD
6044 CASTOR AVE
PHILADELPHIA PA 19149-3205
215-535-0900
SAMPATHACHAR, MD,
KAKKADASAM R AN
6366 SHERWOOD RD
PHILADELPHIA PA 19151-2518
215-237-4280
SANDEL, MD, MARY E PM
370 E GOWEN AVE
PHILADELPHIA PA 19119-1022
609-342-7600
SANDERS, MD, MELINDA E ST
950 WALNUT ST APT 415
PHILADELPHIA PA 19107
SANDERS, MD, PAUL AN
LATCHS LN & OLD LANCASTER
MERION PA 19066
SANDLER, MD, MATTHEW J OTO
530 S 2ND ST APT 636
PHILADELPHIA PA 19147-2423
215-762-7000
SANDO, MD, RALPH S OPH
100 CHURCH RD MED BLDG
ARDMORE PA 19003-2318
215-649-7616

SANDOVAL-BARRETT, JESSY C ST
815 S BOWMAN AVE
MERION STATION PA 19066-1420
SANTANGELO, MD, MARSHA F GS
336 KNOLL RD
NORRISTOWN PA 19401-2210
SANTIAGO, EDDIE W ST
1510 GREEN ST APT 2-R
PHILADELPHIA PA 19102
SANTILLI, MD, THOMAS F CD
1415 LORIMER AVE
HUNTINGDON VLY PA 19006-8111
SANTMAN, MARK ST
3600 RED LION RD #56D
PHILADELPHIA PA 19114
SANTORA, MD, THOMAS A GS
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6567
SANTORO, MD, JEROME * ID
LANKENAU MED BLDG E STE 467
WYNNEWOOD PA 19096
215-896-0210
SANTOS, ERICK M ST
BOX 111 STEMMLER HALL
PHILADELPHIA PA 19104
SANZ, DIANA L ST
325 N 15TH ST APT 1111
PHILADELPHIA PA 19102-1013
SAPONARO, MD, STEPHEN A IM
52 BLUEJAY DR
CLEMENTON NJ 08021-5625
SARAGOVI, MD, ARMAND A R
60 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2249
215-663-6069
SARIEGO, MD, JOAQUIN GS
928 CALENDONIA ST
PHILADELPHIA PA 19128
215-448-8181
SARIN, MD, LOV K OPH
LANKENAU MED STE 160
WYNNEWOOD PA 19096
215-896-0768
SARKESSIAN, DO, ALBERT M * GP
6412 RISING SUN AVE
PHILADELPHIA PA 19111-5229
215-457-7777
SARSHIK, MD, MILTON PD
527 FOXCROFT SQ APT
JENKINTOWN PA 19046
215-247-2986
SATALOFF, MD, DAHLIA M GS
34 LODGES LN
BALA CYNWYD PA 19004
215-735-4699
SATALOFF, MD, JOSEPH OTO
1721 PINE ST
PHILADELPHIA PA 19103-6701
215-545-3322
SATALOFF, MD, ROBERT T * OT
1721 PINE ST
PHILADELPHIA PA 19103-6701
215-545-3322
SATCHELL, JACQUELINE R ST
229 EDGEWOOD AVE
NEW HAVEN CT 06511-4104
SATO, MD, TAKAMI PD
64-10 DREXELBROOK DR
DREXEL HILL PA 19026
215-955-8874
SATTERLY, CLYDE H ST
3331 INDIAN QUEEN LN
PHILADELPHIA PA 19129-1519
SATZ, MD, WAYNE A EM
185 PARKER AVE APT B
PHILADELPHIA PA 19128-4443
SAUCO, MD, M CONCEPCION OBG
ANDORRA SHOPPING CTR
PHILADELPHIA PA 19128-2199
SAUEREISEN, MD, SANDRA C FP
878 N 25TH ST
PHILADELPHIA PA 19130-1834
215-955-6000
SAUL, MD, ALBERT CD
3425 MANOR RD
HUNTINGDON VLY PA 19006-4118
215-271-5300
SAUL, MD, LEON J P
275 HIGHLAND AVE
MEDIA PA 19063-2205
SAULL, MD, SONDRA C OTO
8101 FENTON RD
LAVEROCK PA 19118-1141
215-288-2102
SAVACOOL, MD, JACOB W IM
519 FORT WASHINGTON AVE
FT WASHINGTON PA 19034-1544
SAVAGE, MD, MICHAEL P CD
THOMAS JEFFERSON UNIV
PHILADELPHIA PA 19107
215-928-6478
SAVARESE, MD, RONALD P GS
700 SPRUCE ST
PHILADELPHIA PA 19106-4014
215-829-5000
SAVELLI, BRENT A ST
950 WALNUT ST APT 203
PHILADELPHIA PA 19107-5564
SAVOIA, LEE A ST
4407 PINE ST APT 2
PHILADELPHIA PA 19104-3921

SAWYER, MD, MICHAEL A J GS
121 EVAC
APO AP 96205
609-562-5879
SAYEN, MD, JOHN J CD
1127 PENN TOWER
PHILADELPHIA PA 19104-4211
215-662-2880
SCAGLINE, MD, RHONDA L ST
2884 WILLOWWOOD DR
ERIE PA 16506
SCALLY, AMY P ST
3648 TAYLOR AVE
DREXEL HILL PA 19026-2328
SCANDURA IV, JOSEPH M ST
1249 GREENTREE LN
NARBERTH PA 19072-1219
SCANLIN, MD, THOMAS F PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3749
SCARANO, MD, VICTOR R PDS
TWO COMMERCE SQ 32ND FL
PHILADELPHIA PA 19103-5637
215-568-7771
SCHAFER, MD, CHARLES H GS
2701 HOLME AVE STE 104
PHILADELPHIA PA 19152-2029
215-563-5468
SCHAFFER, MD, CHRISTOPHER J GS
7901 HENRY AVE APT D512
PHILADELPHIA PA 19128-3068
SCHAFFER, MD, DAVID B OPH
34TH AND CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-2791
SCHAFFER, MD, DAVID W AN
2601 HOLME AVE STE 201
PHILADELPHIA PA 19152-2007
215-335-6213
SCHAFFER, MD, MICHAEL A OPH
4312 MAINT ST APT 405
PHILADELPHIA PA 19127
215-662-8100
SCHAFFZIN, MD, LAWRENCE S OPH
1815 COTTMAN AVE
PHILADELPHIA PA 19111
215-722-2505
SCHAINKER, MD, BRUCE A PTH
FRANKFORD HOSP
PHILADELPHIA PA 19114
215-934-7036
SCHALET, DO, BENNETT D OTO
KORMAN SUITES
PHILADELPHIA PA 19130
SCHALLER, MD, JAMES L P
30 LINWOOD AVE
ARDMORE PA 19003-2815
SCHATANOFF, MD, JOSEPH DIA
829 SPRUCE ST
PHILADELPHIA PA 19107-5752
215-574-9550
SCHATZ, MD, NORMAN J N
200 OCEAN LANE DR APT 305
KEY BISCAYNE FL 33149-1419
215-928-3130
SCHECKER, MD, NEIL H P
203 RAWLES RUN LN
BRYN MAWR PA 19010-2109
215-471-2505
SCHEFF, MD, ALICE M NM
21 YORKTOWN CT
BLUE BELL PA 19422-2522
215-456-6267
SCHEIB, MD, LISA M IM
820 CRESCENT DR
GLENOLDEN PA 19036
215-762-7000
SCHEIDLER, MICHAEL G ST
8200 HENRY AVE APT D-7A
PHILADELPHIA PA 19128-2964
SCHEINER, ADAM J ST
3948 PINE ST APT A2
PHILADELPHIA PA 19104-4102
SCHELLENBERG, MD, JOSEPH B ST
3901 CONSHOHOCKEN AVE APT 830
PHILADELPHIA PA 19131
SCHELLHASE, KENNETH G ST
2200 BEN FRANKLIN PKY
PHILADELPHIA PA 19130-3701
SCHER, MD, CHARLES D ON
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2022
SCHERR, MD, STUART A * OTO
8020 CASTOR AVE
PHILADELPHIA PA 19152-2732
215-722-4111
SCHEUERMANN, MD, RICHARD E FP
2745 MOORE ST
PHILADELPHIA PA 19145-1713
215-468-0400
SCHIERMER, DONALD C ST
320 ROCHELLE AVE APT 24
PHILADELPHIA PA 19128
SCHIFFMAN, MD, RAYMOND J PTH
497 FERN AVE
CHERRY HILL NJ 08034-3140
215-829-3545
SCHILLER, MD, HERBERT M GP
311 HAWS LN
PHILADELPHIA PA 19118-1021
215-483-4300

SCHIMMER, MD, BARRY M RHU
818-824 PINE ST STE 1-C
PHILADELPHIA PA 19107
215-829-5358
SCHINDLER, MD, ALAN M PD
3219 W PENN ST
PHILADELPHIA PA 19129-1017
215-844-1701
SCHLAFF, MD, LILLIAN T PH
414 NEWBOLD RD
JENKINTOWN PA 19046-2851
SCHLAFF, MD, SHELDON IM
507 OAK TERR
MERION STA PA 19066
215-829-3391
SCHLEIFER, MD, CHARLES R NEP
LANKENAU HOSP
WYNNEWOOD PA 19096
215-849-1175
SCHLESINGER, MD, ROBERT B CD
1 GRADUATE PLZ STE 101
PHILADELPHIA PA 19146-1407
215-893-2655
SCHLESSEL, MD, RICHARD B CHP
7701 DORCAS ST
PHILADELPHIA PA 19111-2824
215-671-3100
SCHLEZINGER, MD, NATHAN S N
25 WASHINGTON LN APT 813
WYNCOTE PA 19095-1408
215-884-7185
SCHLICHTING, MD, CHRISTINE M AN
200 CARPENTER ST
PHILADELPHIA PA 19147-4221
215-427-5220
SCHLOSSBERG, MD, DAVID ID
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7068
SCHMIDHEISER, MARK A ST
RR 2 BOX 427-F
MULLICA HILL NJ 08062
SCHMIDT, MD, COURTLAND M OPH
154 LANKENAU MED BLDG
WYNNEWOOD PA 19096
215-849-9600
SCHMUKLER, DO, ANITA G P
1001 CITY AVE APT WB1012
WYNNEWOOD PA 19096-3942
SCHNALL, MD, BARRY PM
1350 WARNER RD
MEADOWBROOK PA 19046-2536
215-233-2810
SCHNALL, MD, CHARLES IM
1215 MANOA RD
WYNNEWOOD PA 19096-3325
215-747-2224
SCHNALL, MD, DAVID J PD
3896 PINE RD
HUNTINGDON VLY PA 19006-2306
SCHNALL, MD, NATHAN OBG
7310 CASTOR AVE
PHILADELPHIA PA 19152-4217
215-722-8880
SCHNAUFER, MD, LOUISE PDS
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2733
SCHNEEBERG, MD, ARTHUR L U
60 TOWNSHIP LINE RD RM 315
ELKINS PARK PA 19117-2249
215-379-3777
SCHNEEBERG, MD, J MYRON U
60 TOWNSHIP LINE RD RM 315
ELKINS PARK PA 19117-2249
215-379-3777
SCHNEEBERG, MD, NORMAN G END
MADISON HOUSE STE D103
PHILADELPHIA PA 19131
215-477-3300
SCHNEIDER, MD, BARBARA A K FP
1439 E PASSYUNK AVE
PHILADELPHIA PA 19147
215-755-1122
SCHNEIDER, MD, BERNARD OPH
1726 S BROAD ST STE 101
PHILADELPHIA PA 19145-2321
215-463-3400
SCHNEIDER, MD, JAN OBG
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-7183
SCHNEIDER, MD, LAWRENCE H HS
901 WALNUT ST
PHILADELPHIA PA 19107-5211
215-629-0980
SCHNEIDERMAN, MD, ROY NPM
3400 SPRUCE ST
PHILADELPHIA PA 19104
215-662-3225
SCHNEIMAN, MD, MAURICE H P
217A BENSON E
JENKINTOWN PA 19046
215-885-2424
SCHNUR, MD, RHONDA E D
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2169
SCHOFFSTALL, MD, JOHN M * EM
4 COTTONWOOD DR
GLEN MILLS PA 19342-1306
215-842-6545

SCHOLFIELD, MD, KIMBERLY R ST
10 KINSEY WAY
NEW CASTLE DE 19720
SCHONDER III, JOHN F ST
1805 PRESIDENT DR
GLENSHAW PA 15118-2150
SCHRAMM, MD, CRAIG M PDP
810 HOMESTEAD AVE
HAVERTOWN PA 19083-2638
215-590-3749
SCHREINER, MD, MARK S PD
CHILDRENS HOSP
PHILADELPHIA PA 19104-4385
215-590-1857
SCHROEDER, MD, JEROME S * DR
101 WASHINGTON LN APT M327
JENKINTOWN PA 19046-3500
215-456-7890
SCHULMAN, MD, EDWARD S PUD
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-448-8011
SCHULMAN, MD, ELLIOTT A N
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-951-8926
SCHULMAN, MD, SETH L PD
34TH AND CIVIC CENTER BLVD
PHILADELPHIA PA 19104
215-590-2449
SCHULTZ, MD, CHRISTOPHER F IM
3 STOCKTON CT
NEWTOWN PA 18940-1693
SCHULTZ, MD, JULIUS IM
7804 GAYLE RD
CHELTENHAM PA 19012-1006
215-831-0565
SCHULTZE, ROBERT L ST
7373 RIDGE AVE APT 303
PHILADELPHIA PA 19128-3235
SCHURICHT, MD, ALAN L * GS
1015 CHESTNUT ST STE 818
PHILADELPHIA PA 19107-4308
215-955-6864
SCHUSTER, MD, ALBERT H U
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-545-3672
SCHUT, MD, LUIS NS
3107 W COULTER AVE
PHILADELPHIA PA 19127
215-590-2760
SCHUTTE, MD, SHARON L GP
1900 RITTENHOUSE SQ FL 19
PHILADELPHIA PA 19103-5735
215-955-6175
SCHWAB, MD, MORTON E P
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-735-3394
SCHWAB, MD, RICHARD J PUD
1115 GAINSBORO RD
BALA CYNWYD PA 19004-2012
215-662-3200
SCHWAB, MD, ROBERT H CD
2401 PENNA AVE STE 1A2
PHILADELPHIA PA 19130-3061
215-763-2323
SCHWALB, MD, ALLEN J AN
GRADUATE HOSP
PHILADELPHIA PA 19146-1497
215-893-2187
SCHWALB, MD, NEIL S P
FRIENDS HOSP
PHILADELPHIA PA 19124
215-831-4803
SCHWARTZ, MD, ALAN J AN
1000 SHARPLESS RD
MELROSE PARK PA 19126-1818
215-842-6798
SCHWARTZ, MD, BARRY J P
214 GSB-BARCLAY BLDG
BALA CYNWYD PA 19004
215-667-6399
SCHWARTZ, MD, ELIAS PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3571
SCHWARTZ, MD, EMANUEL E DR
775 PARKES RUN LN
VILLANOVA PA 19085-1132
SCHWARTZ, MD, ERIC I ST
1755 LANKSPUR RD
CHERRY HILL NJ 08003
SCHWARTZ, MD, GORDON F ON
1015 CHESTNUT ST STE 510
PHILADELPHIA PA 19107-4305
215-627-8487
SCHWARTZ, MD, HARRY W PM
MOSS REHAB HOSP
PHILADELPHIA PA 19141-3019
215-456-9495
SCHWARTZ, MD, HOWARD P AN
12 E MAPLE AVE APT 19
MERCHANTVILLE NJ 08109-5029
215-448-7922
SCHWARTZ, MD, JEFFREY H ON
THE MEDICAL COLLEGE OF PA
PHILADELPHIA PA 19129-1121
215-842-6555

SCHWARTZ, MD, LINDEN M PM
2020 WALNUT ST 18-F
PHILADELPHIA PA 19103
215-456-9495
SCHWARTZ, MD, LOUIS GP
921 S 3RD ST
PHILADELPHIA PA 19147-4206
215-389-3131
SCHWARTZ, MD, M WILLIAM PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-682-6390
SCHWARTZ, MD, MARC L CD
9227 BURBANK RD
PHILADELPHIA PA 19115-3415
215-955-8706
SCHWARTZ, MICHAEL D ST
274-2D IVEN AVE
ST DAVIDS PA 19087
SCHWARTZ, MD, RAYMOND CD
815 OAK SHADE AVE
ELKINS PARK PA 19117-1713
215-634-5595
SCHWARTZ, MD, REUBEN B D
100 BREYER DR #2K
ELKINS PARK PA 19117-1565
215-424-7272
SCHWARTZ, MD, ROBERT P OBG
2 PENN BLVD STE 203
PHILADELPHIA PA 19144-1403
215-849-1359
SCHWARTZ, MD, STEPHEN L P
307 LAMPLIGHTER LN
HUNTINGDON VLY PA 19006-3034
215-955-6503
SCHWARTZMAN, ERIC L ST
1601 JOHN F KENNEDY BLVD
PHILADELPHIA PA 19103-1722
SCHWARTZMAN, GREGORY J ST
2762 CRAWSTON RD
PHILADELPHIA PA 19131
SCHWARZ, MD, DONALD F PD
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-2195
SCHWARZ, MD, GABRIEL A N
195 INLETS BLVD
NOKOMIS FL 34275-4113
215-699-4209
SCHWARZ, MD, LYNN-BETH GS
4000 PRESIDENTIAL BLVD #1507
PHILADELPHIA PA 19131-1724
215-842-6640
SCHWEMMER, DO, HELENE M EM
294 IVEN AVE APT 3B
ST DAVIDS PA 19087-4904
215-447-2188
SCOLA, MD, ANTHONY J DR
224 CHRISTIAN ST
PHILADELPHIA PA 19147-4217
215-456-6200
SCOLA, FILOMENA M ST
711 S SCHELL ST
PHILADELPHIA PA 19147-2035
SCOPELLITI, DEBRA ST
8201 HENRY AVE APT O-20
PHILADELPHIA PA 19128-2983
SCOTT, MD, EARL S US
982 FRAZIER RD
RYDAL PA 19046-2408
215-668-2800
SCOTT, MD, H DENMAN IM
215 SUNRISE LN
PHILADELPHIA PA 19118-3933
215-351-2830
SCOTT, MD, HENRY GP
1727 W ERIE AVE
PHILADELPHIA PA 19140-3544
SCOTT, KIRBY J ST
2565 CRUM CREEK DR
BERWYN PA 19312
SCOTTI, MD, DANIEL M DR
METHODIST HOSP
PHILADELPHIA PA 19148-3594
SCRIBNER, MD, BRENDA C P
1000 WALNUT ST APT 1705A
PHILADELPHIA PA 19107-5518
SEDACCA, MD, PAUL J * IM
2300 S BROAD ST
PHILADELPHIA PA 19145-4417
215-463-2100
SEGAL, MD, BERNARD L CDS
PHILA CARDIOLOGY ASSOC
PHILADELPHIA PA 19104
215-662-5050
SEGAL, MD, SCOTT IM
2025 LONGSHORE AVE
PHILADELPHIA PA 19149-1818
215-526-3000
SEGAL, MD, STANTON IM
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3372
SEID, DERICE P ST
218 ST MARKS SQ
PHILADELPHIA PA 19104-3517
SEINIGE, MD, URSULA L GS
19TH AND LOMBARD STS STE 901
PHILADELPHIA PA 19146
215-735-4699
SEITCHIK, MD, MURRAY W PS
YORKTOWN COURTYARD
ELKINS PARK PA 19117
215-572-6888

SEITCHIK, MD, SCOTT H AN
257 BIRCH DR
LAFAYETTE HILL PA 19444-2103
SEITZ JR, MD, HORACE M OBG
214 AIRDALE RD
ROSEMONT PA 19010-1645
215-662-3244
SEKERES, MIKKAEL A ST
1512 SPRUCE ST BOX 176
PHILADELPHIA PA 19102
SEKULA-PERLMAN, MD, ADRIENNE PTH
2516 PINE ST
PHILADELPHIA PA 19103-6421
215-823-7474
SELBST, MD, STEVEN M PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1944
SELBY, RACHEL M ST
3352 VAUX ST
PHILADELPHIA PA 19129
SELCER, MD, UZI M PD
647 HERMITAGE ST
PHILADELPHIA PA 19128-2605
215-456-7890
SELICKMAN, MD, MITCHELL A GER
3020 SUMMERVILLE APT 1004
PHILADELPHIA PA 19141
SELIG, MD, ROBERT M PD
ANDORRA PEDIATRICS
PHILADELPHIA PA 19128-2028
215-483-8558
SELINGO, MD, JAMIE A IM
834 CHESTNUT ST APT 1115
PHILADELPHIA PA 19107-5143
SELLERS, MD, ALFRED M CD
716 ARLINGTON RD
NARBERTH PA 19072-1503
215-662-2883
SELTZER, MD, JOSEPH L AN
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-928-7182
SELTZER, MD, MAURICE GP
800 E CATHEDRAL RD APT I-304
PHILADELPHIA PA 19128-1933
SEMBROT, MD, WILLIAM B IM
921 PLYMOUTH RD
NORRISTOWN PA 19401-2527
215-482-8275
SEMPOWSKI, DO, TIMOTHY J AN
408 W WALNUT ST
NORTH WALES PA 19456
SENGSTAKEN, MD, ELIZABETH A FP
1015 WALNUT ST STE 401
PHILADELPHIA PA 19107-5099
215-955-7272
SERBER, MD, WILLIAM TR
7301 COVENTRY RD APT 407
MELROSE PARK PA 19126
215-278-2510
SERRANO, MD, ALBERTO C P
PHILA CHILD GUIDANCE CTR
PHILADELPHIA PA 19104-4322
215-243-2830
SETH, MD, RAJENDRA N CD
820 HILTON LN
PHILADELPHIA PA 19117-1210
215-831-7000
SETZENFAND, ROY A ST
2101 CHESTNUT ST APT 1523
PHILADELPHIA PA 19103
SEY, MD, MARK J PD
6608 CASTOR AVE
PHILADELPHIA PA 19149
215-342-7711
SEYEDZADEH, MICHELLE ST
8201 HENRY AVE APT P-5
PHILADELPHIA PA 19128
SEYMOUR, ELIZABETH M ST
1000 WALNUT ST
PHILADELPHIA PA 19107
SGRO, MD, ANTONIO FP
301 CHATHAM RD
TURNERSVILLE NJ 08012-1050
SHABLIN, BRIAN K ST
3524 PARKVIEW DR
BENSALEM PA 19020-4624
SHACKLETT, MD, DOROTHY E IM
CLARA BURK NURSING HOME APT 4
PLYMOUTH MTNG PA 19462
SHAFIA, MD, HASS IM
3401 W SCHOOL HOUSE LN
PHILADELPHIA PA 19144-5419
215-438-0104
SHAH, ASIT K ST
1317 TANGLEWOOD DR
NORTH WALES PA 19454
SHAH, HIREN M ST
2020 WALNUT ST APT 18-A
PHILADELPHIA PA 19103
SHAH, MD, JITENDRA N PD
7519 TORRESDALE AVE
PHILADELPHIA PA 19136-3335
215-335-2220
SHAH, MD, MAHENDRA C IM
206 PEEL RD
LANGHORNE PA 19047
215-423-2461
SHAH, MD, SHAILEN R AI
1426 EDGEVALE RD
WYNNEWOOD PA 19096-3808
215-955-6504

SHAH, SUSIE S ST
307 GREEN RIDGE DR
DU BOIS PA 15801-2337
SHANAHAN, MD, J RUSH RHU
RR 2 BOX 73B
HONEYBROOK PA 19344
SHANLEY, MD, THOMAS P PD
88 STURBRIDGE DR
SICKLERVILLE NJ 08081-9605
215-232-6954
SHAPIRO, MD, BARBARA S PD
333 EXETER RD
DEVON PA 19333
215-590-3746
SHAPIRO, MD, BERNARD * NM
AEMC
5501 OLD YORK RD
PHILADELPHIA PA 19141
215-456-6260
SHAPIRO, ERIC D ST
143 SOCIETY PARK CT
EMMAUS PA 18049
SHAPIRO, MD, LEONARD H OBG
117 S 17TH ST 10TH FL
PHILADELPHIA PA 19103-5114
215-561-1224
SHAPIRO, NATHAN I ST
8201 HENRY AVE #P-16
PHILADELPHIA PA 19128
SHAPREN, KRISTEN M ST
8201 HENRY AVE APT O-20
PHILADELPHIA PA 19128-2983
SHARE, LISA J ST
7955 ALGON AVE 1ST FL
PHILADELPHIA PA 19111
SHARIFF, MD, HAJI M VS
333 N OXFORD VALLEY RD
FAIRLESS HILLS PA 19030-2605
215-843-5166
SHARIFF, YASMEEN K ST
3120 W SCHOOL HOUSE LN
PHILADELPHIA PA 19144-5444
SHARIFI-AZAD, MD, SAID AN
52 DOWNING ST
CHERRY HILL NJ 08003-1519
215-955-6161
SHARKEY JR, MD, SEAN J AN
7925 RIDGE AVE APT 9
PHILADELPHIA PA 19128-3012
215-955-6161
SHARPS, MD, FRANK GP
930 MONTGOMERY AVE APT 106
ROSEMONT PA 19010-3037
SHASHIKUMAR, MD, V L PDS
727 WELSH RD STE 102
HUNTINGDON VLY PA 19006-6357
215-938-8838
SHAW, MD, KATHY N PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1944
SHAWALUK, MD, PAUL D * OPH
6751 AKRON ST
PHILADELPHIA PA 19149-2329
SHEA, MD, FRANCIS J DR
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
SHECTER, DO, FREDRIC M CHP
245 OLD LANCASTER AVE
BALA CYNWYD PA 19004-2932
215-667-4888
SHEETS, MD, EVERETT O FP
3158 COTTMAN AVE
PHILADELPHIA PA 19149-1501
215-338-6381
SHEINBAUM, MD, ROY J AN
111 S 11TH ST STE 524 MAIN
PHILADELPHIA PA 19107-5092
215-955-616
SHELANSKI, MD, SHARON L AI
710 MILL CREEK RD
GLADWYNE PA 19035-1521
SHELTON, MD, BARBARA PM
2 INDEPENDENCE PL STE 2101
PHILADELPHIA PA 19106-3756
215-625-0600
SHENKIN, MD, HENRY A NS
3300 DARBY RD
HAVERFORD PA 19041-1069
SHEPPS, CRAIG D ST
834 CHESTNUT ST #1626
PHILADELPHIA PA 19107
SHER, MD, LIANE PM
6 FRANKLIN PLZ
PHILADELPHIA PA 19102
SHER, MD, PAUL B IM
401 E MAIN ST
MILLVILLE NJ 08332-5355
609-825-5700
SHER, PETER M ST
HATHAWAY HOUSE APT 1104
PHILADELPHIA PA 19144-4425
SHER, MD, SCOTT A AN
8502 ALICIA ST 1ST FL
PHILADELPHIA PA 19111
SHERBOTIE, MD, JOSEPH R NEP
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2449
SHERK, MARY H ST
824 SPRUCE ST
PHILADELPHIA PA 19106

SHERMAN, MD, ANTHONY IM
700 SPRUCE ST
PHILADELPHIA PA 19106-4027
215-829-6767
SHERMAN, CAROLYN E ST
2108 GREEN ST
PHILADELPHIA PA 19130-3111
SHERMAN, MD, M JACKSON OTO
100 S BERKLEY SQ APT 10 G
ATLANTIC CITY NJ 08401
SHERWIN, MD, ROBERTA IM
301 THIRD ST AT WEST AVE
OCEAN CITY NJ 08226
609-399-6055
SHIELDS, MD, JERRY A OPH
9TH AND WALNUT STS
PHILADELPHIA PA 19107
215-928-3105
SHIENBAUM, ALAN J ST
191 PRESIDENTIAL BLVD #615
BALA CYNWYD PA 19004
SHILLING, JACK W ST
2035 MT VERNON ST
PHILADELPHIA PA 19130-3235
SHINNICK, DO, JAMES P PUD
PRESBYTERIAN MED CTR
PHILADELPHIA PA 19104-2692
215-662-8060
SHIU, TRUDI ST
1000 WALNUT ST APT 1708
PHILADELPHIA PA 19107-5521
SHLOMCHIK, MD, MARK J PTH
413 S 12TH ST
PHILADELPHIA PA 19147-1144
215-662-6523
SHOCKMAN, MD, JOEL US
6810 CASTOR AVE
PHILADELPHIA PA 19149-2106
215-745-5581
SHOEMAKER, MD, LARRY D FP
FRANKFORD HOSP
PHILADELPHIA PA 19114-1436
215-934-4110
SHORE, MD, SEYMOUR M IM
BENJ FOX PAVILION STE 823B
JENKINTOWN PA 19046
215-886-1311
SHOTWELL, MD, BARBARA A GS
1032 SPRUCE ST APT 322
PHILADELPHIA PA 19107-6009
215-955-6864
SHOURAIE, MD, ZARRIN PD
9323 LARAMIE RD
PHILADELPHIA PA 19115-2736
215-339-5100
SHOYER, DARREN C ST
1000 WALNUT ST APT 1501
PHILADELPHIA PA 19107-5521
SHRAGER, MD, MORTON W IM
845 HUNT RD
NEWTOWN SQUARE PA 19073-3505
215-829-7004
SHUBIN, MD, HARRY * IM
1829 PINE ST
PHILADELPHIA PA 19103-6601
215-546-6224
SHULKIN, MD, DAVID J IM
944 MERION SQUARE RD
GLADWYNE PA 19035-1510
215-662-2271
SHULMAN, MD, JOHN F IM
1440 MCKEAN ST
PHILADELPHIA PA 19145-2308
215-893-3312
SHUMAN, MD, CHARLES R DIA
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-3563
SHUMAN, MD, SANDRA J N
5 W HAMPTON RD
PHILADELPHIA PA 19118-3610
215-222-6583
SHURMAN, BRETT D ST
3614 BARING ST
PHILADELPHIA PA 19104-2333
SHUSTER, MD, EUGENE OBG
2601 HOLME AVE
PHILADELPHIA PA 19152-2007
215-427-9750
SHUSTERMAN, MD, NEIL H NEP
451 BALLYTORE RD
WYNNEWOOD PA 19096
215-832-3074
SHUTACK, DO, JOHN G AN
11 COURTNEY CIR
BRYN MAWR PA 19010-3704
215-448-7960
SHUTACK, JOHN M ST
8201 HENRY AVE APT T-5
PHILADELPHIA PA 19128-2983
SHYAMALAN, MD, JAYALAKSHMI OBG
132 OLD GULPH RD
WYNNEWOOD PA 19096-1017
SHYAMALAN, MD, NELLIATE C IM
132 OLD GULPH RD
WYNNEWOOD PA 19096-1017
215-425-2525
SIAM, MD, NABIL A P
2991 SCHOOL HOUSE LN APT 032W
PHILADELPHIA PA 19144
SIDDIQI, MD, TARIQ NS
W JERSEY AND PROF PLZ
VOORHEES NJ 08043-4520
609-751-6600

SIDOR, MD, CAROLYN F HEM
LANKENAU HOSP
WYNNEWOOD PA 19096-3496
215-645-2667
SIEGEL, MD, BERNARD OBG
500 OLD YORK RD STE 201
JENKINTOWN PA 19046-2852
215-885-5600
SIEGEL, MD, PAUL D IM
1104 GAINSBORO RD
BALA CYNWYD PA 19004-2013
215-879-0322
SIEGEL, MD, SEYMOUR IM
201 OLD YORK RD STE 205
JENKINTOWN PA 19046-3200
215-885-6767
SIEGFRIED, MD, JAY W PM
296 STONEGATE DR
DEVON PA 19333-1857
215-645-2210
SIEGLER, MD, PETER E A
3837 RED LION RD
PHILADELPHIA PA 19114-1402
215-824-2995
SIEMS, LAURA J ST
3425 TILDEN ST
PHILADELPHIA PA 19129-1434
SIERZENSKI, PAUL R ST
9323 ANDOVER RD
PHILADELPHIA PA 19114-3501
SIGLER, MD, MILES H NEP
416 HAYWOOD RD
MERION STATION PA 19066-1209
SIKORSKI, CYNTHIA S ST
331 BEVERLY BLVD
UPPER DARBY PA 19082
SILBER, MD, JEFFREY H PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2540
SILBERGLEIT, MD, ROBERT EM
MEDICAL COLLEGE HOSP
PHILADELPHIA PA 19129-1191
SILBERMAN, MD, HARVEY D OTO
158 SERRILL RD
ELKINS PARK PA 19117-1817
215-663-1121
SILBERMAN, MD, IRA R
205 N LATCHES LN
MERION STATION PA 19066-1726
SILBERSTEIN, MD, MARSHA M AN
417 SPRUCE ST
PHILADELPHIA PA 19106-3708
SILBERSTEIN, MD, STEPHEN D N
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-843-5070
SILER, MD, JANET N AN
HAHNEMANN UNIV HOSP MS 310
PHILADELPHIA PA 19102-1176
215-782-7962
SILIQUINI, MD, JOHN J OPH
2818 COTTMAN AVE
PHILADELPHIA PA 19149-1419
215-331-4141
SILK, MD, RAYMOND E GS
255 S 17TH ST FL 705
PHILADELPHIA PA 19103-6207
SILVER, MD, BERNICE S GP
127 IRONWOOD RD
LEVITTOWN PA 19057-2751
717-945-4429
SILVER, DO, DAVID M IM
6100 CITY AVE
PHILADELPHIA PA 19131-1239
215-448-7000
SILVER, MD, FRANK OS
2031 MCDANIEL ST
STE 210
NORTH LAS VEGAS VA 89030-7165
SILVER, MD, HARRIS S OTO
64 VAN BUREN RD APT 7
VOORHEES NJ 08043-2341
215-955-6055
SILVER, DO, MARC R R
1612 BRITTANY DR
MAPLE GLEN PA 19002-3151
215-934-4020
SILVERBERG, MD, ALAN L ID
205 NEWTOWN RD STE 207
WARMINSTER PA 18974-5207
215-581-9666
SILVERMAN, DO, EDWARD M CDS
649 DODDS LANE
GLADWYNNE PA 19035
215-238-2130
SILVERMAN, MD, WILLIAM S GE
CEDARBROOK HILL APTS B516
WYNCOTE PA 19095
215-879-5888
SILVERSTEIN, MD, DANIEL M IM
1420 LOCUST ST APT 265
PHILADELPHIA PA 19102-4223
SILVESTRI, MD, ARCHIMEDE J GS
7500 CENTRAL AVE APT 204
PHILADELPHIA PA 19111-2437
215-728-7774
SIMAN, MD, BERNARD AN
507 HOMESTEAD AVE
HADDONFIELD NJ 08033-3023
SIMERMAN, MD, LEE PAUL R
725 LOMBARD ST
PHILADELPHIA PA 19147-1314
215-893-2027

SIMMONS, MD, JEANE R OBG
6100 CITY AVE APT 1215
PHILADELPHIA PA 19131-1245
215-842-7183
SIMON, MD, GABOR GS
60 LINCOLN AVE
COLLINGSWOOD NJ 08108-1507
215-448-8175
SIMON, JEFFREY A ST
950 WALNUT ST #429
PHILADELPHIA PA 19107
SIMON, MD, WILLIAM H ORS
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-732-1977
SIMPSON, MD, JOSEPH W OM
11 BUGLE LN
BLUE BELL PA 19422-2462
215-977-4542
SIMPSON, ZACHARY W ST
630 HAYCLOCK LN
HAVERFORD PA 19041
SINCLAIR, MD, STEPHEN H OPH
216 N BROAD ST 5TH FLR
PHILADELPHIA PA 19102-1101
215-762-7171
SINGER, MD, EDWARD S CD
60 TOWNSHIP LINE RD
ELKINS PARK PA 19117-2249
215-339-3030
SINGER, MD, FRED IM
6190 RISING SUN AVE
PHILADELPHIA PA 19111-6011
215-725-8114
SINGER, MD, IRVIN IM
6190 RISING SUN AVE
PHILADELPHIA PA 19111-6011
215-725-8114
SINGH, MD, GURCHARAN PM
6720 RISING SUN AVE
PHILADELPHIA PA 19111-4629
215-342-4777
SINGLETON, MARLYNN ST
403 HILLSIDE DR
SEWICKLEY PA 15143-9303
SINHA, MD, LINA M GS
505C S 10TH ST
PHILADELPHIA PA 19147
SINHA, MD, RAJ KAMAL ORS
505 S 10TH ST APT C
PHILADELPHIA PA 19147-1252
215-578-2000
SINK, MD, JAMES D CDS
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-9167
SINKER, MD, DALE V IM
27 FOXFIELD CT
BROAD AXE PA 19002-5225
215-924-4277
SIRKEN, DO, DAVID H N
10 DARTMOUTH RD
CHERRY HILL NJ 08034-1222
215-842-6000
SIVALINGAM, MD, ARUNAN OPH
160 LANKENAU MED BLDG EAST
WYNNEWOOD PA 19096
215-896-0768
SIVALINGAM, MD, JOCELYN F ID
821 LOMBARD ST
PHILADELPHIA PA 19147-1316
215-955-1060
SIVITZ, MD, MARTA E OPH
1726 S BROAD ST STE 101
PHILADELPHIA PA 19145-2321
215-463-3400
SKERRETT, MD, PHILIP V * PTH
4701 PINE ST
PHILADELPHIA PA 19143-1616
215-382-2400
SKLAROFF, MD, DAVID M RO
639 STETSON RD
ELKINS PARK PA 19117-2524
SKLAROFF, MD, ROBERT B * ON
MEDICAL ARTS BUILDING
ELKINS PARK PA 19117-2249
215-663-8200
SKOLNICK, MD, BRUCE A IM
66 VAN BUREN RD APT A3
VOORHEES NJ 08043-2342
215-985-8904
SKROMAK, MD, STANLEY J IM
5108 TORRESDALE AVE
PHILADELPHIA PA 19124-2220
215-232-4414
SKVERSKY, MD, NORMAN J PUD
1935 GULF OF MEXICO DR
LONGBOAT KEY FL 34228-3340
SLADKY, MD, JOHN T CHN
CHILDRENS HOSP
PHILADELPHIA PA 19104-4399
215-590-1719
SLANINA, MD, MICHAEL S PD
1080 OAK RIDGE DR
BLUE BELL PA 19422
215-342-7710
SLAP, MD, JOSEPH W P
1601 WALNUT ST FL 1312
PHILADELPHIA PA 19102-2913
215-563-8616
SLAVIN, MD, DOROTHY A IM
1719 CAMBRIDGE CIR
SOUTHAMPTON PA 18966-4407
215-842-6000

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101 WEST AVE STE 106
JENKINTOWN PA 19046-2039
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2228 S BROAD ST
PHILADELPHIA PA 19145-3923
215-467-8955
SLOANE, MD, BRUCE B U
634 FOXFIELDS RD
BRYN MAWR PA 19010
215-563-1199
SLOCHOWER, MD, DENNIS OPH
1263 CLUB HOUSE RD
GLADWYNE PA 19035-1003
215-288-5000
SMETANKA, CYNTHIA A ST
ALDEN PARK APTS APT 511-C MNR
PHILADELPHIA PA 19144
SMITH, MD, A MITCHELL CD
80 E TOWNSHIP LINE ROAD
ELKINS PARK PA 19117
215-663-1188
SMITH, MD, ARTHUR E IM
419 S 19TH ST
PHILADELPHIA PA 19146-1415
215-545-0266
SMITH, MD, ARTHUR K FP
535 PINE ST
PHILADELPHIA PA 19106-4110
215-922-5180
SMITH, MD, DAVID G IM
1200 OLD YORK RD
ABINGTON PA 19001-3788
215-576-2024
SMITH, MD, GISELE P
2005 COVENTRY LN
GLEN MILLS PA 19342-9433
SMITH, MD, KAIGHN OBG
433 LANKENAU MED BLDG
PHILADELPHIA PA 19151
215-649-5034
SMITH, MD, KAREN D L RHU
438 DERRY DR
ASTON PA 19014-1254
215-955-8430
SMITH, MD, MICHAEL F CD
1317-19 WOLF ST
PHILADELPHIA PA 19148
215-389-0700
SMITH, MD, RANDALL N ORS
12000 BUSTLETON AVE STE 206
PHILADELPHIA PA 19116
215-677-2078
SMITH, RICK D ST
220 E MERMAID LN APT 125
PHILADELPHIA PA 19118
SMITH, MD, TIMOTHY C P
25 CHELFIELD RD
GLENSIDE PA 19038
215-831-4600
SMITH IV, MD, CHRISTOPHER A PD
8100 CITY AVE APT 1008
PHILADELPHIA PA 19131-1244
SMITH JR, MD, EDGAR C GP
109 GLENN RD
ARDMORE PA 19003-2509
215-649-4044
SMITH-LEVITIN, MD, MICHELLE A OBG
2817 PARRISH ST
PHILADELPHIA PA 19130-1203
215-842-6000
SMULLEN, MD, SEAN M OTO
230 CATTELL AVE
COLLINGSWOOD NJ 08107-2311
215-662-2777
SMULLENS, MD, STANTON N * VS
111 S 11TH ST STE G6350
PHILADELPHIA PA 19107-4824
215-925-1010
SNELLING, MD, LESLEY RO
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102-1192
215-762-8410
SNOOK, MD, MARY ELLEN PD
925 ROBERTS AVE
DREXEL HILL PA 19026-4421
SNOW, MD, LAURENCE H P
846 WAVERLY RD
BRYN MAWR PA 19010-1929
215-527-0335
SNYDER, LORI S ST
1000 WALNUT ST APT 1706-A
PHILADELPHIA PA 19107-5516
SNYDER, DO, SAMUEL K NEP
LANKENAU MED BLDG WEST
WYNNEWOOD, PA 19096
215-649-1175
SNYDER, MD, STUART CD
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-448-7578
SNYDER, SUSAN L ST
3500 AINSLIE ST 1ST FL
PHILADELPHIA PA 19129
SNYDER III, MD, HOWARD MCC U
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2767
SNYDMAN, MD, LEONARD GP
7813 GAYLE RD
CHELTENHAM PA 19012-1005

SO, MD, ANTHONY D IM
8 REX AVE APT 11
PHILADELPHIA PA 19118
215-351-2844
SOBEL, MD, ADAM C IM
902 PINE ST APT 3-F
PHILADELPHIA PA 19107-6128
SOBEL, JOSEPH B ST
4040-2303 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131
SOBEL, MD, RICHARD M P
1015 CHESTNUT ST STE 818
PHILADELPHIA PA 19107-4306
215-440-7060
SOBERS-BROWN, MD, KAREN D EM
7333 BROOKHAVEN RD
PHILADELPHIA PA 19151-2206
SODEMAN, MD, WILLIAM A IM
4141 BAYSHORE BLVD APT 203
TAMPA FL 33611-1803
SODICOFF, ERIC J ST
6350 GREENE ST
PHILADELPHIA PA 19144-2520
SODOWICK, MD, BRADFORD C IM
55 N 3RD ST APT 48
PHILADELPHIA PA 19106-4508
215-662-4000
SOFFE, MD, ALVIN M CD
PEPPER PAVILION STE 1003
PHILADELPHIA PA 19146-1407
SOFFER, MD, MARVIN FP
9726 HOFF ST
PHILADELPHIA PA 19115-3213
215-464-0720
SOKALCHUK, MD, ANDREW IM
14074 ERWIN ST
PHILADELPHIA PA 19116-1041
SOKIL, MD, ALEXIS BOHDAN IM
456 ROCKLAND AVE
MERION PA 19066
215-842-6990
SOKOL, MD, MICHAEL C ST
3585 MEADOWLARK DR
HUNTINGDON VLY PA 19006-3334
SOLI, MD, SOLEIMAN M OBG
12200 ACADEMY RD
PHILADELPHIA PA 19154-2905
SOLIT, DAVID B ST
2200 BEN FRANKLIN PKY #514N
PHILADELPHIA PA 19130
SOLIT, MD, ROBERT W TS
111 S 11TH ST STE 8290
PHILADELPHIA PA 19107-4824
215-922-6460
SOLL, MD, DAVID B OPH
5001 FRANKFORD AVE
PHILADELPHIA PA 19124-2619
215-288-5000
SOLOMON, MD, BARRY A IM
1201 INDEPENDANCE PL II
PHILADELPHIA PA 19106
SOLOMON, DO, DENNIS R EM
256 MATHER RD
JENKINTOWN PA 19046-3129
SOLOMON, MD, MARK P PS
3300 HENRY AVE
PHILADELPHIA PA 19129
215-790-9100
SOLOSHAR, LESLIE B ST
2144 LOMBARD ST
PHILADELPHIA PA 19146-1217
SOLOW, MD, EDWARD A CD
7901 BUSTLETON AVE STE 200
PHILADELPHIA PA 19152-3302
215-332-4000
SOMERS, MD, DEBRA L OBG
1 INDEPENDENCE PL APT 203
PHILADELPHIA PA 19106
215-456-6200
SOMERS, MD, HERBERT J OBG
7848 OLD YORK RD STE 202
ELKINS PARK PA 19117-2541
215-635-4848
SOMERS, MD, LAURENCE A PDS
727 WELSH RD STE 102
HUNTINGDON VLY PA 19006-6357
215-938-8838
SOMERS, MD, ROBERT G GS
5401 OLD YORK RD
PHILADELPHIA PA 19141-3030
215-456-6930
SONDER, MD, HESTER M OBG
2230 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3830
215-739-9740
SONDER, MD, MAX J GP
1453 HAGYS FORD RD
NARBERTH PA 19072-1139
215-271-1444
SONG, SUNG W ST
117 N 15TH ST #905
PHILADELPHIA PA 19102
SONG, MD, YUNG-DOO IM
1829 COBDEN RD
LAVEROCK PA 19118-1219
SONNE, MD, JOHN C * PYA
443 SHADY LN
MOORESTOWN NJ 08057-2700
609-235-3558
SONNEBORN, MD, DUANE G GP
1425 BEECH AVE
PHILADELPHIA PA 19126-1103

SONTCHI, SIOBHAN L I ST
3412 BROOM PL #J-8
WILMINGTON DE 19802
SORDONI, SUSAN F ST
364 HICKORY LN
GLADWYNE PA 19035-1626
SORICELLI, MD, RHONDA L IM
102 MULBERRY LN
MEDIA PA 19063-1628
215-762-8872
SOROKIN, MD, RACHEL B IM
211 S 9TH ST STE 300
PHILADELPHIA PA 19107-5506
215-955-6180
SOSS, JASON R ST
950 WALNUT ST APT 422
PHILADELPHIA PA 19107-5564
SOSS, DO, MURRAY C GP
7800 WOODBINE AVE
PHILADELPHIA PA 19151-2721
215-877-7303
SOTIR, MD, LISA W EM
3900 CITY LINE AVE APT 1016B
PHILADELPHIA PA 19131
SOTTILE, ELISA M ST
1422 SWETLAND ST
SCRANTON PA 18504-1894
SPAETH, MD, GEORGE L OPH
9TH AND WALNUT STS
PHILADELPHIA PA 19107
215-928-3197
SPAGNOLETTI, MD, LOUIS IM
103 FORREST HILLS DR
VOORHEES NJ 08043-3915
717-826-7300
SPEARS, JULIE A ST
8119 N FRANKLIN
PHILADELPHIA PA 19120
SPECTER, MD, JANET S IM
2000 SPROUL RD
BROOMALL PA 19008-3509
215-359-1355
SPECTOR, MD, NANCY D PD
1417 EDGEVALE RD
WYNNEWOOD PA 19096
215-427-5000
SPELLER, MD, J FINTON U
245 N BROAD ST STE 302
PHILADELPHIA PA 19107-1522
SPELTS, MELINDA K ST
6436 W FROST DR
LITTLETON CO 80123-4622
SPERRAZZA, JIM C ST
1000 WALNUT ST APT 709
PHILADELPHIA PA 19107
SPIEGEL, MD, JOSEPH R OTO
1721 PINE ST
PHILADELPHIA PA 19103-6701
215-545-3322
SPIELMAN, MD, SCOTT R * CD
1650 HUNTINGDON PIKE STE 352
MEADOWBROOK PA 19046-8097
215-947-9218
SPIELVOGEL, MD, RICHARD L D
BROAD AND VINE ST
PHILADELPHIA PA 19102-1178
215-448-8252
SPIGEL, JOE J ST
6515 ALGARD ST
PHILADELPHIA PA 19135-2613
SPITZ, MD, EUGENE B NS
325 S MORTON AVE
MORTON PA 19070-2106
215-544-9680
SPITZ, MD, LAWRENCE K IM
1 FRANKLIN PLZ
PHILADELPHIA PA 19102-1225
215-569-9500
SPITZER, MD, STANLEY CD
227 N BROAD ST
PHILADELPHIA PA 19107-1511
215-564-3050
SPRANDIO, MD, JOHN D HEM
218 W CHESTNUT HILL AVE
PHILADELPHIA PA 19118-3704
SRIDHARA, MD, C R * PM
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141
215-456-7110
SRIDHARAN, MD, MALINI PD
4 DELWOOD DR
DANVILLE PA 17821-8526
215-844-1020
SROUJI, MD, MAURICE N PDS
303 PEMBREE CIR
BALA CYNWYD PA 19004-2332
STAAS JR, MD, WILLIAM E PM
MAGEE REHAB HOSP
PHILADELPHIA PA 19102-1177
215-587-3099
STACK, MD, WILLIAM T GP
900 E WESTMORELAND ST
PHILADELPHIA PA 19134-1927
215-634-2409
STAFFORD, MD, PERRY W PDS
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-4511
STALLINGS, MD, VIRGINIA A PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1664

STAMBAUGH, MICHAEL D ST
834 CHESTNUT ST #1422
PHILADELPHIA PA 19107
STANDER, MD, ERIC P EM
14 SNOWBALL CT
MT LAUREL NJ 08054-2527
STANEK, MD, MARJORIE A CD
ALBERT EINSTEIN MED CNTR
PHILADELPHIA PA 19141
215-456-7260
STANEK, MD, ROBERT OTO
RED LION & KNIGHTS RD
PHILADELPHIA PA 19114
215-288-2102
STANISLAW, MD, SCOTT R ST
311 ORANGE ST
DANVILLE PA 17821
STANLEY, MD, CHARLES A PDE
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3420
STANTON, MD, DAVID C GS
2991 SCHOOL HOUSE LN APT C33E
PHILADELPHIA PA 19144
215-662-3585
STANTON JR, MD, JOHN J GP
308 W GODFREY AVE
PHILADELPHIA PA 19120-1410
215-457-1400
STAPFER, MARIA V ST
317 N BROAD ST APT 826
PHILADELPHIA PA 19107-1019
STARR, MD, STUART E PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2017
STARRELS, MD, SIDNEY H P
7 S WYOMING AVE
VENTNOR CITY NJ 08406-2518
609-822-6357
STASSI, MD, JOHN R
223 FARWOOD RD
CARROLL PARK PA 19096-4012
STATLER, JOHN D ST
1025 SPRUCE ST
PHILADELPHIA PA 19107-6703
STAUB, MD, ALICE W IM
7301 SHELBOURNE ST
PHILADELPHIA PA 19111-3011
STAUFFER, PAUL R ST
419 W STAFFORD ST
PHILADELPHIA PA 19144
STEEL, MD, HOWARD H ORS
SHRINERS HOSP
PHILADELPHIA PA 19152-1299
215-332-4500
STEERMAN, MD, PAUL H GS
425 WINGATE RD
HUNTINGDON VLY PA 19006-8421
215-728-7774
STEFANKO, KAREN E ST
950 WALNUT ST APT 801
PHILADELPHIA PA 19107-5564
STEFANYSZYN, MD, MARY A OPH
256 LANKENAU MED BLDG EAST
PHILADELPHIA PA 19151
215-649-1970
STEFFE, MD, THOMAS J GS
4213 HELLERMAN ST
PHILADELPHIA PA 19135-2605
STEIKER, MD, DANIEL D PD
1939 W CHELTENHAM AVE
PHILADELPHIA PA 19117-1046
STEIN, ALAN D ST
405 KENNEBEC RD
CHERRY HILL NJ 08002
STEIN, MD, ANTHONY IM
317 N BROAD ST APT 806
PHILADELPHIA PA 19107-1018
STEIN, BARRY D ST
8201 HENRY AVE APT O-18
PHILADELPHIA PA 19128
STEIN, MD, FRANKLIN M * FP
9300 FRANKFORD AVE
PHILADELPHIA PA 19114-2861
215-332-6221
STEIN, MD, GEORGE N R
OAK HILL TER UNIT E319
PENN VALLEY PA 19072
215-662-8992
STEIN, MD, HYMEN D OS
HILL HOUSE APT 206
HUNTINGDON VLY PA 19006
STEIN, MD, IRVIN ORS
2066 N OCEAN BLVD
BOCA RATON FL 33431-7802
305-392-6161
STEIN, DO, JACK M IM
3247 DARBY RD
HAVERFORD PA 19041-1041
215-569-9500
STEINBERG, DAVID M ST
718 STRADONE RD
BALA CYNWYD PA 19004-2114
STEINBERG, MD, DEAN A AN
146 RED RAMBLER RD
LAFAYETTE HILL PA 19444-2109
215-952-9323
STEINBERG, MD, MARVIN E ORS
HOSP U OF P SILVERSTEIN 2
PHILADELPHIA PA 19104-4219
215-662-3340

STEINBERG, MD, NATHAN GP
744 S 2ND ST
PHILADELPHIA PA 19147-3427
STEINER, MD, ROBERT M R
129 GYPSY LN
WYNNEWOOD PA 19096
STEINFIELD, MD, PAUL H ORS
8001 ROOSEVELT BLVD 4TH FL
PHILADELPHIA PA 19152
215-969-1960
STEINGARD, MD, JOSEPH J US
33 BELLA RD
MEDFORD NJ 08055-4201
STEINMETZ III, MD, CHARLES G OPH
1500 LOCUST ST STE 2018
PHILADELPHIA PA 19102-4317
215-546-0813
STEMMLER, MD, MARGARET M PD
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1000
STENCLER, MD, KERRY A ST
1465 KINGSLEY DR
WARMINSTER PA 18974-3760
STEPPACHER, MD, LESTER G GS
220 LOCUST ST APT 25A
PHILADELPHIA PA 19106-3932
STERLING, ROBERT S ST
512 GENERAL PATTERSON DR
GLENSIDE PA 19038-3202
STERLING, SCOTT W ST
122 WALNUT DRIVE
PARKESBURG PA 19365
STERN, MD, JOHN J ID
822 PINE ST STE 3A
PHILADELPHIA PA 19107-6124
215-925-8010
STERN, MD, LILLIAN H DR
METHODIST HOSP
PHILADELPHIA PA 19148-3594
215-952-9151
STERNER, MD, DORRIT H IM
1241 JERICHO RD
ABINGTON PA 19001
STEVEN, MD, JAMES M * PD
CHILDRENS HOSP
PHILADELPHIA PA 19104-4385
215-590-1882
STEVENSON, MD, KATHLEEN M ST
2505 BUCKEYE CIR
BLUE BELL PA 19422
STEWART, MD, MICHAEL J IM
1401 LINCOLN AVE
PROSPECT PARK PA 19076-1107
215-532-4306
STIFFEL, MD, ARTHUR HS
1111 BERGAN RD
ORELAND PA 19075-2505
STIFFEL, MD, JERRY GS
GERMANTOWN HOSP
PHILADELPHIA PA 19144
STILLER, SONJA R ST
R D 1 BOX 125
WHITE HAVEN PA 18661
STINEMAN, MD, MARGARET G * PM
2647 LENAPE RD
PHILADELPHIA PA 19131-2706
215-898-6272
STOKES, MD, RANJAN R
801 ROBINSON LN
HAVERFORD PA 19041-1921
STOLOFF, MD, IRWIN L IM
111 S 11TH ST STE 4001
PHILADELPHIA PA 19107-4824
215-955-6919
STOLTZFUS, MD, BONNIE M PD
3196 IRISHTOWN RD
GORDONVILLE PA 17529-0062
215-928-6000
STONE, MD, GWEN E OTO
CLINICAL OFFICE BLDG
PHILADELPHIA PA 19107-5211
215-955-6784
STONE, MD, HRANT H AN
645 WIGARD AVE
PHILADELPHIA PA 19128-3113
STOUT, JOYCE E ST
950 WALNUT ST
PHILADELPHIA PA 19107
STOUT, DO, STACY J PM
151 PINE CREST LN
LANSDALE PA 19446
215-221-2000
STRATTON, MD, HENRY A US
1706 W DIAMOND ST
PHILADELPHIA PA 19121-2326
STRAYER, MD, DAVID R ON
HAHNEMANN UNIV
PHILADELPHIA PA 19102-1178
215-448-8026
STREISFELD, MD, NEIL T END
555 CITY LINE AVE STE 500
BALA CYNWYD PA 19004
215-667-7525
STRENGE, MD, HENRY J AN
COUNTRY CLUB APTS #F-14
DOVER DE 19901-6576
STRONG, MD, GEORGE H U
447 BRIDGEBORO RD
MOORESTOWN NJ 08057-1409
STRONG III, MD, MICHAEL D TS
HAHNEMANN UNIV HOSP MS 111
PHILADELPHIA PA 19102-1178
215-762-7802

STRONY JR, RONALD S ST
08-204 DELAIRE LANDING RD
PHILADELPHIA PA 19114
STROUD, JOAN A ST
1322 W HUNTING PIKE AVE 3RD F
PHILADELPHIA PA 19140
STUBBS, MD, G WINSTON OPH
6121 1/2 STENTON AVE
PHILADELPHIA PA 19150-3530
215-248-2660
STUMACHER, MD, RUSSELL J * ID
GRADUATE HOSP
PHILADELPHIA PA 19146
215-893-2415
STUPNIKER, MD, SONIA AI
303 COVENTRY HOUSE
MELROSE PARK PA 19126
STUTMAN, MD, FRED A FP
3501 NEWBERRY RD
PHILADELPHIA PA 19154-2608
STYLER, MD, MICHAEL J HEM
1 BUTTONWOOD SQ APT 1220
PHILADELPHIA PA 19130
215-762-8026
SU, MD, SEAN ST
173 UNIVERSITY MANOR EAST
HERSHEY PA 17033
SUBRAMANYAN, MD, SMITHA ST
2400 CHESTNUT ST APT 812
PHILADELPHIA PA 19103
SUERO, MD, RENE OSCAR GS
310 GREENBANK RD
BRYN MAWR PA 19010-1819
215-662-8000
SUGARMAN, MD, SAMUEL IM
2401 PENNSYLVANIA AVE #5C44
PHILADELPHIA PA 19130
215-347-7993
SUGIURA, MD, SUMIKO M GP
PO BOX 705
PHOENIXVILLE PA 19460-0705
215-933-8744
SUL, JAMES H ST
32 THOMAS OAKS
POTTSTOWN PA 19464
SULEWSKI, MD, MICHAEL E OPH
SCHEIE EYE INST
PHILADELPHIA PA 19104-2689
215-662-6118
SULLIVAN, MD, CHARLES C EM
495 TIMBERLINE TRAIL
WEST CHESTER PA 19382
215-897-6837
SULLIVAN, MD, MICHAEL W OBG
805 PARDEE LN
WYNCOTE PA 19095-1609
215-955-8461
SULLIVAN, MD, WILLIAM H GP
5011 SANSOM ST
PHILADELPHIA PA 19139-3534
SULTZ, DO, MARVIN E GP
3131 FRANKFORD AVE
PHILADELPHIA PA 19134-3825
215-425-4895
SUMMERS, MD, RICHARD F P
111 N 49TH ST
PHILADELPHIA PA 19139
215-471-2564
SUMMERTON, MD, SUSAN L DR
RR 1 BOX 297C
THOROFARE NJ 08086-9448
215-456-6200
SUN, ANDREW N ST
325 N 15TH ST
PHILADELPHIA PA 19102
SUN, MD, WILLIAM Z OPH
2031 LOCUST ST
PHILADELPHIA PA 19103-5611
215-564-4277
SUNDERMAN, MD, F WILLIAM PTH
1833 DELANCEY PL
PHILADELPHIA PA 19103-6606
215-922-6554
SUPER, MD, LEONID E FP
PARRISH MEDICAL CTR
PHILADELPHIA PA 19130-2235
215-765-6262
SURI, MD, SANJEEV IM
HOSP OF MCP
PHILADELPHIA PA 19129
215-842-6957
SURMELI, SEDAT M ST
333 S 12TH ST APT F3
PHILADELPHIA PA 19107-5907
SUSSMAN, MD, MARCEL S OBG
74 PASTURE LN #312
BRYN MAWR PA 19010-1766
SUTNICK, MD, ALTON I US
ECFMG 3624 MARKET ST
PHILADELPHIA PA 19104
215-386-5900
SUTTER, DO, FRANCIS P CDS
100 E LANCASTER AVE, #558
WYNNEWOOD PA 19096-3411
215-896-9255
SUTTON, MD, LESLIE N NS
CHILDRENS HOSP
PHILADLEPHIA PA 19104
215-590-2780
SVERSTIUK, MD, ANDRIJ E PTH
7901 HENRY AVE APT E112
PHILADELPHIA PA 19128-3069

SVIGALS, MD, PAUL J R
2 INDEPENDENCE PL
PHILADELPHIA PA 19106
SWAAB, MD, RONALD L IM
514 S 7TH ST
PHILADELPHIA PA 19147-1428
SWAMI, MD, KUMAR N
PO BOX 26
LAFAYETTE HILL PA 19444-0028
215-746-4928
SWARTZ, MD, JOEL D * R
GERMANTOWN HOSP
PHILADELPHIA PA 19144-1407
215-951-8763
SWEINBERG, MD, SHARON K AI
8 BARBARA LN
HAVERTOWN PA 19083-1213
215-590-2549
SWIDRYK, MD, JOHN P IM
MEDICAL COLLEGE HOSP
PHILADELPHIA PA 19129-1191
SWIFT, MD, SARAH E IM
428 W ELLET ST
PHILADELPHIA PA 19119-3015
SYKES JR, MD, NORMAN L IM
6163 LAWNTON ST
PHILADELPHIA PA 19128-2623
215-955-6000
SYLVESTER, ALFRED P ST
7950 HENRY AVE APT 40C
PHILADELPHIA PA 19128-3007
SYMS, MD, CHARLES A IM
1246 E CHELTENHAM AVE
PHILADELPHIA PA 19124-1032
215-744-0798
SYROP, TAMA L ST
1 FRANKLIN TOWN BLVD APT 1803
PHILADELPHIA PA 19103-1249
SZAL, MD, JOSEPH J OBG
3457 ENGLEWOOD ST
PHILADELPHIA PA 19149-1611
SZALADOS, MD, JAMES E CCA
15 RADCLIFFE RD
ROCHESTER NY 14617-2711
716-275-2141
SZAYNA, MD, STANLEY FP
2101 SHELMIRE AVE
PHILADELPHIA PA 19152-4210
SZOMSTEIN, MD, MARCOS GS
1600 HAGYS FORD RD
PENN VALLEY PA 19072-1051
215-893-2556
SZUSTER, MD, DAVID S P
MEDICAL COLLEGE HOSP
PHILADELPHIA PA 19129-1191
SZVETECZ, MATTHEW J ST
1100 S BROAD ST APT 104-B
PHILADELPHIA PA 19148-5024
TACHDJIAN, MD, VAHAKEN IM
1147 MORRIS RD
WYNNEWOOD PA 19096-2236
215-649-3997
TADLEY, DO, GERALD * US
335 E WYOMING AVE
PHILADELPHIA PA 19124
215-455-8735
TAI, LISA H ST
44 WALTON AVE
ARDMORE PA 19003-2207
TAKEDA, MD, MISAO PTH
441 WYOMING AVE
SCRANTON PA 18509
717-346-1759
TALANGBAYAN, MD, FRANCIS V IM
2244 N FRONT ST
PHILADELPHIA PA 19133-3714
215-739-7400
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212 SHORELINE DR
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1094 DIXON LN
RYDAL PA 19046-2431
609-396-8261
YARROW, MD, MORRIS W CD
17 LINDEN LN
ELKINS PARK PA 19117-1333
215-342-3111
YAVIL, DO, JULES S DR
351 BAIRD RD
MERION STATION PA 19066-1414
215-664-9958
YAZDANFAR, MD, SHAHRIAR CD
ALBERT EINSTEIN MED CTR
PHILADELPHIA PA 19141
215-456-7022
YAZDI, SHAHRAD ST
1327 SPRUCE ST APT 2D
PHILADELPHIA PA 19107-5657

YEE, MD, MARIA R P
920 BRITTNEY TER
DOWNINGTOWN PA 19335-4422
215-378-6042
YIP, MARGIE D ST
3305 INDIAN QUEEN LN
PHILADELPHIA PA 19129-1519
YOO, MD, BO H GS
2659 KNIGHTS RD
BENSALEM PA 19020-3406
215-448-7000
YOON, MD, CHUNG H GP
5031 N 5TH ST
PHILADELPHIA PA 19120-3834
215-324-0230
YOON, MI-YUNG ST
3131 MEETINGHOUSE RD APT D2
BOOTHWYN PA 19061-2910
YORKER, DO, HARVEY J U
509 KINGS CROFT
CHERRY HILL, NJ 08034
215-667-3020
YOST JR, MD, SAMUEL A GS
5221 REXFORD RD
PHILADELPHIA PA 19131
YOUNG, MD, GERALDINE P PTH
881 MEETINGHOUSE RD APT 7
PHILADELPHIA PA 19117-1536
YOUNG, MD, IRVING PTH
881 MEETINGHOUSE RD APT 7
PHILADELPHIA PA 19117-1536
YOUNG, MD, JANET E IM
4510 FRANKFORD AVE
PHILADELPHIA PA 19124-3602
215-288-9200
YOUNG, MD, MURIEL L * PD
SMITHKLINE BEECHAM
KING OF PRUSSIA PA 19406
215-832-3910
YOUNG, MD, NANCY ANNE PTH
925 DALE RD
MEADOWBROOK PA 19046-2513
215-667-3117
YOUNG, MD, WILLIAM B N
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-951-8926
YOUNG, MD, WILLIAM F NS
TEMPLE UNIV HOSP
PHILADELPHIA PA 19140-5189
215-221-4067
YOUNKIN, MD, DONALD P CHN
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1719
YUAN, NANCI ST
325 N 15TH ST APT 1412
PHILADELPHIA PA 19102-1012
YUDKOFF, MD, MARC IM
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-3372
YUN, MD, DANIEL D IM
60 TOWNSHIP LINE RD
PHILADELPHIA PA 19117-2249
215-663-0246
YUSSEN, MD, PHILIP S DR
1509 SWEET BRIAR RD
GLADWYNE PA 19035-1216
215-842-7156
ZABAD, MD, HUSSEIN A J IM
3524 HENRY AVE
PHILADELPHIA PA 19129-1104
ZACHIAN, MD, VICTOR A OBG
700 SPRUCE ST STE 508
PHILADELPHIA PA 19106-4027
215-829-3222
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CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-2920
ZAFAR-KHAN, MD, FAWAD U IM
MEDICAL COLLEGE HOSP
PHILADELPHIA PA 19129-1191
ZAGER, MD, ERIC L NS
HOSP UNIV OF PA
PHILADELPHIA PA 19104-4219
215-662-3497
ZAGGER, GEORGE M ST
250 S 13TH ST APT 13A
PHILADELPHIA PA 19107
ZAIMES, MD, JEANETTE M S P
107 MULLIN RD
WILMINGTON DE 19809-1601
ZAJAC, DO, PETER ST
4482 CARWITHAN ST
PHILADELPHIA PA 19136-1409
ZALE, NANNETTE R ST
950 WALNUT ST APT 607
PHILADELPHIA PA 19107-5564
ZALEWSKA, MD, MARGARET K N
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215-456-7190
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4247 LOCUST ST
PHILADELPHIA PA 19104-2937
ZAMOSTIEN, MD, BERNARD B * FP
1335 W TABOR RD APT 303
PHILADELPHIA PA 19141-3041
215-924-8181
ZAMPAGLIONE, EDIO J ST
2317 S BANCROFT ST
PHILADELPHIA PA 19145-4313

ZANGWILL, MD, BRUCE C PTH
2618 PARRISH ST
PHILADELPHIA PA 19130-1815
215-291-3696
ZAPOTOK, DAWN M ST
3420 CRAWFORD ST
PHILADELPHIA PA 19129-1518
ZAREN, MD, HOWARD A * GS
MED COLL OF PA
PHILADELPHIA PA 19129-1191
215-842-6582
ZASLAU, STANLEY ST
506A GLEN ECHO RD
PHILADELPHIA PA 19119-2918
ZATUCHNI, MD, JACOB CD
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
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215-893-2000
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156 VALLEY RD
ARDMORE PA 19003-1511
215-662-9206
ZEHNER, JEFFREY P ST
1 GREENWOOD MALL
WYOMISSING PA 19610-1915
ZEIDMAN, MD, JOAN H OBG
107 MONTROSE AVE
BRYN MAWR PA 19010-1508
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ZEIT, MD, ROBERT M GS
2375 WOODWARD ST APT 809
PHILADELPHIA PA 19115-5124
ZEITZER, MD, KENNETH L TR
950 WALNUT ST APT 403
PHILADELPHIA PA 19107-5564
ZEITZER, RANDI J ST
950 WALNUT ST APT 403
PHILADELPHIA PA 19107-5564
ZELLERS, KRISTINE L ST
260 W JOHNSON ST APT 3-B
PHILADELPHIA PA 19144-2548
ZELLIS, DO, JOSEPH FP
1921 MORRIS ST
PHILADELPHIA PA 19145
215-389-1130
ZEMBLE, DO, HERBERT A FP
10101 ACADEMY RD
PHILADELPHIA PA 19114-1120
215-632-4000
ZERBY, STEPHEN A ST
114 LAKEVIEW DR
RIDLEY PARK PA 19078
ZERITSKY, MD, SAMUEL P
4701 PINE ST STE C2
PHILADELPHIA PA 19143-1818
215-476-6364
ZERVOS, MD, DENIS G R
517 GLEN ARBOR DR
WYNNEWOOD PA 19096-2611
ZGLESZEWSKI, STEVEN E ST
4300 SPRUCE ST APT C204
PHILADELPHIA PA 19104-4731
ZHENG, MD, HEGUANG IM
2428 GILBERT ST
BROOMALL PA 19008-2328
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231 N 3RD ST APT 220
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1003 EASTON RD APT 406
WILLOW GROVE PA 19090
ZIMMER, MD, WAYNE M OTO
6901 VALLEY APT E-4
PHILADELPHIA PA 19128
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2410-14 S BROAD ST STE 200
PHILADELPHIA PA 19145
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PHILADELPHIA PA 19147-2706
ZIMMERMAN, TODD M ST
701 W SUMMIT AVE APT B118
PHILADELPHIA PA 19128-2322

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PHILADELPHIA PA 19131-5614
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3450 S OCEAN BLVD APT 217
PALM BEACH FL 33480-5936
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1141 ALTON PL
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889 N CHURCH ST
HAZLETON PA 18201
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8118 BUSTLETON AVE
PHILADELPHIA PA 19152-2803
ZOOG, ERIC J ST
384 MARTIN ST APT 2
PHILADELPHIA PA 19128
ZOROUFY, DARIUS S ST
191 PRESIDENTIAL BLVD #1021
BALA CYNWYD PA 19004-1241
ZSOLWAY, DO, KATHLEEN M PD
375 SHARPS LN
TRENTON NJ 08610
215-590-1000
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301 S 8TH ST
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1722 BETHLEHEM PIKE
FLOURTOWN PA 19031-1644
215-247-9400
ZUSMAN, EHUD I ST
2821 W QUEEN LN
PHILADELPHIA PA 19129-1031
ZWEIZIG, MD, HELEN Z PD
538 WALNUT LN
PHILADELPHIA PA 19128-1741
ZWILLENBERG, MD, DAVID A OTO
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CHARLES COLE MEM HOSP
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814-274-8727
BROWN, MD, MARK S * IM
CHARLES COLE MEM HOSP
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814-274-7500
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138 E 5TH ST
EMPORIUM PA 15834-1418
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GLENNEY, MD, ROBERT J FP
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ULYSSES PA 16948
814-848-7556
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PORT ALLEGHENY HLTH CTER
PORT ALLEGHENY PA 16743
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814-274-7070
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207 CARTEE ST
COUDERSPORT PA 16915-1443
814-274-8450

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COUDERSPORT PA 16915-1407
NURBHAI, MD, MURTAZA E OTO
CHARLES COLE MEM HOSP
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65 S EAST ST
COUDERSPORT PA 16915-1406
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COUDERSPORT PA 16915
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CHARLES COLE MEM HOSP
COUDERSPORT PA 16915
814-274-9300
VILLA, MD, FRANCISCO B FP
46 S MAIN ST
PORT ALLEGANY PA 16743-1345
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WALLISCH, MD, MICHAEL D DR
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WEI, MD, LAWRENCE C OPH
CHARLES COLE MEM HOSP
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WONGPAKDEE, MD, SOBSAN GS
1011 S MAIN ST
COUDERSPORT PA 16915-1336

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POTTSVILLE PA 17901-3001
717-622-5751
ASLAM, MD, MOHAMMAD N
101 MILL CREEK AVE
POTTSVILLE PA 17901
717-622-6732
BANE, MD, DENIS M IM
1 NORWEGIAN PLZ
POTTSVILLE PA 17901-3056
717-622-0907
BANNING, DO, RICHARD J CD
RR 1 BOX 123
ANDREAS PA 18211-9784
717-668-5650
BARCLAY, MD, CLAYTON C R
PO BOX 332
ORWIGSBURG PA 17961-0332
BARDELL, MD, CRAIG R FP
W MAIN ST PO BOX 660
VALLEY VIEW PA 17983
717-682-9031
BEAUSANG, MD, THOMAS PD
318 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
BEMILLER, MD, CARL CD
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
BINDIE, MD, RICHARD P PTH
150 AVENUE E
SCHUYLKILL HAVEN PA 17972-1412
717-621-5282
BIZUP, MD, THOMAS GP
PO BOX 148
NEW RINGGOLD PA 17960-0148
717-943-2424
BOHNENBLUST, MD, WALTER R R
520 RARING DR
ORWIGSBURG PA 17961-2204
BORAN, MD, ROBERT P * ORS
313 WASHINGTON ST
POTTSVILLE PA 17901-3640
717-622-6241
BORAN, MD, THOMAS V OTO
222 N 12TH ST
READING PA 19604-2964
215-374-5599
BOYSEN, MD, HOMER GP
238 W PINE STREET
MAHONOY CITY PA 17948-2539
CHAWLUK, MD, JOHN B N
700 SCHUYLKILL MANOR RD
POTTSVILLE PA 17901-3849
717-622-7704
CHOONG, MD, SHUNG S * GP
463 BARCLAY RD
ROSEMONT PA 19010-1253
CONNOLLY, DO, WILLIAM S DR
420 S JACKSON STREET
POTTSVILLE PA 17901
717-621-5325
CONRAD, MD, JOSEPH E R
RR 2 BOX 14
HEGINS PA 17938-9308
717-621-4180
CUBLER, MD, EDWARD W AN
119 AVENUE B
SCHUYLKILL HAVEN PA 17972-1304
717-385-1891
CURRY, MD, THOMAS A PD
318 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-2291

DAWSON, MD, MICHAEL H O ORS
739 E NORWEGIAN ST
POTTSVILLE PA 17901-2709
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DINICOLA, MD, ARTHUR N IM
26 SUNBURY ST
MINERSVILLE PA 17954-1448
DIRNBERGER, DO, THOMAS FP
211 E BROAD ST
TAMAQUA PA 18252-2009
717-668-4111
ELLIS, DO, LOUIS D DR
601 RARING DR
ORWIGSBURG PA 17961-2209
717-621-4155
FEINBERG, MD, KALMEN A * PTH
ASHLAND STATE GEN HOSP
ASHLAND PA 17921
717-875-5949
FEUDALE, MD, RICHARD F GP
GENERAL DELIVERY
GORDON PA 17936-9999
717-875-0380
FITZPATRICK, DO, JAMES W IM
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
FRABLE, MD, DEAN G IM
413 W MARKET ST
POTTSVILLE PA 17901-2930
717-628-2040
ABRIEL, MD, LOUIS T * GP
25 W FRACK ST
FRACKVILLE PA 17931-1727
717-874-2717
GIANFAGNA, MD, WILLIAM J PD
318 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-2291
GONZALEZ, MD, JOSE L DR
206 MOUNTAIN CT
HANOVER PA 17331-8103
GRAVES, MD, LYNDA C S FP
200 S 4TH ST
MINERSVILLE PA 17954-1104
717-544-9123
GRECO, MD, ROBERT M IM
2 PEAR ST
SCHUYLKILL HAVEN PA 17972-1418
717-622-0907
GREEN, MD, CHARLES * GE
700 SCHUYLKILL MNR RD STE 9
POTTSVILLE PA 17901-3849
717-622-5555
GREEN, MD, ROY AN
PO BOX 70
GIRARDVILLE PA 17935-0070
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POTTSVILLE PA 17901-3849
717-622-5672
HALE, MD, THOMAS K GP
117 W FRACK ST
FRACKVILLE PA 17931-1710
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2701 VILLAGE RD
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27 S CATAWISSA ST
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CRESSONA PA 17929
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8 ALLENWOOD CIR
SCHUYLKILL HAVEN PA 17972-9526
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LUKAWSKI, MD, ZBIGNIEW IM
17 N MAIN ST
SHENANDOAH PA 17976-1778
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LUO, MD, SOLOMON C OPH
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ORWIGSBURG PA 17961-1620
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POTTSVILLE PA 17901-3329
717-695-2400
PETERS III, MD, ROBERT H GE
1851-C W END AVE
POTTSVILLE PA 17901
717-622-1650
PETTERSON, MD, ERIC IM
30 N 3RD ST
FRACKVILLE PA 17931-1130
215-427-7000
PIERDON, MD, STEVEN B PD
318 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-2291
PLATT, MD, BENJAMIN B IM
PO BOX 266
ORWIGSBURG PA 17961-0266
717-622-4209
PUJARA, MD, DEVI M AN
405 RIDGE RD
ORWIGSBURG PA 17961-2215
717-622-1553
PUJARA, MD, MAHENDRA M PH
1630 MT HOPE AVE
POTTSVILLE PA 17901
717-622-1553
RANGANATH, MD, GUBBI N IM
POTTSVILLE INTERNISTS ASSOC
POTTSVILLE PA 17901-0269
717-622-4209
RAO, MD, YASHODA D NEP
POTTSVILLE INTERNISTS ASSOC
POTTSVILLE PA 17901-0269
717-622-4209
RASHID, MD, ABDUL IM
106 S CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3639
717-622-4209
RAVITZ, MD, GERALD A U
100 E UNION ST
POTTSVILLE PA 17901-3505
717-622-8903
REIMER, MD, CRAIG L IM
407 W MARKET ST
POTTSVILLE PA 17901-2930
717-622-2341
REITZ, MD, MELVIN L GP
582 N KEMP ST
KUTZTOWN PA 19530
RICCHIUTI, MD, A GEORGE OTO
335 CENTER ST
MAHANOY CITY PA 17948
RICCHIUTI, MD, JOSEPH F DMP
444 W PALMETTO PARK RD
BOCA RATON FL 33432-3678
RISMILLER, MD, ROSS W IM
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
RITTER, MD, THOMAS J GS
320 MACARTHUR DR
ORWIGSBURG PA 17961-1814
215-562-6010

ROGOVITZ, MD, DAVID M DR
233 DEERFIELD DR
POTTSVILLE PA 17901-4032
ROMEIKA, MD, MARY M FP
14 N JARDIN ST
SHENANDOAH PA 17976-1636
RUBRIGHT JR, MD, HERBERT C FP
RR 2 BOX 1196
SCHUYLKILL HAVEN PA 17972-9437
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POTTSVILLE PA 17901
717-621-4036
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48 W PHILLIP ST PO BOX 25
COALDALE PA 18218-0025
717-645-3297
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1247 W NORWEGIAN ST
POTTSVILLE PA 17901-2211
SCHWARTZ, MD, IRA U
100 E UNION ST
POTTSVILLE PA 17901-3505
717-622-8903
SETLOCK, DO, WALTER W FP
605 LEE ST
ORWIGSBURG PA 17961-1531
717-628-9508
SHAH, MD, SYED G IM
MEDICAL ARTS BLDG
POTTSVILLE PA 17901
717-622-4209
SHIPTON, DO, WILLIAM E U
UNION AND PROGRESS AVES
POTTSVILLE PA 17901
717-622-8903
SINGH, MD, GURSHARAN FP
323 E CENTRE ST
MAHANOY CITY PA 17948-2708
717-773-2301
SINGH, MD, RAJENDRA * PDA
1630 MOUNT HOPE AVE
POTTSVILLE PA 17901-1302
717-622-6680
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715 CENTRE ST
ASHLAND PA 17921
SLIMMER JR, MD, SAMUEL C * EM
1722 BRECKENRIDGE RD
ORWIGSBURG PA 17961-9544
717-621-5060
STANULONIS, MD, STANLEY W * IM
25 N JARDIN ST
SHENANDOAH PA 17976-1637
717-462-0591
SWAIN, MD, STEPHEN S IM
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
TANANIS, MD, LEONARD J OPH
1608 MAHANTONGO ST
POTTSVILLE PA 17901-3223
TAVARIA, MD, SOLI * IM
105 N DELAWARE AVE
MINERSVILLE PA 17954-1726
717-622-0675
TOMLIN, MD, JOSEPH G GP
151 SCHUYLKILL AVE
SHENANDOAH PA 17976-1338
VEGLIA, MD, ANTHONY P IM
30 LAKEVIEW TRAIL
SUGARLOAF PA 18249
717-459-4418
VILLARREAL, MD, CARLOS X GS
1851 B WEST END AVE
POTTSVILLE PA 17901
717-622-4164
VISOT, MD, LUIS R PM
609 PINEWOOD DR
POTTSVILLE PA 17901-9546
717-385-5050
VOYSTOCK JR, MD, JOSEPH F GS
1851-B W END AVE
POTTSVILLE PA 17901
717-622-4164
WAHHAB, MD, ABDUL GS
1 NORWEGIAN PLZ
POTTSVILLE PA 17901-3056
717-622-3754
WALL, MD, NORMAN M IM
1 NORWEGIAN PLZ
POTTSVILLE PA 17901-3056
717-622-0907
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1946 HIGH PARK MANOR RD
POTTSVILLE PA 17901
717-622-8452
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POTTSVILLE PA 17901
717-621-4000
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241 S TULPEHOCKEN ST
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717-345-3321
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624 LEE ST
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SOMERSET PA 15501-1817
814-443-2888
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1118 JAMES ST
SOMERSET PA 15501-1115
814-629-5812
ATWELL SR, DO, GRANT E FP
132 MEYERS AVE
MEYERSDALE PA 15552-1126
BACESKI, MD, DEBORAH A * IM
105 W CHURCH ST
SOMERSET PA 15501-2251
814-443-1213
BASALA, DO, PHILIP A * OBG
229 S KIMBERLY AVE
SOMERSET PA 15501-2022
814-944-8055
BATTAGLIA, MD, PAUL G AN
548 W MAIN ST
SOMERSET PA 15501
814-443-5000
BEITZEL, MD, JAMES E IM
135 MEYERS AVE
MEYERSDALE PA 15552-1125
717-782-3131
BROWN, MD, SCOTT D FP
414 W CHURCH ST
SOMERSET PA 15501-1945
814-445-3575
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LATROBE PA 15650
412-532-0177
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867 WEST MAIN ST
SOMERSET PA 15501
814-445-5169
CASTELLI II, MD, PETER J * DR
2714 POWDER RIDGE RD
SOMERSET PA 15501-7496
412-547-5882
DESAI, MD, JAYESH B * PUD
226 E CHURCH ST
SOMERSET PA 15501-2217
814-443-1908
DEVRIES, MD, JAN R J * FP
430 STONYCREEK ST
BOSWELL PA 15531-1024
814-629-5812
EBY, MD, CARL E FP
202 BEACHLEY ST
MEYERSDALE PA 15552-1220
814-634-5935
GIAMPOLO, MD, ANTHONY J N
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ALLISON PARK PA 15101-4013
814-443-6387
HAY, MD, HAROLD S GP
RD 7 BOX 246
SOMERSET PA 15501
814-443-9708
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113 S CENTER AVE
SOMERSET PA 15501-2057
814-445-9695
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SOMERSET PA 15501-9402
814-443-5590
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223 S PLEASANT AVE
SOMERSET PA 15501-2902
814-443-6588
KLOSE, MD, PAUL L GER
509 NORTH ST PO BOX 196
BERLIN PA 15530-1112
814-267-4011
LEIGHTY, MD, RALPH G IM
8 TODD RD
CARLISLE PA 17013-4402
MARTIN, DO, ELVIN L FP
202 BEACHLEY ST
MEYERSDALE PA 15552-1220
814-634-5935
MCKEE, MD, WAYNE O GS
RR 4 BOX 50
SOMERSET PA 15501-9402
MONTGOMERY JR, MD,
GEORGE A U
792 N CENTER AVE
SOMERSET PA 15501
814-443-4634
MORRIS, MD, ELEANOR G GP
RR 4 BOX 231
SOMERSET PA 15501-8404
MUSSER JR, MD, HAROLD E * GS
105 W CHURCH ST
SOMERSET PA 15501-2251
814-443-3538
NAIR, MD, V KRISHNAN CD
225 S CENTER AVE STE 401
SOMERSET PA 15501-2033
814-445-7101
NAYAK, MD, SATISH R OBG
215 W CHURCH ST
SOMERSET PA 15501-1941
814-443-1966

NOVAK, MD, JOSEPH PM
RR 4 BOX 310-A
SOMERSET PA 15501
412-622-4388
PESSOLANO, MD, FRANCIS X DR
RR 1 BOX 329
SOMERSET PA 15501-9644
412-527-9261
POGGI, DO, ALFRED J GP
RR 8
SOMERSET PA 15501-9606
814-443-3637
PRICE, MD, EDWIN M GP
812 LOGAN PL
CONFLUENCE PA 15424-1022
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412-258-2646
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209 NORTH ST
MEYERSDALE PA 15552-1353
ROGERS, MD, CLINTON L R
625 CREST DR
CUMBERLAND MD 21502-1809
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ROOT, MD, DOUGLAS C FP
202 BEACHLEY ST
MEYERSDALE PA 15552-1220
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229 DALE ST BOX 157
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SINGH, MD, AJAY P * PD
814 S FRANKLIN AVE
SOMERSET PA 15501-1817
814-443-2888
TENSUAN JR, MD, LEONARDO S IM
433 W MAIN ST
SOMERSET PA 15501-1515
814-445-4129
THOMAS, MD, NATHAN O FP
349 MAIN ST
MEYERSDALE PA 15552-1035
814-634-5954
THOMAS, MD, TERRENCE J GS
200 HOSP DR
MEYERSDALE PA 15552-1249
814-634-5911
TRENTON, DO, WALTER D * OBG
229 S KIMBERLY AVE
SOMERSET PA 15501-2022
814-445-3535
VANANTWERP, MD, KENNETH J FP
721 NORTH ST
BERLIN PA 15530-1115
814-287-4603
WATTERSON, MD, SAMUEL G FP
CONEMAUGH HEALTH FIRST
JOHNSTOWN PA 15904
814-266-6256
WONG, MD, ALBERT OBG
142 E CHURCH ST
SOMERSET PA 15501-2219
717-443-2695
YAROS, MD, MARK F FP
223 S PLEASANT AVE
SOMERSET PA 15501-2902
814-395-3674
YODER, MD, DELBERT L * OBG
229 S KIMBERLY AVE
SOMERSET PA 15501
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BERTSCH, MD, ALBERT M GS
3 GROW AVE
MONTROSE PA 18801-1103
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107 ERIE AVE
SUSQUEHANNA PA 18847-1501
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DEWITT, MD, WARREN S * FP
407 TURNPIKE
SUSQUEHANNA PA 18847
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GRACE, MD, JAMES J GP
27 S MAIN ST
MONTROSE PA 18801-1317
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HENNING III, MD, GEORGE F FP
7 HILLENDALE DR
MONTROSE PA 18801
717-879-2142
KERR, MD, PAUL B FP
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MONTROSE PA 18801-1103
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MONTROSE PA 18801-0434
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MACKELLAR, MD, BRUCE W FP
PO BOX K
HALLSTEAD PA 18822-0580
717-879-2142
MARKARIAN, MD, MICHAEL FP
220 MAIN ST PO BOX M
HALLSTEAD PA 18822
717-879-2698
MCCLURE, MD, JAMES E FP
DELAWARE ST
NEW MILFORD PA 18834
717-465-7330
MILLER, MD, JAMES M IM
ENVIRONMENTAL MED CTR
MONTROSE PA 18801-9460
717-278-3801
PATEL, MD, BHUPENDRA R IM
401 LAUREL ST
SUSQUEHANNA PA 18847-1537
717-465-7330
PATEL, MD, PRAVINCHANDRA K IM
512 E CHURCH ST
SUSQUEHANNA PA 18847-1804
717-798-2282
PURKAYASTHA, MD, ARINDAM GS
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SUSQUEHANNA PA 18847-0241
717-853-3141
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102 MAIN ST
SUSQUEHANNA PA 18847-1210
717-853-3141
SHAH, MD, MAHENDRA K IM
306 BROAD AVE
SUSQUEHANNA PA 18847-1608
SHELLY, MD, ROBERT M PD
83 BEACHWAY DR
PALM COAST FL 32137-8654
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101 8TH ST
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WELLSBORO PA 16901
BELLINGER, MD, E LEE U
15 MEADE ST
WELLSBORO PA 16901-1813
717-724-3636
BERTRAM, MD, KARL R P
RR 02 BOX 420
WELLSBORO PA 16901-9802
717-724-2675
BOWERS, MD, ROBERT M GS
48 PEARL ST
WELLSBORO PA 16901-1423
717-724-2411
BUTLER, MD, ANNE K GP
1 MORRIS LN
WELLSBORO PA 16901-1913
CAHILL, MD, DAVID M GS
15 MEADE ST STE L5
WELLSBORO PA 16901-1813
717-724-4670
CALLENBERGER, MD, RONALD W ORS
15 MEADE ST MED OFF BLDG
WELLSBORO PA 16901-1813
717-724-2325
COOLIDGE, MD, WILLIAM A GP
RR 7 BOX 143
WELLSBORO PA 16901-9753
DAVIS, MD, STUART M GP
137 WOODLAWN DR
WESTFIELD PA 16950-1310
814-367-2311
DY, MD, GEORGE R IM
RD 3 BOX 51F
WELLSBORO PA 16901
717-662-2002
DZERA, MD, OLEH P
PO BOX 814
WELLSBORO PA 16901-0814
717-724-1631
ERWAY, MD, PRESTON M FP
24 WALNUT ST
WELLSBORO PA 16901-1528
717-724-4241
GAFFORD, MD, GRADY D OPH
15 MEADE ST
WELLSBORO PA 16901-1813
717-724-2131
GILLUM, MD, DAVID F * FP
135 MAIN ST
WELLSBORO PA 16901-1415
717-724-1900
GUELIG, MD, EDMUND P * FP
RD 6, BOX 68
WELLSBORO PA 16901-1811
717-724-1010
HESS, MD, EDWARD R * GS
38 WEST AVE
WELLSBORO PA 16901-1325
717-724-2411
HIPPS, MD, JOHN G GP
11 W MAIN ST
GALETON PA 16922-1013
814-435-8580
KIM, DO, CELL U GP
83 S MAIN ST
MANSFIELD PA 16933-1501
717-662-7768
LARSON, MD, ELEANOR GP
217 MAIN ST
ELKLAND PA 16920-1107
814-258-7448
MOORE, MD, JOSEPH J CD
38 PROSPECT ST
MANSFIELD PA 16933-1027
OLASIN, DO, REGINA F IM
114 EAST AVE
WELLSBORO PA 16901-1737
717-724-5200
PHILLIPS, MD, CHRISTINE RHU
GUTHRIE CLINIC LTD
WELLSBORO PA 16901-1598
717-724-4241
PREVOST, MD, JOHN V FP
PO BOX 171
TIOGA PA 16946-0171
REICH, MD, WILLIAM P PTH
18 MORRIS LN
WELLSBORO PA 16901-1916
SCOTT, MD, PHYLLIS B FP
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SHAW, DO, DONALD D EM
825 NEWTOWN HILL RD
MANSFIELD PA 16933-9601
717-724-1831
SWAGLER, DO, CURTIS P * GP
WELLSBORO FAM PRAC
WELLSBORO PA 16901-1813
717-724-1010
SWEENEY, DO, DONALD J * FP
15 MEADE ST
WELLSBORO PA 16901-1813
717-724-1010
WEBSTER, MD, LANE FP
62 WALNUT ST
WELLSBORO PA 16901-1431
WIGERT, MD, WALTER S P
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BLOSSBURG PA 16912
717-662-7600
WILSON, MD, JAMES L GP
GUTHRIE CLINIC
SAYRE PA 18840
717-724-4241
WONG, MD, EDGAR EM
SOLDIERS & SAILOR MEM HOSP
WELLSBORO PA 16901-1840
717-724-1831

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3 HOSP DR
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BETZ, MD, LOUIS H OPH
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717-524-1401
BROWN, MD, MICHAEL D FP
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BRUCE, MD, WILLIAM B * OTO
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LEWISBURG PA 17837
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56 UPPER MARKET ST
MILTON PA 17847-1210
717-742-3586
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48 WALNUT ST
MILTON PA 17847-1218
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10 N 5TH ST
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FAIRWEATHER, MD, JACK L * OBG
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LEWISBURG PA 17837
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LEWISBURG PA 17837-1909
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134 S 18TH ST
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900 BUFFALO RD
LEWISBURG PA 17837-1206
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HEID, MD, CHARLES E * CD
3 HOSP DRIVE
LEWISBURG PA 17837
717-523-9631
HOBBS, MD, JAN D * OTO
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LEWISBURG PA 17837
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HOYLE, MD, J PRESTON * ADL
191 SMOKETOWN RD
LEWISBURG PA 17837
KANT, MD, NAVAL R
14 WESTRIDGE LN
LEWISBURG PA 17837-9201
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KANT, MD, NILA N DR
14 WESTRIDGE LN
LEWISBURG PA 17837-9201
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R 2 BOX 250H
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LEWISBURG PA 17837
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LEWISBURG PA 17837-1206
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LONG, MD, ROBERT D * D
3 HOSP DR
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SUNBURY PA 17801-9612
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MCTIGHE, MD, ARTHUR H CLP
EVANGELICAL COMMUN HOSP
LEWISBURG PA 17837-9390
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MILLER II, MD, GEORGE C OBG
3 HOSP DR
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MORGAN JR, MD, JAMES W * GS
135 JPM RD
LEWISBURG PA 17837-9313
717-523-3290
MUSSER, MD, WILLIAM T * GP
100 CHESTNUT ST
MIFFLINBURG PA 17844-1314
717-966-1122
NISSLEY, MD, JAY M PD
139 HOSP DR
LEWISBURG PA 17837-9314
717-523-3264
OBRIEN, MD, JAMES S DR
1 HOSP DR
LEWISBURG PA 17837-9314
717-522-2531
PATEL, MD, RASILA P * DR
8 ROSEWOOD CT
DANVILLE PA 17821-8593
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PERSING, MD, JOHN H * IM
3 HOSP DR
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714 R MAIN ST
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717-538-5524
REISH, MD, WILLIAM G * ORS
900 BUFFALO RD
LEWISBURG PA 17837-1206
717-524-4234
RINCK II, MD, GEORGE W GP
504 S SHUMAN ST
MIDDLEBURG PA 17842-1239
717-837-2601
ROTH, DO, RAYMOND D FP
7 STONEBRIDGE DRIVE
SELINSGROVE PA 17870-9744
717-271-6211
RUETSCHI, MD, MAJA S PS
3 HOSP DR
LEWISBURG PA 17837-9394
717-524-7777
RUSSIN, MD, MARY S DR
150 JEAN BLVD W LAWN
LEWISBURG PA 17837
717-522-2540
SCHOENFELDER, MD, STEVEN J IM
1800 MARKET ST
LEWISBURG PA 17837-1236
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STECKEL, MD, DONALD C * IM
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139 HOSP DR
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TEICHMAN, MD, FRED OBG
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TURNER III, MD, JOHN F GS
135 J P M RD
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CRAWFORD, MD, PAMELA A OTO
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DIXON, MD, GARRETT W PM
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827-163-2000
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WARREN PA 16365
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GREENBAUM, MD, ARTHUR M RO
WARREN CANCER CTR
WARREN PA 16365-2199
814-723-7906
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WARREN PA 16365-2197
814-726-1921
JOHNSON, MD, VAN W * ORS
103 ST CLAIR ST STE D1
WARREN PA 16365-2195
814-726-1921
KEVERLINE, MD, PAUL O OPH
103 W SAINT CLAIR ST
WARREN PA 16365-2197
814-726-2020
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219 QUAKER HILL RD
WARREN PA 16365-1462
814-723-3300
LAREAU, MD, DANIEL G R
11 QUAKER CIR
WARREN PA 16365-4125
814-723-3300
LAREAU, MD, LAWRENCE G DR
11 QUAKER CIR
WARREN PA 16365-4125
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LONG, MD, BRIAN K P
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NORTH WARREN PA 16365
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103 ST CLAIR ST
WARREN PA 16365-2197
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114 MAIN AVE
WARREN PA 16365-2119
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SHANMUGAM, MD, KASINATHAN AN
104 JACKSON AVE
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341 BIRD AVE
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8 JENNIE LN
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PANTALONE, MD, FRANK A ORS
797 E PITTSBURGH ST
GREENSBURG PA 15601-2660
412-824-7095
PARKER, MD, GERALD A IM
5 ONEIDA TRL
LOWER BURRELL PA 15068-9782
412-578-5000
PARKER, MD, JOHN S * IM
201 APPLE HILL DR
LATROBE PA 15650-9057
412-539-3555
PATEL, MD, MOHAN M IM
235 LONGFELLOW ST
VANDERGRIFT PA 15690-1444
412-568-5551
PATHEJA, MD, JOTINDER K TR
480 EAGLE ST
MT PLEASANT PA 15666-1700
412-547-9919
PESKE, MD, EDGAR D * FP
NORVELT FAMILY HLTH CTR
NORVELT PA 15874
412-423-4051
PETERS, MD, JEROME A OPH
330 W PITTSBURGH ST
GREENSBURG PA 15601-2235
412-832-7800
PETERSON JR, MD, JAY B * ORS
662 N MARIN ST
GREENSBURG PA 15601
412-837-8460
PETRICK, MD, THOMAS P GS
11 N LIGONIER ST
LATROBE PA 15650-1171
412-539-1362
PICA, MD, JAMES E D
916 GREEN ST
GREENSBURG PA 15601-4135
412-832-1800
PLUMMER, MD, LLOYD G GYN
562 SHEARER ST STE 103
GREENSBURG PA 15601-2746
412-837-2580
PLUNDO, DO, GARY P FP
516 PELLIS RD
GREENSBURG PA 15601-4506
412-832-2570
PLUNDO, DO, LARRY J * GP
516 PELLIS RD
GREENSBURG PA 15601-4506
412-832-2570

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1218 LOWRY AVE
JEANNETTE PA 15644-3003
412-527-1009
PROSPERI, MD, ALDO J FP
501 WELDON ST
LATROBE PA 15650-1520
412-537-0733
PUNUKOLLU, MD, C RAO IM
2900 MEMORIAL BLVD
CONNELLSVILLE PA 15425-1407
412-628-0201
RAGOOR, MD, BALAKRISHNA R FP
C/O A K SHETTY MD
MURRYSVILLE PA 15668-1901
412-373-1725
RAMOS, MD, CLARITA P FP
1528 KING HENRY DR
PITTSBURGH PA 15237-1536
REEL, MD, CHARLES M OPH
5141 DORSET RD
PITTSBURGH PA 15213-3805
REILLY JR, MD, PHILIP J GP
PO BOX 749
SMITHTON PA 15479-0749
412-872-7202
RELIGIOSO, MD, ELOISA P PD
50 BIGELOW ST STE 200
JEANNETTE PA 15644-3103
412-523-6571
REYNA, MD, OSCAR D *GP
328 WELDON ST
LATROBE PA 15650-1851
412-537-3381
RIBAUDO, MD, JANICE *FP
826 4TH ST
SUTERSVILLE PA 15083-1052
412-872-4522
ROMAN, MD, STEPHEN J RHU
447 W PITTSBURGH ST
GREENSBURG PA 15601-2236
412-832-9711
ROST, MD, KAY S AN
PO BOX 82
RECTOR PA 15677-0082
412-547-4027
ROTTSCHAEFER, MD, BERNARD L IM
4750 OLD WILLIAM PENN HWY
MURRYSVILLE PA 15668-2014
412-325-4774
RYCKMAN, MD, WILLIAM F *FP
1415 CURRY ROAD
SUTERSVILLE PA 15083-0395
412-872-7912
SABO, MD, ROBERT P NEP
562 SHEARER ST
GREENSBURG PA 15601-2746
412-836-8303
SACHAKUL, MD, CHITRINEE *OBG
559 SHEARER ST STE 305
GREENSBURG PA 15601-2745
412-834-4055
SAGHAFI, MD, DARIUS *NEP
251 7TH ST APT C205
NEW KENSINGTON PA 15068-6534
412-339-1633
SALATKA, MD, KARL W GS
638 4TH AVE
NEW KENSINGTON PA 15068-6505
412-339-2229
SALOMON, MD, MICHAEL A *FP
PO BOX 141
JEANNETTE PA 15644-0141
412-836-3375
SANDERS, MD, ROBERT E IM
8981 NORWIN AVE STE 101
IRWIN PA 15642-2772
412-864-3030
SANDOVAL, MD, CONCHITA O FP
5249 AUTRY AVE
LAKEWOOD CA 90712
SANTAMARIA, MD, FRANK R GS
RR 8 BOX 1921
MT PLEASANT PA 15666-8815
412-547-8020
SARVER, MD, RAY G PD
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3535
SAUER, MD, DIETER U
545 RUGH ST
GREENSBURG PA 15601-5636
412-832-1955
SAUNDERS, MD, CATHY L OBG
2810 FOX HOLLOW DR
PITTSBURGH PA 15237-3835
412-359-3131
SAWARDECKER, MD, SANDIP U OBG
212-C MOLOKAI VILLAGE
DIAMONDHEAD MS 39525
SCHERER, MD, BERNARD C FP
135 E MARKET ST STE 118
BLAIRSVILLE PA 15717-1369
412-459-7338
SCHOWALTER, MD, DONALD R IM
356 FREEPORT ST
NEW KENSINGTON PA 15068-6015
412-335-8223
SCHULTZ, MD, THEODORE A P
556 HAMEL AVE
GREENSBURG PA 15601-4471
412-836-2280

SCHWARTZ, MD, JONATHAN GS
150 TALL OAKS LN
LOWER BURRELL PA 15068-3637
412-339-8641
SEARFOSS, MD, ROGER C ORS
911 LIGONIER ST STE 104
LATROBE PA 15650-1805
412-537-5594
SEECOF, MD, RICHARD M CD
1005 LIGONIER ST
LATROBE PA 15650
814-466-7911
SETTY, MD, POLEPALLI S IM
2900 MEMORIAL BLVD
CONNELLSVILLE PA 15425-1407
412-628-1701
SHAH, MD, RATAN S DR
JEANNETTE MEMORIAL HOSP
JEANNETTE PA 15644-2505
412-527-9261
SHAIKH, MD, M NASIR TS
106 ROCKY ROAD
GREENSBURG PA 15601-9014
SHEDRO, MD, HECTOR CD
356 FREEPORT ST
NW KENSINGTON PA 15068-6015
412-337-9344
SHETE, MD, LEENA P AN
11 ROBIN RD
MCKEES ROCKS PA 15136-1111
412-337-5006
SHETTY, MD, ASHOK K IM
4212 OLD WILLIAM PENN HWY
MURRYSVILLE PA 15668-1901
412-733-1725
SHETTY, MD, KARUNAKAR S DR
124 LAKEVIEW DR
GREENSBURG PA 15601-9729
412-527-9263
SHEVCHIK, MD, GRANT J FP
101 ORCHARD DR
LEVEL GREEN PA 15085-1610
412-856-7332
SHUTTER, MD, WALTER D FP
411 WASHINGTON ST
LIGONIER PA 15658-1432
SIEPER, DO, WILLIAM J TR
RADIATION ONCOLOGY CTR
GREENSBURG PA 15601-2792
412-832-4280
SINGH, MD, DALJIT PUD
911 LIGONIER ST STE 204
LATROBE PA 15650-1805
412-537-2210
SINGH, MD, USHA D PTH
LATROBE AREA HOSP
LATROBE PA 15650-1166
412-537-1554
SLEZAK, MD, JOSEPH A *OBG
601 S CHURCH ST
MT PLEASANT PA 15666-1703
412-547-7561
SLOANE, MD, CHARLES E GS
251 7TH ST
NEW KENSINGTON PA 15068-6534
412-337-9900
SMITH, MD, JACK D ORS
133 DONAHUE RD
GREENSBURG PA 15601-9380
412-834-4448
SMITH, MD, WALTER K FP
212 N GRANT ST
LIGONIER PA 15658-1153
412-238-6668
SNYDER JR, MD, CHARLES P OS
634 BRUSH HILL RD
IRWIN PA 15642-3961
SOLAN, MD, JAMES A FP
217 MAIN ST
FAYETTE CITY PA 15438
412-326-9945
SOLOMON, MD, HOWARD J *GE
858 MAINE ST
PITTSBURGH PA 15221-4106
SONG, MD, YOUNG J IM
1260 MARTIN AVE
NEW KENSINGTON PA 15068-5022
412-339-6641
SOTELO, MD, AUGUSTO OTO
235 HUMPHREY RD
GREENSBURG PA 15601-4579
412-838-8818
SPEEDY, MD, HARRY W IM
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3555
SPINO, MD, PASCAL D PD
311 S MAPLE AVE
GREENSBURG PA 15601-3218
412-834-2375
STEFFENSEN, MD, DAVID O ID
260 MT VERNON AVE
EXPORT PA 15632-9035
412-832-4000
STEM JR, MD, THEODORE B NEP
1506 WOODVIEW DR
GREENSBURG PA 15601-3739
412-836-8303
STILE, MD, SABATO A P
3485 TREELINE DR
MURRYSVILLE PA 15668-1523
412-327-4966

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412-539-3555
SUNG, MD, LEE H NEP
PO BOX 737
10 PAULINE DR
LATROBE PA 15650-0737
412-537-9208
SWACKHAMMER, MD, RANDY L IM
1100 LIGONIER ST
LATROBE PA 15650
919-432-8202
SWIERCZEWSKI, MD, EDWARD V FP
1212 WOODMONT AVE
NEW KENSINGTON PA 15068-5537
412-568-5581
SZABO, MD, EDWARD T CD
1005 LIGONIER ST
LATROBE PA 15650-1638
412-532-1020
TANTISIRA, MD, SOMPHONG *TS
111 LOWRY AVE
JEANNETTE PA 15644-2547
412-527-3707
TEET, MD, DANIEL A PS
601 S CHURCH ST STE 1000
MT PLEASANT PA 15666-1703
412-547-3535
TESTA, MD, JOSEPH A GP
MAGEE AVE & 2ND ST
JEANNETTE PA 15644
412-523-4321
THOMAS, MD, JAMES H FP
EASTWOOD PR CT PELLIS RD
GREENSBURG PA 15601
412-837-5257
TOMCI, MD, GEORGE E FP
EDGEWATER TER TNHS #14
LATROBE PA 15650
412-539-8143
TONEY, MD, DAVID M R
206 MORRISON AVE
GREENSBURG PA 15601-3412
412-832-8004
TORET, MD, MICHEL P FP
13370 ROUTE 30
NORTH HUNTINGDON PA 15642-1129
412-863-9700
TORIO, MD, REYNALDO M *ORS
1 BRADDOCK ROAD AVE
MT PLEASANT PA 15666-1453
412-547-7507
TRAVERS, MD, DANIEL J GS
540 SOUTH ST STE 304
GREENSBURG PA 15601-2727
412-837-3880
TROUT, MD, JOHN A IM
545 RUGH ST
GREENSBURG PA 15601-5636
412-837-8400
TYMOCZKO, MD, ROBERT G *IM
545 PUGH ST
GREENSBURG PA 15601
412-837-8400
URBAN, MD, ROBERT R FP
RD 3
BELLE VERNON PA 15012-9803
412-929-5711
VANDYK, MD, KLAAS GS
800 WASHINGTON AVE
MT PLEASANT PA 15666-1828
412-547-5794
VASUDEVAN, MD, GOPALAN *CD
507 W NEWTON ST STE 2
GREENSBURG PA 15601-2819
412-836-2722
VELEZ, MD, RAFAEL I AN
200 THORNBERRY DR
PITTSBURGH PA 15235-5062
412-785-1975
VILLEGAS, MD, EMILIO FP
100 PENNSYLVANIA AVE
IRWIN PA 15642-3552
412-863-1204
VIN, MD, PRAKASH K IM
PO BOX 215
DERRY PA 15627-0215
412-694-2765
VITTONE, MD, DANIEL C OPH
RR 4 BOX 50-M
LIGONIER PA 15658
412-539-1671
VITTONE, MD, RONALD B OPH
1010 LIGONIER ST
LATROBE PA 15650-1837
412-539-1871
WAHBA, MD, HANEY N *FP
MERCY FAMILY HLTH CTR
PITTSBURGH PA 15235-5411
412-825-3700
WALOR, OFF MANAGER, MARGARET M
207 COULTER BDLG
GREENSBURG PA 15601
412-837-5050
WANG, MD, BARBARA K IM
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3555
WARD JR, MD, THOMAS D *IM
300 OLD AIRPORT RD
GREENSBURG PA 15601-5806
412-537-9208

WATKINS, MD, GLORIA J PTH
508 S CHURCH ST
MT PLEASANT PA 15666-1790
412-547-1198
WEINBERG, MD, MICHAEL G *FP
315 DEPOT ST
LATROBE PA 15650-1560
412-537-8222
WEINSTEIN, MD, DAVID P DR
CITIZENS GENERAL HOSP
NEW KENSINGTON PA 15068
412-337-5037
WEISEL, MD, WILLIAM M FP
9 HIGHVIEW PL
GREENSBURG PA 15601-3741
412-537-0290
WIDLAN, MD, SHELDON D
3856 HENLEY DR
PITTSBURGH PA 15235-5041
412-539-8517
WIGLE, MD, ARNOLD R ORS
911 LIGONIER ST STE 3
LATROBE PA 15650-1805
412-537-4321
WILLIAMS, DO, MARK S FP
305 EVERSON AVE
SCOTTDALE PA 15683-1512
412-887-4550
WILLIAMSON, MD, EDWARD L N
BERKSHIRE CTR RT 30 STE 104
GREENSBURG PA 15601
412-836-0090
WILSON, MD, JOHN S DR
515 RUGH ST
GREENSBURG PA 15601-5615
412-832-8004
WITHERSPOON, MD, ROBERT G P
U S RTE 30 BOX 330
LATROBE PA 15650
412-459-8000
WODZINSKI, MD, STEVEN F *PUD
203 MEDICAL ARTS BLDG
GREENSBURG PA 15601
412-837-1894
WOLFF, MD, JEFFREY M D
419 W PITTSBURGH ST
GREENSBURG PA 15601-2236
412-837-5810
WYSZOMIERSKI, MD, DAVID A PD
1100 LIGONIER ST
LATROBE PA 15650-1917
215-539-8380
YOON, MD, DONALD D *GP
108 WHITEHEAD LN
MONROEVILLE PA 15146-2718
412-372-5000
YOUNG, MD, JOSEPH M IM
529 SCHOONMAKER AVE
MONESSEN PA 15062-1114
412-684-5401
ZAITOON, MD, MOHAMMAD M U
1027 W MAIN ST
MT PLEASANT PA 15666-1733
412-547-4122
ZELEZNIK, MD, MIROSLAV FP
312 E MAIN ST
LIGONIER PA 15658-1418
412-238-5667
ZUCK, MD, WALTER N R
651 4TH AVE
NEW KENSINGTON PA 15068-6591
412-337-5035

WYOMING

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FRITZ, MD, LOUISA J GP
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717-934-2257
GARDNER, MD, JOHN C FP
133 W TIOGA ST
TUNKHANNOCK PA 18657-1442
717-836-2121
HANNA, MD, TONY A FP
R R 6 BOX 103
TUNKHANNOCK PA 18657-9806
HOST, MD, WILLIAM R GS
RR 6 BOX 139-A
TUNKHANNOCK PA 18657
717-836-1429
KELLMAN, MD, IAN A *DR
625 HAMPTON RD
SHAVERTOWN PA 18708-9526
717-836-2181
LANDIS, MD, RAY L FP
SADDLE LAKE RD
TUNKHANNOCK PA 18657-9460
717-945-3071
LIMPERT, MD, GEORGE H FP
PO BOX 87
DIMOCK PA 18816-0067
717-278-1981
MAJERNICK, DO, THOMAS G EM
204 GRANT STREET
OLYPHANT PA 18447
717-383-3636
MORRIS JR, MD, ROBERT G R
WILKES BARRE GEN
TUNKHANNOCK PA 18764-0001
717-829-8111

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TYLER MEMORIAL HOSP
TUNKHANNOCK PA 18657
717-836-2181
SHELLY, MD, W DAYTON GS
R R 1 BOX 273-4
TUNKHANNOCK PA 18657
717-836-2161
SHERWOOD, MD, ARTHUR W FP
133 W TIOGA ST
TUNKHANNOCK PA 18657-1442
717-836-2121
SOLIMAN, MD, EZZAT M ORS
408 N MAIN ST
WARSAW NY 14569-1022
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SORBER, MD, JON A IM
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TRUJILLO, MD, RENE AN
5181 COLLINS AVE
MIAMI FL 33140-2755
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YORK

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25 MONUMENT RD STE 250
YORK PA 17403-5049
717-741-9344
AGARWAL, MD, NIKHILESHWER N GS
15 WYNTRE BROOKE DR
YORK PA 17403-4536
717-741-9444
AHLBRANDT, MD, DUANE E IM
1224 S QUEEN ST
YORK PA 17403-3923
717-846-2821
AKRAS, MD, JAMES A GS
YORK HOSP
YORK PA 17405
717-741-2753
ALANDETE, MD, ALVARO PD
220 POTOMAC AVE
HANOVER PA 17331-2260
717-632-7785
ALLEN, MD, BRIAN D FP
9 MARIE DR
HANOVER PA 17331-9370
717-633-9119
ALLINGHAM, DO, LARRY A AN
300 BALTIMORE ST
HANOVER PA 17331-3239
717-367-4068
ALPERT, MD, JEFFREY R GS
1946 SECURITY DR
YORK PA 17402-4727
717-741-4113
ALTLAND, MD, ROBERT C *OS
14 WATER ST
GLEN ROCK PA 17327-1029
AMSBAUGH, MD, GLENN A *OTO
924 COLONIAL AVE
YORK PA 17403-3450
717-843-9089
ANDREWS-MURRAY, MD, GAYLE *IM
1601 S QUEEN ST
YORK PA 17403-4630
717-845-4312
ANGELO, MD, JOHN J PS
100 MERION RD
YORK PA 17403-3714
ATKINS, MD, JOHN L *IM
625 S GEORGE ST
YORK PA 17403-3130
ATKINS, MD, ROBERT M P
1001 S GEORGE ST
YORK PA 17403-3678
717-771-2554
AZAR, MD, ALBERT A P
509 HILLCREST RD
YORK PA 17403-4021
717-846-1637
BACASTOW, MD, MERLE S OS
1 SMUGGLERS COVE RD
CAPE ELIZABETH ME 04107-2110
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RR 1 BOX 238
FAWN GROVE PA 17321-9728
717-382-4895
BARLOW, DO, ALFRED M FP
958 E MARKET ST
YORK PA 17403-1149
717-846-1318
BAUER, MD, THOMAS L GS
25 MONUMENT RD STE 220
YORK PA 17403-5049
717-741-0733
BEAVEN, MD, BARRY J FP
225 E SPRINGETTSBURY AVE
YORK PA 17403-3213
717-846-0622
BEEKEY JR, MD, CYRUS E NEP
15 WYNTRE BROOKE DR
YORK PA 17403-4536
717-741-5010
BENE, MD, CATHERINE H OPH
2915 E PROSPECT RD
YORK PA 17402-9501
717-755-1993

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110 PINE GROVE COMMONS
YORK PA 17403-5151
717-741-5257
BERMAN, MD, IRA J D
RR 8 BOX 419
YORK PA 17403-9671
BERNSTINE, DO, EARL L GS
100 SUMMIT DR
YORK PA 17403-3647
BEST, MD, JOHN W U
182M DEW DROP RD
YORK PA 17402
BHYUN, MD, DAE SOO R
1001 S GEORGE ST
YORK PA 17403-3676
BINDER, MD, ERIC J * IM
510 ST JOHNS DR
CAMP HILL PA 17011-1332
717-845-8617
BITTINGER, MD, RALPH E GP
110 GEORGE ST
HANOVER PA 17331-1915
BLECKER, MD, DAVID DR
2080 N BROOK CIR
YORK PA 17403-4750
717-843-1313
BOBIN, MD, JOHN J IM
NORTHEASTERN MED CTR
MOUNT WOLF PA 17347
717-266-3631
BOOTH, MD, CATHERINE M FP
YORK HOSP
YORK PA 17405
717-771-2345
BORN, MD, MICHAEL W * PS
MEDFORD PROF CTR
YORK PA 17403-4594
717-741-9599
BORNT, MD, MARSHA D GYN
STE 230 MONUMENT DR
YORK PA 17403
BORTNER, MD, DONALD L FP
S BROAD ST
NEW FREEDOM PA 17349-9701
717-235-2127
BOWERS, MD, BARBARA A PD
1820 S QUEEN ST
YORK PA 17403-4637
717-854-1595
BOYLE, MD, L EAMONN HEM
STE 185 APPLE HILL MED CTR
YORK PA 17403-5049
717-741-8211
BREIN, MD, KENNETH R OPH
1945 QUEENSWOOD DR
YORK PA 17403-4254
717-846-6900
BRIDE, DO, THOMAS P AN
329 KIRKHAM DR
YORK PA 17402-3315
717-846-8910
BRIDENBAUGH, MD, G ALAN CD
51 BREWSTER ST
HANOVER PA 17331-2827
717-637-1736
BROADBENT, MD, JAN B * AI
2124 S QUEEN ST
YORK PA 17403-4809
717-843-6663
BRONITSKY, MD, BARBARA G R
YORK HOSP
YORK PA 17403-3676
717-771-2331
BROWN, MD, MICHAEL E FP
337 W KING ST
EAST BERLIN PA 17316
717-259-9568
BURCHMAN, MD, COREY A AN
110 PINE GROVE COMMONS
YORK PA 17403
717-741-5257
BURKICH, MD, ROBERT A US
YORK HOSP
YORK PA 17405
717-771-2345
BURKLE, MD, JOSEPH S NM
75 BRIDLEWOOD WAY APT A32
YORK PA 17402-9172
717-757-3430
BUSHWICK, MD, BRUCE M FP
1001 S GEORGE ST
YORK PA 17403-3676
717-771-2521
BUSLER JR, MD, VERNE M FP
848 BROADWAY
HANOVER PA 17331-2029
717-632-2700
BUTERA, MD, VINCENT * ORS
2339 S GEORGE ST
YORK PA 17403-5009
717-741-9400
BUTLER, MD, IVAN L * NS
1601 S QUEEN ST
YORK PA 17403-4630
717-846-4700
CALABRETTA, MD, ARTHUR M PS
50 WYNTRE BROOKE DR
YORK PA 17403-4535
717-741-0877
CALDWELL, DO, JOE P EM
3847 KINGS ARMS LN
YORK PA 17402
717-771-2345

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2004 CRESCENT RD
YORK PA 17403-4730
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146 EAST SPRINGETTSBURG AVE
YORK PA 17402
717-741-9083
CANN III, MD, THOMAS W IM
1938 SECURITY DR
YORK PA 17402-4727
717-741-2005
CAROE, MD, ALAN E PTH
1001 S GEORGE ST
YORK PA 17403-3676
717-712-4346
CARPENTER, MD, CATHY P FP
SPRING GARDEN FAM PRAC
YORK PA 17403
717-845-4846
CARSON III, MD, JOHN N NEP
410 PINE GROVE COMMONS
YORK PA 17403
717-741-5151
CARTER JR, MD, JOSEPH H OBG
3015 EASTERN BLVD
YORK PA 17402-3026
717-757-3511
CHODROFF, MD, CHARLES H IM
140 PINE GROVE COMMONS
YORK PA 17403-5151
717-741-9511
CHURCH, MD, JEFFREY S GS
850 TIOGA ST
YORK PA 17404-2319
CICCARELLI, MD, CLEM A * FP
FAIRVIEW FAMILY HLTH CTR
ETTERS PA 17319-9538
717-938-8264
COHEN, MD, DAVID L * ORS
80 WYNTRE BROOKE DR
YORK PA 17403-4535
717-741-4653
COLLINS, MD, FRANK J GS
YORK HOSP
YORK PA 17403-3676
717-771-2345
CRAIG, MD, RICHARD A AN
110 PINE GROVE COMMONS
YORK PA 17403
D'AGATA, MD, SAMUEL D ORS
207 BLOOMING GROVE RD
HANOVER PA 17331-9569
717-637-1977
DABB, MD, RICHARD W PS
50 WYNTRE BROOKE DR
YORK PA 17403-4535
DALY JR, MD, RICHARD H FP
1930 SECURITY DR
YORK PA 17402-4727
717-741-4641
DANYO, MD, J JOSEPH ORS
908 S GEORGE ST
YORK PA 17403-3757
717-848-4800
DAUGHERTY, MD, DONALD FP
201 W MAIN ST
WINDSOR PA 17366-9605
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68 LAUREL DR
HANOVER PA 17331-9348
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YORK PA 17403-3349
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YORK PA 17403-4815
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1050 WETHERBURN DR
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ROMEO, RYAN C ST
222 TOWNHOUSE
HERSHEY PA 17033
SAVAGE, CARRIE A ST
144 UNIVERSITY MANOR E
HERSHEY PA 17033
SCHADDER, CYNTHIA A ST
224 UNIVERSITY MANOR
HERSHEY PA 17033-2827
SCHAFFER, MD, LILLY H ST
4040 PRESIDENTIAL BLVD
PHILADELPHIA PA 19131
SCHALLER, MD, VINCENT E ST
91 FAIRVIEW AVE
MILFORD NJ 08848

SCHOONOVER, CHRISTINE A ST
348 HILLTOP RD
HUMMELSTOWN PA 17036-8511
SCOGNO, CHARLES A ST
26 SWARTHMORE
HERSHEY PA 17033
SIMMONS, MARK L ST
515 S HARRISON ST
PALMYRA PA 17078-3219
SIMON, DANIELE ST
160 UNIVERSITY MANOR E
HERSHEY PA 17033
SIPE, KELLY L ST
1637 MACINTOSH WAY
HUMMELSTOWN PA 17036-8706
SKOBIERANDA, KATHE R ST
50 UNIVERSITY MANOR E
HERSHEY PA 17033
SNYDER, SCOTT G ST
R-2151 SWARR RUN RD
LANCASTER PA 17601
SOBOTA, BRET T ST
125 UNIVERSITY MANOR E
HERSHEY PA 17033-2817
SOUNDARARAJAN, VIDYA ST
4 UNIVERSITY MANOR E
HERSHEY PA 17033
SPOTTS, MD, DOUGLAS A ST
HARRISBURG HOSP
HARRISBURG PA 17101-2099
STAUFFER, BRIAN L ST
2B DUKE ST
HERSHEY PA 17033-1950
SUCHESKI, BRIAN M ST
53 UNIVERSITY MANOR E
HERSHEY PA 17033
SUDOL, KATARZYNA S ST
16 WESTMONT BLDG
HERSHEY PA 17033
SWIFT, IAN R ST
251 TOWNEHOUSE
HERSHEY PA 17033-2380
TASSONE, ROSALIE F ST
212 UNIVERSITY MANOR E
HERSHEY PA 17033-2826
THOMPSON, HOLLY J ST
836 OAK ST
DENVER PA 17517
TRELLA, JENNIFER M ST
73 UNIVERSITY MANOR
HERSHEY PA 17033-2810
TREMENTOZZI, DANIEL P ST
509 KEVIN CT
CAMP HILL PA 17011-1263
TRIPPITELLI, CAROL L ST
409 HALLMARK ST
HERSHEY PA 17033
TUCKER, PETER J ST
313 HALLMARK S
HERSHEY PA 17033-2353
TYSON, H SCOTT ST
125 UNIVERSITY MANOR E
HERSHEY PA 17033
VIERRA, MARK A ST
1532 MACINTOSH WAY
HUMMELSTOWN PA 17036
WALKER, AMY B ST
123 UNIVERSITY MANOR E
HERSHEY PA 17033
WEBER, JEFFREY K ST
804 E CHOCOLATE AVE REAR
HERSHEY PA 17033-1213
WENDLING, MARK A ST
92 UNIVERSITY MANOR
HERSHEY PA 17033-2812
WIEGAND, ROSEMARY A ST
154 UNIVERSITY MANOR
HERSHEY PA 17033-2820
WOLF, CINDY J ST
268 BAHIA AVE
HERSHEY PA 17033-1305
WONG, KATHLEEN M ST
32 TOWNHOUSE
HERSHEY PA 17033-2317
YOST, MD, ROBERT B ST
62 HAMPSHIRE COURT
ATLANTA GA 30002

A

AARONS, MD, JEROME H	ALLEGHENY
AARONSON, DO, GARY A	PHILADELPHIA
AARONSON, MD, HERBERT G	MONTGOMERY
ABAD, MD, RAUL M	NORTHAMPTON
ABARBANEL, DO, JACK	WESTMORELAND
ABBASI, MD, SORAYA	PHILADELPHIA
ABBATE, MD, MATTHEW J	ALLEGHENY
ABBOTT, MD, ALBERT J	LUZERNE
ABBOTT, MD, JODI F	PHILADELPHIA
ABBOTT, MD, JOSEPH L	CHESTER
ABBOTT, MD, ROBERT M	PHILADELPHIA
ABBOTT JR, DO, HARLAN E	MIFFLIN/JUNI
ABBOUD, MD, ELIAS M	PHILADELPHIA
ABBRESCIA, KELLY L	STUDENT
ABCAR, ANTOINE C	STUDENT
ABDEL, DO, HANY F	MONTGOMERY
ABDEL-MESSEIH, MD, ADEL A	LYCOMING
ABDULHAY, MD, GAZI	LEHIGH
ABDULLAH, MD, AMID K	CAMBRIA
ABELLA, MD, EMMELINE P	PHILADELPHIA
ABELLA, MD, ROMEO S	DELAWARE
ABER, MD, JOHN M	WESTMORELAND
ABER, MD, ROBERT C	DAUPHIN
ABERNATHY, MD, ERNEST L	WASHINGTON
ABERNETHY, MD, HUGH C	CHESTER
ABGOTT, MD, MICHAEL A	NORTHAMPTON
ABIDI, MD, NICHOLAS A	PHILADELPHIA
ABIR, MD, ISAAC	BUCKS
ABLA, MD, ADNAN A	ALLEGHENY
ABLA-YAO, MD, SHIYI	MONTGOMERY
ABLAZA, MD, SARIEL G	PHILADELPHIA
ABO, MD, MARC N	NORTHAMPTON
ABOOSI, MD, ALI J	WESTMORELAND
ABOU-HAIDAR, MD, SAID N	INDIANA
ABOULHOSN, MD, HUSSEIN	CENTRE
ABOUNA, MD, GEORGE J M	PHILADELPHIA
ABRAHAM, MD, DAVID J	PHILADELPHIA
ABRAHAM, MD, GEORGE P	BRADFORD
ABRAHAM, MD, HANS A	PHILADELPHIA
ABRAHAM, DO, RONALD	BUCKS
ABRAHAM, DO, RUDOLPH A	ALLEGHENY
ABRAHAM, MD, WILLIAM D	ALLEGHENY
ABRAHAMS, MD, JONATHAN I	CAMBRIA
ABRAHAMSON, MD, MANFORD N	PHILADELPHIA
ABRAM, MD, DEBORAH C	ALLEGHENY
ABRAMOWITZ, MD, RICHARD P	LUZERNE
ABRAMS, MD, ALBERT D	LEHIGH
ABRAMS, DO, BRAD J	PHILADELPHIA
ABRAMS, MD, CYRIL	PHILADELPHIA
ABRAMS, MD, JONATHAN T	MONTGOMERY
ABRAMS, MD, PEGGY L	DELAWARE
ABRAMSON, MD, EDWIN B	PHILADELPHIA
ABRAMSON, MD, JOHN	DELAWARE
ABRAMSON, MD, MAURICE	PHILADELPHIA
ABRUTYN, MD, ELIAS	PHILADELPHIA
ABRUZZO, MARIA E	STUDENT
ABT, MD, ARTHUR B	DAUPHIN
ABU-ELMAGD, MD, KAREEM M	ALLEGHENY
ABUL-ELA, MD, AHMAD E	LAWRENCE
ABUL-ELA, MD, MOHAMAD	LAWRENCE
ABUL-FADL, MD, YAHYA	WESTMORELAND
ACETO, MD, JOSEPH N	DELAWARE
ACEVEDO, MD, JORGE L	ALLEGHENY
ACHARYA, MD, SHUBHA R	BERKS
ACHUFF, BARBARA JO S	STUDENT
ACKER, MD, BRETT L	HUNTINGDON
ACKERMAN, MD, CHERYL D	ALLEGHENY
ACKERMAN, DO, MARK	PHILADELPHIA
ACKERMAN, MD, RANDY B	PHILADELPHIA
ACKROYD, MD, DAVID A	PHILADELPHIA
ACLE, MD, ALEJANDRO E	LUZERNE
ACLE, MD, FERNANDO J	CLEARFIELD
ACOSTA, MD, JOSE R	MIFFLIN/JUNI
ACOSTA II, MD, ELBERT R	LAWRENCE
ACUFF, MD, JAMES H	ALLEGHENY
ADAM, MD, ALBERTO L	PHILADELPHIA
ADAM, MD, DAVID J	YORK
ADAMS, MD, D LESLIE	DAUPHIN
ADAMS, DAVID C	STUDENT
ADAMS, MD, DAVID J	MONTGOMERY
ADAMS, MD, ERIC A	ALLEGHENY
ADAMS, MD, ERIC D	ALLEGHENY
ADAMS, MD, JENNIFER K	ALLEGHENY
ADAMS, MD, JONATHAN D	CENTRE
ADAMS, KAREN C	STUDENT
ADAMS, MD, KEITH I	CLINTON
ADAMS, MD, LAURENCE J	LANCASTER
ADAMS, MD, LAWRENCE G	CLEARFIELD
ADAMS, MD, ROCCO J	ALLEGHENY
ADAMS, MD, WILLIAM H	LANCASTER
ADAMS III, MD, RAY D	PHILADELPHIA
ADATEPE, MD, MUSTAFA H	ALLEGHENY
ADDIS, MD, CHRISTOPHER T	LANCASTER
ADEBIMPE, MD, VICTOR R	ALLEGHENY
ADELIZZI, MD, PAUL J	BUCKS
ADELMAN, MD, FREDERICK P	PHILADELPHIA
ADELMAN, MD, PHILIP A	MONTGOMERY
ADELMAN, MD, RONALD W	NORTHAMPTON
ADESMAN, MD, MICHAEL B	DELAWARE
ADEWALE, MD, OLUSINA O	PHILADELPHIA
ADHAR, MD, MEENA	ALLEGHENY
ADIBI, MD, FEREYDOON	BUCKS
ADKINS, MD, JOHN C	ALLEGHENY
ADKINS, MD, WILLIAM C	ERIE
ADLER, DO, DONALD J	BUCKS
ADLER, MD, JON S	WASHINGTON
ADLER, MD, LAWRENCE N	ALLEGHENY
ADOLF, MD, ANN C	NORTHAMPTON
ADONI, MD, LEON	PHILADELPHIA
ADRIANO, MD, RUBEN D	MIFFLIN/JUNI
ADVINCULA, ARNOLD P	STUDENT
ADVINCULA, MD, RIZALITO B	CLINTON
AFEK, MD, PAUL	ALLEGHENY
AGARWAL, MD, AMRIT K	ALLEGHENY
AGARWAL, MD, NIKHILESHWER N	YORK
AGARWAL JR, SURESH K	STUDENT
AGARWALA, MD, MEENAKSHEE S	ALLEGHENY
AGERTY, MD, HORST A	PHILADELPHIA
AGGARWAL, MD, SHIV S	CUMBERLAND
AGNEW, MD, EDWARD A	BERKS
AGNONE, MD, PETER M	LACKAWANNA
AGOURIDIS, MD, NICHOLAS T	BERKS
AGRA, MD, CONRADO F	BEDFORD
AGRAWAL, MD, RADESHYAM M	ALLEGHENY
AGRAWAL, UDAYAN	STUDENT
AGSTER, MD, BRUCE E	ALLEGHENY
AGUILERA, MD, AMELIA G	CAMBRIA
AGUILERA, MD, ARNOLD J	MONTOUR
AGUILERA, MD, BONIFACIO T	CAMBRIA
AGUSTA, MD, VICTOR E	LANCASTER
AGUSTIN, MD, AMELIA V	ALLEGHENY
AHDIEH, MD, JALAL	PHILADELPHIA
AHERN, MD, MARYELLEN P	NORTHAMPTON
AHLBRANDT, MD, DUANE E	YORK
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AHLUWALIA, MD, HARWINDER S	SCHUYLKILL
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AHMAD, MD, SHAHID	PHILADELPHIA
AHMAD, MD, SYED A	PHILADELPHIA
AHMAD, MD, USMAN	ALLEGHENY
AHMED, MD, ADIBA S	ALLEGHENY
AHMED, MD, ALI	CUMBERLAND
AHMED, MD, GALAL M	LYCOMING
AHMED, MD, KAMAL ELDIN M	PHILADELPHIA
AHMED, MD, MUJAHED M	NORTHUMBRLAND
AHMED, MD, NIAZ	WARREN
AHMED, MD, OUZI M	ALLEGHENY
AHN, MD, CHANG W	LANCASTER
AHONKHAI, MD, VINCENT I	PHILADELPHIA
AHRENSFIELD, MD, DEBRA C	PHILADELPHIA
AHUJA, MD, SUBASH C	WESTMORELAND
AICHELE JR, DO, ROBERT K	LANCASTER
AICHER, MD, D CRAIG	LUZERNE
AIELLO, MD, STEPHEN A	BUCKS
AIGNER, MD, WILLIAM J	BLAIR
AIKEN, MD, LUCILLE B	ALLEGHENY
AIKEN, MD, ROBERT D	PHILADELPHIA
AIMETTE, MD, ALEXANDER A	BUCKS
AIMINO, MD, BARBARA J	PHILADELPHIA
AITA, MD, PAUL C	BERKS
AITKEN, MD, GEORGE S E	PHILADELPHIA
AKBAR, MD, MOHAMMAD M	SCHUYLKILL
AKBARI, MD, SAEED	BUCKS
AKHTAR, MD, M JAVED	MCKEAN
AKRAS, MD, JAMES A	YORK
AKRUK, MD, SAMIR R	BUCKS
AKSU, MD, AHMET	NORTHAMPTON
AL-ANNOUF, MD, NABIL	DAUPHIN
AL-MISKY, OUSAMA N	STUDENT
AL-PACHACHI, MD, JINAN T	JEFFERSON
AL-SAADI, MD, KHALDON	WESTMORELAND
ALAGIRISWAMI, MD, KRISHNASWAMI	COLUMBIA
ALAND, MD, CHRISTOPHER M	BUCKS
ALANDETE, MD, ALVARO	YORK
ALARCON, MD, J EDGAR	CHESTER
ALARCON, MD, LOUIS H	ALLEGHENY
ALARCON, WILLIAM H	STUDENT
ALAVI, MD, MOSEN	PHILADELPHIA
ALAVIZADEH, MD, ROWSHAN Z	PHILADELPHIA
ALAYLI, MD, GHASSAN	ALLEGHENY
ALBANESE, MD, ELLENJEANE	CLEARFIELD
ALBERICO, MD, ANTHONY M	PHILADELPHIA
ALBERT, MD, JUDITH L	ALLEGHENY
ALBERT, MD, LAWRENCE	MONTGOMERY
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ALBERT II, MD, JOHN D	ERIE
ALBERTINI, MD, ROBERT E	MONTOUR
ALBERTS, LISA M	STUDENT
ALBERTS, MD, NANCY K	BEAVER
ALBERTSON, MD, RICHARD P	MONTGOMERY
ALBO, MD, VINCENT C	ALLEGHENY
ALBRECHT, MD, JAMES B	MONTGOMERY
ALBRIGHT, MD, A LELAND	ALLEGHENY
ALBRIGHT, MD, DAVID P	CUMBERLAND
ALBRIGHT, MD, GERALD S	LANCASTER
ALBRIGHT III, MD, WILLIAM J	DAUPHIN
ALBURGER, MD, PHILIP D	PHILADELPHIA
ALCAIDE, MD, FERDINAND Q	PHILADELPHIA
ALCANTARA, MD, VICENTE A	WASHINGTON
ALCOFF, MD, JOEL M	ALLEGHENY
ALDEN, MD, JAMES C	MONTGOMERY
ALDEN, MD, MARK E	MONTGOMERY
ALDERFER, MD, ARTHUR J	BUCKS
ALDERFER, MD, GILL R	DELAWARE
ALDERFER, MD, HAROLD H	CHESTER
ALDERFER, MD, J TODD	MONTGOMERY
ALDINGER II, MD, DAVID L	MIFFLIN/JUNI
ALDOUS, MD, THOMAS W	DAUPHIN
ALDRIDGE, MD, RAYMOND	BRADFORD
ALEMO-HAMMAD, MD, SAEID	PHILADELPHIA
ALESSANDRINI, MD, EVALINE A	PHILADELPHIA
ALESSI, MD, THOMAS R	MONTOUR
ALEX, MD, WILLIAM R	MONTGOMERY
ALEXANDER, MD, ALAN R	LANCASTER
ALEXANDER, MD, CHARLES M	DELAWARE
ALEXANDER, MD, FRED	PHILADELPHIA
ALEXANDER, MD, GILBERT H	ALLEGHENY
ALEXANDER, MD, JOHN H	STUDENT
ALEXANDER, MD, LINDA S	MONTGOMERY
ALEXANDER, MD, NANCY J	PHILADELPHIA
ALEXANDER, MD, R WILLIAM	BERKS
ALEXANDER, MD, ROLAND R	DAUPHIN
ALEXANDER JR, MD, JOHN D	PHILADELPHIA
ALEXANDER JR, MD, S CRAIGHEAD	PHILADELPHIA
ALEXANDERIAN, MD, HARRY A	LUZERNE
ALFANO, MD, SALVATORE N	CUMBERLAND
ALGAZY, MD, KENNETH M	MONTGOMERY
ALI, MD, MOHAMMAD I	LAWRENCE
ALI, OMAR A	STUDENT
ALLAN, MD, DAVID A	PHILADELPHIA
ALLAN, MD, MARY B	CHESTER
ALLANIGUE, MD, ROGELIO M	ERIE
ALLATT, MD, RICHARD D	CENTRE
ALLEN, MD, BRIAN D	YORK
ALLEN, MD, DAVID W	BERKS
ALLEN, MD, DENYSE M	LEBANON
ALLEN, MD, GREGG P	ALLEGHENY
ALLEN, MD, HAROLD Y	FRANKLIN
ALLEN, MD, HUGH L	ERIE
ALLEN, MD, JAMES E	ALLEGHENY
ALLEN, JAY T	STUDENT
ALLEN, MD, JOHN E	JEFFERSON
ALLEN, MD, LISA S	LANCASTER
ALLEN, LONNIE E	STUDENT
ALLEN, MD, RICHARD	DAUPHIN
ALLEN, MD, ROBERT L	BRADFORD
ALLEN, MD, ROBERT W	MERCER
ALLEN, DO, STEVEN K	MONTGOMERY
ALLEN, MD, THOMAS E	ALLEGHENY
ALLEN, DO, TIMOTHY L	BERKS
ALLEN, TINA J	STUDENT
ALLEN JR, MD, SAMUEL D	DELAWARE
ALLENDER, MD, M PATRICK	MIFFLIN/JUNI
ALLEY, MD, ALBERT A	LEBANON
ALLEY, DO, ALBERT J	COLUMBIA
ALLEY, MD, ALI A	COLUMBIA
ALLEY, MD, RICHARD A	LUZERNE
ALLEY, MD, SAMIE A	BERKS
ALLINGHAM, DO, LARRY A	YORK
ALLISON, MD, JAMES H	ADAMS
ALLISON, MD, STEPHANI R	MONTGOMERY
ALLISTER, MD, ROBERT J	ALLEGHENY
ALLMAN, MD, JOHN H	ARMSTRONG
ALLOY, DO, CURTIS A	PHILADELPHIA
ALLYN, MD, RUSSELL E	DAUPHIN
ALMALLAH, MD, AHMAD Y	WESTMORELAND
ALMALLAH, MD, SHADIYA	WESTMORELAND
ALMASHAT, MD, ALA A	ERIE
ALMAZAN, MD, ANTONIO C	LEHIGH
ALMQUIST, MD, JOHN F	ERIE
ALOI, FRANK P	STUDENT
ALONZO, MD, JAMES J	ALLEGHENY
ALOSI, MD, ANTHONY J	PHILADELPHIA
ALPERN, MD, A NATHAN	ALLEGHENY
ALPERN, MD, ELIZABETH R	PHILADELPHIA
ALPERT, MD, BARRY L	ALLEGHENY
ALPERT, MD, CHARLES B	PHILADELPHIA
ALPERT, MD, JEFFREY R	YORK
ALPERT, MD, NORMAN P	MONTGOMERY
ALSTER, MD, HOWARD L	CUMBERLAND
ALTADONNA, MD, VICTOR	LANCASTER
ALTAKER, MD, LAWRENCE L	DAUPHIN
ALTEMOSE, MD, GREGORY T	STUDENT
ALTER, MD, MILTON	PHILADELPHIA
ALTHOUSE JR, MD, L BRUCE	DAUPHIN
ALTLAND, MD, ROBERT C	YORK
ALTMAN, MD, ADAM J	PHILADELPHIA
ALTMAN, MD, ARTHUR A	NORTHAMPTON
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ALTMAN, MD, DANIEL T	ERIE
ALTMAN, MD, HOWARD B	PHILADELPHIA
ALTMAN, MD, KEVIN C	BEAVER
ALTMAN, MD, LOUIS	ALLEGHENY
ALTMAN, DO, RISA	BUCKS
ALTMAN, DO, RODNEY S	BEAVER
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ALTSCHULER, MD, STEVEN M	PHILADELPHIA
ALVEAR, MD, DOMINGO T	DAUPHIN
ALVEAR, MD, VENERANDA B	DAUPHIN
ALVI, MD, MUMTAZ A	ALLEGHENY
ALY, MD, ASHRAF M	DAUPHIN
AMACHER, MD, A LOREN	MONTOUR
AMACHER, MD, HOWARD C	ERIE
AMADIO, MD, JULIO J	MONTGOMERY
AMADIO JR, MD, PETER	PHILADELPHIA
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AMBARIAN, ANNE P	STUDENT
AMBRAD, MD, ANTONIO J	ALLEGHENY
AMBROSE, MD, DAVID N	LYCOMING
AMBROSE, DO, JOSEPH E	INDIANA
AMBROSE, SUSAN M	STUDENT
AMBRUSO, MD, VICTOR T	LUZERNE
AMEIGH, MD, MARGRETTA J	DAUPHIN
AMENTLER, MD, JOHN P	LUZERNE
AMES, CHRISTINE M	STUDENT
AMES, MD, MICHAEL D	ALLEGHENY
AMIN, MD, ABHA R	PHILADELPHIA
AMIN, MD, ATUL K	NORTHAMPTON
AMIN, MD, BHAVESH R	BERKS
AMIN, MD, DEVENDRA K	NORTHAMPTON
AMIN, MD, MURLIDHAR A	ALLEGHENY
AMINA, MD, SURESH P	LAWRENCE
AMMAR, MD, MAHA M	PHILADELPHIA
AMMER, MD, JOHN L	ALLEGHENY
AMOROSO, MD, ANTHONY C	NORTHAMPTON
AMORY, DO, ROBERT M	ALLEGHENY
AMROM, MD, GEORGE J	PHILADELPHIA
AMSBAUGH, MD, GLENN A	YORK
AMSHEL, MD, ALBERT L	ALLEGHENY
AMSLER JR, MD, FRED R	LYCOMING
AMSTER, DO, NORMAN H	MONTGOMERY
AMSTERDAM, MD, GERALD H	PHILADELPHIA
AMUSO, MD, SAMUEL J	DAUPHIN
ANANIA, MD, TINA J	PHILADELPHIA
ANANTHA-RAMAN, MD, AMBALE S	ALLEGHENY
ANASTASI, MD, JOHN S	BLAIR
ANBARI, MAZEN	STUDENT
ANCHA, MD, PRASAD R	NORTHAMPTON
ANDALFT, DO, ANTHONY C	PHILADELPHIA
ANDERKO, MD, FRANK T	LEHIGH
ANDERSEN, MD, EDWIN	MONTGOMERY
ANDERSEN, MD, JOHN M	MONTGOMERY
ANDERSEN, MD, ROLF L	LANCASTER
ANDERSEN, MD, THOMAS W	LANCASTER
ANDERSON, MD, ALICE M	PHILADELPHIA
ANDERSON, MD, ARLO C	MONTGOMERY
ANDERSON, MD, CAROL E	PHILADELPHIA
ANDERSON, MD, CAROLYN H	ALLEGHENY
ANDERSON, MD, ELIZABETH E	LYCOMING
ANDERSON, MD, GARY J	MONTGOMERY
ANDERSON, MD, GORDON P	ERIE
ANDERSON, MD, HERBERT H	ALLEGHENY
ANDERSON, MD, JOHN B	BERKS
ANDERSON, MD, JOHN R	NORTHAMPTON
ANDERSON, MD, KENNETH F	CHESTER
ANDERSON, MD, KENNETH R	ALLEGHENY
ANDERSON, KENNETH W	STUDENT
ANDERSON, MD, LEONARD S	PHILADELPHIA
ANDERSON, MD, LLOY E	MONTGOMERY
ANDERSON, PENNY R	STUDENT
ANDERSON, REBECCA	STUDENT
ANDERSON, MD, RICHARD E	ALLEGHENY
ANDERSON, MD, RONALD B	DELAWARE
ANDERSON, MD, THOMAS E	FRANKLIN
ANDERSON, THOMAS M	STUDENT
ANDERSON, TIMOTHY D	STUDENT
ANDERSON, MD, VICTOR S	WESTMORELAND
ANDERSON, MD, WILLIAM M	DAUPHIN
ANDERSON JR, MD, LYLE F	DAUPHIN
ANDERSON JR, MD, WILLIAM H	ERIE
ANDING, MD, ERIC S	DAUPHIN
ANDREOZZI, MD, ROBERT J	LEBANON
ANDRES, CHRISTOPHER D	STUDENT
ANDRES, DO, DAVID M	DAUPHIN
ANDREWS, MD, A THOMAS	DAUPHIN
ANDREWS, MD, JOSEPH J	LUZERNE
ANDREWS, MD, P JOSEPH	DAUPHIN
ANDREWS, MD, PETER J	LUZERNE
ANDREWS, SCOTT K	STUDENT
ANDREWS, MD, WAVERLY S	PHILADELPHIA
ANDREWS III, MD, WILLARD G	MONTGOMERY
ANDREWS JR, MD, PETER J	LUZERNE
ANDREWS-MURRAY, MD, GAYLE	YORK
ANDRIES, MD, RAYMOND C	DELAWARE
ANDRIES, MD, RAYMOND M	MONTGOMERY
ANDRILLI, MD, JOHN A	PHILADELPHIA
ANDRIN, MD, MARGARET	STUDENT
ANDRIOLA, MD, FRANK J	DAUPHIN
ANDRIOLE, DO, JAMES M	CLINTON
ANDRIOLE, MD, JOSEPH P	LACKAWANNA
ANDROKITES, MD, ARTHUR T	WESTMORELAND
ANDROSKI, MD, ANNE A	PHILADELPHIA
ANDROSKI, MD, JOHN J	LACKAWANNA
ANEGAWA, NORIFUSA J	STUDENT
ANEJA, MD, SURINDER K	ALLEGHENY
ANGEL, MD, ANDREW R	PHILADELPHIA
ANGELICO, MD, RICHARD J	LEHIGH
ANGELO, MD, JOHN J	YORK
ANGELO, DO, SHARON A	PHILADELPHIA
ANGLE, MD, WILLIAM D	LYCOMING
ANGLES, MD, CARMEN	PHILADELPHIA
ANGSTADT, MD, TERRY L	FRANKLIN
ANGSTADT JR, MD, PAUL N	MONTGOMERY
ANGULO, MD, ARMAND J	FRANKLIN
ANGUS, MD, LESLIE R	MONTOUR
ANHALT, MD, JOHN P	MONTOUR
ANISH, ERIC J	STUDENT
ANISTRANSKI, MD, JOSEPH A	LUZERNE
ANKER, MD, PETER M	DAUPHIN
ANNEAR, MD, WILLIAM C	GREENE
ANNESLEY JR, MD, WILLIAM H	DELAWARE
ANNON JR, MD, WALTER T	PHILADELPHIA
ANO, MD, ANTONIO C	PHILADELPHIA
ANOLIK, MD, MITCHELL A	PHILADELPHIA
ANOLIK, MD, STEVEN L	BEAVER
ANON, MD, JACK B	ERIE
ANSARI, MD, AMIR H	ALLEGHENY
ANSELMI, MD, LANNING A	LUZERNE
ANSLEY, MD, MARK W	BUCKS
ANSON, MD, PETER M	LEHIGH
ANTALIK, MD, PAUL E	ALLEGHENY
ANTEMANN, MD, RICHARD W	CAMBRIA
ANTENSON, MD, CHARLES M	PHILADELPHIA
ANTHONY, MD, ALFRED	SOMERSET
ANTHONY, MD, JOHN A	MONTGOMERY
ANTHOPOULOS, MD, ALEXANDER P	DELAWARE
ANTI, MD, ALVISE G	ALLEGHENY

ANTOGNOLI, MD, WILLIAM J	LACKAWANNA
ANTONCIC, MD, RUDY	ALLEGHENY
ANTONELLI, MD, ELENA C	PHILADELPHIA
ANTONELLO JR, MD, ANTHONY	DELAWARE
ANTONETTI, MD, THOMAS B	LYCOMING
ANTONIADES, MD, JOHN	PHILADELPHIA
ANTONUCCI, MD, DONNA L	MONTGOMERY
ANTOON, DO, MICHAEL S	ERIE
ANTOON JR, MD, SALEEM J	WESTMORELAND
ANTOS, MD, THOMAS J	ALLEGHENY
ANTYPAS, MD, PHILIP G	ALLEGHENY
ANZALONE, MD, ANGELO A	LUZERNE
ANZALONE, MD, SALVATORE	BERKS
APARICIO, MD, LUIS F	ERIE
APGAR, ANDERS P	STUDENT
APOSTOLOU, MD, GEORGE C	PHILADELPHIA
APOVIAN, MD, CAROLINE M	MONTOUR
APPASAMY, MD, RAGUNATH	ALLEGHENY
APPEL, MD, JOHN W	PHILADELPHIA
APPLEGATE, DO, DAVID J	BEAVER
APPLEGATE, MD, GERALD B	BUTLER
APPLEGATE, MD, RUSSEL C	DELAWARE
APPLESTEIN, MD, BRUCE	BUCKS
APTON, MD, JEFFREY H	ALLEGHENY
AQUILINA, MD, CHARLES J	LUZERNE
AQUINO, MD, EDWIN A	DAUPHIN
ARAIN, MD, MOHAMMAD S	DAUPHIN
ARANEDA, MD, LUIS O	BLAIR
ARANGIO, MD, GEORGE A	LEHIGH
ARANO, MD, LEONARDO V	MONTGOMERY
ARASTU, MD, MOHAMMAD I	NORTHAMPTON
ARAVABHUMI, MD, SRINIVAS	PHILADELPHIA
ARAVENA, MD, ERNESTO B	ALLEGHENY
ARAYA, MD, CLETO U	ALLEGHENY
ARAYA, MD, FERNANDO	LUZERNE
ARBITMAN, MD, MICHAEL	BLAIR
ARBOGAST JR, MD, JOHN W	UNION
ARBOGAST SR, MD, JOHN W	UNION
ARCE, MIGUEL A	STUDENT
ARCH JR, MD, FRANCIS J	ALLEGHENY
ARDITO, MD, JOSEPH M	CHESTER
ARENA, MD, SEBASTIAN	ALLEGHENY
ARES, MD, NILDA E	LEBANON
ARESERY, MATTHEW J	STUDENT
ARETZ, MD, THOMAS E	CAMBRIA
AREVALO, MD, FERNANDO L	ALLEGHENY
ARGENTINE JR, MD, ROBERT P	ALLEGHENY
ARGER, MD, PETER H	PHILADELPHIA
ARGIRES, MD, JAMES P	LANCASTER
ARIAS, MD, JOANNA D	MONTOUR
ARILLOTTA, MD, CLYDE	ALLEGHENY
ARISUMI, MD, DAVID N	ALLEGHENY
ARISUMI, MD, SUSAN K	MONTOUR
ARKOOSH, MD, VALERIE A	PHILADELPHIA
ARLUK, MD, JUDITH I	ALLEGHENY
ARMANIOUS, MD, ADEL W	WESTMORELAND
ARMAO, MD, JOSEPH J	DELAWARE
ARMENTI, MD, FREDERICK R	PHILADELPHIA
ARMENTO, MD, DONALD F	PHILADELPHIA
ARMFIELD III, MD, SAMUEL L	ALLEGHENY
ARMITAGE, MD, HARRY V	DELAWARE
ARMOUR, DO, THOMAS F	MERCER
ARMOUR, MD, WILLIAM S	PHILADELPHIA
ARMSTEAD, MD, PHYLLIS	PHILADELPHIA
ARMSTRONG, MD, DELILAH	DAUPHIN
ARMSTRONG, MD, MARK E	ALLEGHENY
ARMSTRONG, MD, THOMAS A	MONTGOMERY
ARNAO, MD, JAMES	PHILADELPHIA
ARNDT, MD, JAMES L	BERKS
ARNER, MD, RAYMOND H	NORTHAMPTON
ARNHEIM, MD, FALK K	ALLEGHENY
ARNHOLZ, MD, DEIRDRE	PHILADELPHIA
ARNO, MD, J THOMAS	CRAWFORD
ARNOLD, MD, JOHN J	CLEARFIELD
ARNOLD, MD, LAURA S	ALLEGHENY
ARNOLD, SARAH J	STUDENT
ARNOLD, DO, WAYNE V	MONTGOMERY
ARNONE, DO, JAMES G	PHILADELPHIA
ARNOUK, MD, NABIL T	JEFFERSON
ARONICA, MD, MICHAEL J	LACKAWANNA
ARONOFF, MD, ROBERT D	DAUPHIN
ARONSON, MD, JEROLD M	PHILADELPHIA
ARONSON, MD, MORTON L	ALLEGHENY
ARONSON, MD, SUSAN S	PHILADELPHIA
ARONSTAM, MD, ROBERT H	BRADFORD
ARORA, MD, MANJU	DELAWARE
ARORA, MD, RAMESH	CUMBERLAND
ARORA, MD, SAT P	DELAWARE
ARORA, MD, SUBHASH C	LACKAWANNA
AROUH, MD, ALBERT	DELAWARE
ARRISON, DANIEL P	STUDENT
ARROW, DO, BEREL B	LANCASTER
ARSHT, DO, DAVID B	DELAWARE
ARSHT, MD, EDWIN D	DELAWARE
ARSUAGA, MD, JORGE E	PHILADELPHIA
ARTABANE, MD, THOMAS A	LACKAWANNA
ARTHUR, MD, BRIAN W	DAUPHIN
ARTHUR, MD, JAMES B	MCKEAN
ARTHUR, MD, KENNETH R	LANCASTER
ARTIS, MD, CATHY J	ALLEGHENY
ARTUSO, MD, FRANK B	ALLEGHENY
ARTUSO, MD, JAMES D	LANCASTER
ARUMUGARAJAH, MD, KANAGASABAPATHY	ADAMS
ASAAD, DO, MARY L	ALLEGHENY
ASATO, AMY J	STUDENT
ASBELL, MD, SUCHA O	PHILADELPHIA
ASCANIO JR, MD, GUIDO J	BERKS
ASEEM, MD, WALI M	JEFFERSON
ASH, MD, S RUSSELL	MONTGOMERY
ASHBAUGH, MD, WILLIAM H	BUTLER
ASHBY, MD, JOHN D	FRANKLIN
ASHBY, THOMAS C	STUDENT
ASHMAN, MD, GEORGE S	CAMBRIA
ASHOK, MD, PUDUCHERI S	ALLEGHENY
ASHWORTH, MD, HALBERT E	BERKS
ASKAR, MD, F	PHILADELPHIA
ASKIN, MD, STANLEY R	PHILADELPHIA
ASKINAS, MD, ALAN M	CHESTER
ASLAM, MD, AZAR	CRAWFORD
ASLAM, MD, MOHAMMAD	SCHUYLKILL
ASLAM, MD, MOHAMMED	SOMERSET
ASMAN, MD, BARRY J	ALLEGHENY
ASMAR, MD, HODA A	DAUPHIN
ASO, MD, ORLANDO A	CARBON
ASPILI, MD, CONCEPCION S	PHILADELPHIA
ASPINALL, MD, ALAN R	WESTMORELAND
ASSANASEN, MD, BENJA V	WESTMORELAND
ASSANASEN, MD, CHARIN	WESTMORELAND
ASSARSSON, MD, ERIK D	MONTGOMERY
ASTA, MD, LISA M	STUDENT
ASTARITA, MD, SALVATORE J	LANCASTER
ASTHANA, MD, SHOBHA	ALLEGHENY
ASTRA, LOUIS I	STUDENT
ASTROFF, MD, MATTHEW R	CHESTER
ASUMUGHA, MD, KINGSLEY N	PHILADELPHIA
ATHANI, MD, VIJAY S	ALLEGHENY
ATHREYA, MD, BALU H	PHILADELPHIA
ATKIN, MD, DAVID H	ALLEGHENY
ATKINS, MD, JOHN L	YORK
ATKINS, MD, ROBERT M	YORK
ATKINS, MD, WILLIAM R	CHESTER
ATKINS JR, MD, JOSEPH P	PHILADELPHIA
ATKINS JR, MD, WILLIAM R	PHILADELPHIA
ATKINSON, MD, BARBARA F	PHILADELPHIA
ATKINSON, MD, CHARLES A	PHILADELPHIA
ATKINSON, MD, DONALD P	ALLEGHENY
ATKINSON, MD, NOLAN N	MONTGOMERY
ATKINSON, PAMELA A	STUDENT
ATWELL, MD, MARGARET S	BERKS
ATWELL, MD, ROBERT B	ALLEGHENY
ATWELL SR, DO, GRANT E	SOMERSET
AUCH, MD, ELLA M	NORTHAMPTON
AUCHENBACH, MD, RALPH C	ALLEGHENY
AUDAY, MD, JOSE H	PHILADELPHIA
AUDET, MD, JEANNINE R	DAUPHIN
AUERBACH, DO, BENJAMIN H	CHESTER
AUERBACH, MD, HERMAN L	LUZERNE
AUERBACH, DO, JEFFREY C	WAYNE/PIKE
AUERBACH, MD, MARK H	NORTHAMPTON
AUERBACH, DO, ROBERT S	PHILADELPHIA
AUGELLI-HODOR, DO, LINDA P	NORTHAMPTON
AUGSBURGER, MD, JAMES J	PHILADELPHIA
AUL, JEROME J	STUDENT
AULT, MD, GLENN T	STUDENT
AURE, MD, HORACIO S	ALLEGHENY
AURE, MD, ISABEL R	ALLEGHENY
AURITT, MD, WILLIAM A	MONTGOMERY
AUSTIN JR, MD, CHARLES B	DAUPHIN
AUSTRIAN, MD, ROBERT C	PHILADELPHIA
AUTERI, MD, ANTHONY G	LEHIGH
AVANCENA, MD, EDGARDO P	MONTGOMERY
AVART, DO, HERBERT	DELAWARE
AVEDISSIAN, MD, MICHAEL G	BERKS
AVELLA, MD, BERARD N	BERKS
AVELLA, MD, DAVID P	CHESTER
AVELLINO, MD, JOSEPH D	PHILADELPHIA
AVENIA, MD, RONALD J	COLUMBIA
AVERBACH, DAVID H	STUDENT
AVERSA, MD, NICHOLAS	PHILADELPHIA
AVERSA, THADDEUS M	STUDENT
AVERY, MD, ANDREA D	ALLEGHENY
AVETIAN, DO, GARO C	DELAWARE
AVILA, MD, PEDRO C	PHILADELPHIA
AVNER, MD, DAVID L	GREENE
AWAN, MD, IHSAN H	ALLEGHENY
AWAN, MD, RASHID A	CAMBRIA
AXELROD, MD, BUDD B	PHILADELPHIA
AXELROD, MD, JANICE H	ALLEGHENY
AXELROD, MD, LAWRENCE S	MONTGOMERY
AXELROD, DO, NORMAN M	LANCASTER
AXELROD, MD, RANDI A	PHILADELPHIA
AXELSON, MD, ALAN A	ALLEGHENY
AYASSO, MD, M SAMIR	ALLEGHENY
AYDIN, MD, ABED A	JEFFERSON
AYERLE, MD, ROBERT S	PHILADELPHIA
AYERS, MD, LLOYD R	BLAIR
AYERS JR, MD, WILLIAM H	DELAWARE
AYLWARD, MD, JOHN J	CHESTER
AYOUB, MD, WILLIAM T	MIFFLIN/JUNI
AYRES, MD, WILLIAM W	FAYETTE
AZAB, MD, AMANY K	CAMBRIA
AZABACHE, MD, DANIEL B	LACKAWANNA
AZAR, MD, ALBERT A	YORK
AZAR, MD, MICHAEL J	ALLEGHENY
AZAR, MD, REZA R	BUCKS
AZCONA, MD, OSCAR C	WASHINGTON
AZER, MD, MAGDI S	CAMBRIA
AZIMI, SOHEIL	STUDENT
AZIZ, MD, ABDULRAB	ALLEGHENY
AZIZKHAN, MD, REZA G	DAUPHIN

B

BAASE, MD, CAROL A	LEBANON
BABIAK, MD, OLESH	DELAWARE
BABINECZ, MD, JOHN M	CHESTER
BABINS, MD, DAVID M	ERIE
BABRA, MD, SUDHA T	BEDFORD
BABUSCHAK, JEFFREY M	STUDENT
BACAK, MD, JOSEPH F	NORTHAMPTON
BACASTOW, MD, MERLE S	YORK
BACCASH, MD, PATRICIA D	PHILADELPHIA
BACESKI, MD, DEBORAH A	SOMERSET
BACHARACH, MD, BENJAMIN	PHILADELPHIA
BACHARACH, MD, MATTHEW D	LANCASTER
BACHMAN, MD, WILLIAM H	LANCASTER
BACKENSTOSE, MD, DANIEL L	DAUPHIN
BACKES, MD, CELSO L	POTTER
BACKUP, MD, DUDLEY C	CHESTER
BACON, MD, RICHARD W	LANCASTER
BADAMO, MD, FRANCIS P	JEFFERSON
BADARACCO, MD, MARIE R	COLUMBIA
BADAWI, MD, RADWAN A	LACKAWANNA
BADAYOS, MD, ALICIA P	MONTGOMERY
BADER, MD, KAREN M	STUDENT
BADIALI, MD, S CHARLES	WASHINGTON
BADILLO, MD, RENE O	MONTGOMERY
BADOLATO, MD, DAVID J	MONTGOMERY
BADOSA, MD, FRANCISCO	PHILADELPHIA
BADWAY, MD, DAVID M	ALLEGHENY
BAENS, MD, MARIA P C	ALLEGHENY
BAER, MD, GERALD R	LANCASTER
BAER, MD, HARRY M	PHILADELPHIA
BAER, JAMES R	STUDENT
BAER, MD, MICHAEL T	DAUPHIN
BAER, MD, SAMUEL	PHILADELPHIA
BAERTL, MD, JUAN M	YORK
BAFFONI JR, MD, ALBERT D	ALLEGHENY
BAGDORF, MD, ROBERT	INDIANA
BAGHAI-NAIINI, MD, PARVIZ	ALLEGHENY
BAGLEY, MD, DEMETRIUS H	PHILADELPHIA
BAHADARI, ALI	STUDENT
BAHIA, MD, JINAN O	DAUPHIN
BAHL, MD, MOHINDER M	ALLEGHENY
BAHL, MD, VIJAY K	ALLEGHENY
BAHLER, MD, EILEEN	WESTMORELAND
BAHRAMI, MD, MICHAEL M	BERKS
BAIKADI, MD, MADHAVA	LACKAWANNA
BAILER, DO, ALAN S	MONTGOMERY
BAILES JR, MD, JULIAN E	ALLEGHENY
BAILEY, MD, DOMINIQUE R	NORTHAMPTON
BAILEY, MD, STEPHEN R	ALLEGHENY
BAILEY, MD, THOMAS M	NORTHAMPTON
BAILEY, MD, WILLIAM R	ALLEGHENY
BAILEY III, DO, JOHN H	CRAWFORD
BAILEY JR, MD, JOHN H	CRAWFORD
BAILEY JR, MD, ROBERT S	MONTGOMERY
BAILEY JR, DO, WILLIAM H	ALLEGHENY
BAILON, MD, ALEXANDER G	ALLEGHENY
BAILY, MD, ROBERT G	DAUPHIN
BAINBRIDGE, MD, WILLIAM J	CHESTER
BAIR, MD, JEFFREY F	MONROE
BAIR, MD, ROBERT C	TIOGA
BAIR, MD, VICTOR W	WASHINGTON
BAIR, MD, WILLIAM L	ALLEGHENY
BAIRD, MD, EDWARD F	LANCASTER
BAIRD, MD, JAMES W	ALLEGHENY
BAIRD, JANET L	STUDENT
BAIRD, MD, ROBERT M	MONROE
BAJAJ, MD, RAJESH	ADAMS
BAJAJ, MD, RAJIV K	LACKAWANNA
BAJAJ-LUTHRA, ANUREET K	STUDENT
BAJWA, MD, SURINDER S	WESTMORELAND
BAKER, MD, CAROL C	ALLEGHENY
BAKER, MD, DAVID C	LEHIGH
BAKER, MD, DAVID G	LANCASTER
BAKER, MD, DONALD J	PHILADELPHIA
BAKER, MD, GRAEME C	ERIE
BAKER, MD, JEFFREY H	CENTRE
BAKER, MD, KAREN S	ALLEGHENY
BAKER, MD, KENNETH M	MONTOUR
BAKER, MD, LESTER	PHILADELPHIA
BAKER, MD, MARK D	PHILADELPHIA
BAKER, MD, MARK S	CENTRE
BAKER, MD, MARVIN P	BUTLER
BAKER, MD, R J	BEAVER
BAKER, RANDOLPH M	STUDENT
BAKER, MD, ROBERT H	MERCER
BAKER, MD, ROBERT L	ALLEGHENY
BAKER, MD, ROY F	CENTRE
BAKER, DO, TERENCE R	BERKS
BAKER, MD, THOMAS E	LUZERNE
BAKER, MD, WALTER J	ALLEGHENY
BAKER II, DO, ROBERT L	ALLEGHENY
BAKER JR, MD, GEORGE W	FRANKLIN
BAKEWELL, MD, FRANK S	WASHINGTON
BAKSHI, MD, KALINO R	PHILADELPHIA
BAKSHI, MD, KINNARI K	BUCKS
BAKTH, MD, SHAMSHER	ALLEGHENY
BALARAMAN, MD, GOVINDACHETTY	FRANKLIN
BALASH, MD, WILLIAM R	ARMSTRONG
BALASUBRAMANIAM, MD, MANI	FAYETTE
BALASUBRAMANIAN, MD, EASWARAN	PHILADELPHIA
BALCHANDANI, MD, RAJKUMARI B	PHILADELPHIA
BALCITA, MD, ARTHUR L	WESTMORELAND
BALDASSANO, MD, ROBERT N	MONTOUR
BALDASSARRE, MD, JAMES S	PHILADELPHIA
BALDECK, MD, ANDREA M	PHILADELPHIA
BALDERACH, MD, RONALD R	LAWRENCE
BALDERSTON, MD, RICHARD A	PHILADELPHIA
BALDI, DO, CHRISTOPHER L	MONTOUR
BALDIA, MD, LIVEO B	COLUMBIA
BALDWIN, MD, HAROLD S	PHILADELPHIA
BALDWIN, ROBERT C	STUDENT
BALDWIN, MD, THOMAS M	BEAVER
BALDYS, MD, JAMES S	LYCOMING
BALEANU-MALLOZZI, MD, RALUCA I	LANCASTER
BALES, MD, CHARLES R	ERIE
BALI, MD, AJAY K	LUZERNE
BALIN, MD, ARTHUR K	DELAWARE
BALIN, MD, BENJAMIN R	DELAWARE
BALINT, MD, BART W	ERIE
BALISTOCKY, MD, MARVIN H	MONTGOMERY
BALK, MD, PHILLIP	ALLEGHENY
BALKMAN, MD, KAREN M	ALLEGHENY
BALL, DO, DAVID J	COLUMBIA
BALLANTYNE, MD, JAMES V	ALLEGHENY
BALLARD, MD, IAN M	MONTGOMERY
BALLARD, MD, ROBERTA A	PHILADELPHIA
BALLEK, MD, RONALD E	PHILADELPHIA
BALLENTINE, MD, GEORGE N	LYCOMING
BALLO, MD, FRANCES S	MONTOUR
BALLS, MD, KENT F	MONTGOMERY
BALMASEDA, MD, MARIO T	ERIE
BALMASEDA, MD, OFELIA B	PHILADELPHIA
BALOCH, MD, ZUBAIR W	PHILADELPHIA
BALOG, MD, BALINT	DAUPHIN
BALOGH JR, MD, ROBERT J	LEBANON
BALOURIS, MD, CHRIST A	ALLEGHENY
BALSAMO, MD, ANTHONY J	PHILADELPHIA
BALSBAUGH, MD, GEORGE T	DAUPHIN
BALSHI, MD, JAMES D	NORTHAMPTON
BALSHI, MD, STEPHEN F	NORTHAMPTON
BALTAROWICH, MD, OKSANA H	PHILADELPHIA
BALTZ, MD, RICHARD D	DAUPHIN
BALTZELL, MD, WILLIAM H	PHILADELPHIA
BALU, MD, GANESH R	ALLEGHENY
BALZ, MD, THOMAS P	MONTOUR
BAMBERGER, MD, GRANT W	CHESTER
BAMBERGER, MD, JOHN A	LEBANON
BAMONT, MD, ANTHONY J	PHILADELPHIA
BAMONTE, MD, EDWARD L	ALLEGHENY
BANACH, MICHAEL J	STUDENT
BANCROFT, MD, EDITH D	MONTGOMERY
BANCROFT, MD, URSULA F	PHILADELPHIA
BANDALA, MD, LEONARD C	NORTHAMPTON
BANDARANAYAKE, MD, NISANTHA M	WESTMORELAND
BANDARANAYAKE, MD, PICHING	ALLEGHENY
BANDINI JR, MD, PAUL J	PHILADELPHIA
BANE, MD, DENIS M	SCHUYLKILL
BANEY JR, MD, CHARLES M	BERKS
BANIEWICZ JR, MD, FRANK J	MERCER
BANK, MD, R STANLEY	DAUPHIN
BANKA, MD, REENA S	PHILADELPHIA
BANKA, MD, VIDYA S	PHILADELPHIA
BANKACI, MD, MURAT	WESTMORELAND
BANMILLER, MD, JAMES D	MONTGOMERY
BANNER, MD, RICHARD N	MONTGOMERY
BANNER, MD, RONALD S	PHILADELPHIA
BANNING, DO, RICHARD J	SCHUYLKILL
BANNISTER, MD, KYRA H	BRADFORD
BANNISTER JR, MD, WILLIAM B	LAWRENCE
BANNON, MD, CHARLES J	LACKAWANNA
BANNON, MD, JOSEPH P	PHILADELPHIA
BANOGON, MD, MARIETTA A	DAUPHIN
BANQUERIGO, MD, ELDINE A	BERKS
BANSAL, MD, SURENDRA K	ALLEGHENY
BANSBACH, MD, JEAN M	PHILADELPHIA
BANSBACH, MD, WILLIAM A	PHILADELPHIA
BANSIDHAR, MD, BHADRASINE	BEAVER
BANTLY, MD, VICTOR S	CAMBRIA
BANZHOFF, MD, GORDON K	DAUPHIN
BAQUERO-BUENO, MD, MARIO R	WASHINGTON
BAR, MD, ALLEN H	PHILADELPHIA
BARAD, MD, ROXANA F	ALLEGHENY
BARAFF, MD, ROBERT	ALLEGHENY
BARAKAT, MD, ADEL R	LACKAWANNA
BARAN, MD, ERNEST M	MONTGOMERY
BARAN, MD, JAMES J	ALLEGHENY
BARAN, MARK S	STUDENT
BARANSKI, MD, EDWARD J	ADAMS
BARATTA, MD, PASQUALE D	WAYNE/PIKE
BARATZ, MD, BURTON H	PHILADELPHIA
BARBA III, MD, WILLIAM P	BUCKS
BARBAREVECH, MD, CHRISTOPHER A	PHILADELPHIA
BARBER, MD, JAMES J	ALLEGHENY
BARBER, MD, JOHN C	ALLEGHENY
BARBER, MD, JOHN V	WESTMORELAND
BARBER, MD, JOSEPH C	ERIE
BARBER, MD, LEE A	PHILADELPHIA
BARBER, MD, MARGARET	PHILADELPHIA
BARBER, MATTHEW D	STUDENT
BARBERA, MD, CHARLES F	STUDENT
BARBOT, MD, DONNA J	PHILADELPHIA
BARCH, MD, FRANK J	CHESTER
BARCLAY, MD, CLAYTON C	SCHUYLKILL
BARCLAY, PETER M	STUDENT
BARCLAY JR, MD, CLAYTON C	MONTGOMERY
BARD, MD, JOSEPH L	MONTGOMERY
BARDELL, MD, CRAIG R	SCHUYLKILL
BARDSLEY, MD, DAVID J	PHILADELPHIA
BARDZIL MD, JOSEPH W	WASHINGTON
BARENBAUM, MD, DANIEL H	PHILADELPHIA
BARENBERG, MD, PAUL A	CHESTER
BARG, MD, RONALD B	MONTGOMERY
BARI, MD, MERLE M	MONTGOMERY
BARILLA, MD, DONALD E	LEHIGH
BARKE, MD, JAMES N	POTTER
BARKER, MD, CLYDE F	PHILADELPHIA
BARKER, MD, RICHARD G	PHILADELPHIA
BARLEY, MD, SAMUEL B	JEFFERSON
BARLOW, DO, ALFRED M	YORK
BARLOW JR, MD, ROBERT A	PHILADELPHIA
BARMADA, MD, BICHER	ALLEGHENY
BARNA, MD, NICHOLAS J	MONTOUR

BARNABY JR, MD, ARTHUR J	PHILADELPHIA
BARNES, MD, ANNE U	PHILADELPHIA
BARNES, MD, BARBARA E	ERIE
BARNES, MD, BEN C	LEHIGH
BARNES, MD, DENICE M	BUCKS
BARNES, MD, FREDERICK J	MONROE
BARNES, MD, MARGARET M	PHILADELPHIA
BARNES, MD, W STEPHEN	CENTRE
BARNES, MD, WILLIAM J	ALLEGHENY
BARNES, MD, WILLIAM T	CENTRE
BARNES, MD, WILLIS C	LACKAWANNA
BARNETT, MD, ALAN J	ALLEGHENY
BARNETT, MD, CHARLES F	PHILADELPHIA
BARNETT, MD, RONALD B	MONTGOMERY
BARNHOUSE, MD, DAVID H	ALLEGHENY
BARNICLE, MD, DANIEL J	INDIANA
BARNICLE, MD, MARYANNE	INDIANA
BARNOSKI, MD, JOHN F	DAUPHIN
BARNWELL, MD, ANNE-BATTISTE	ERIE
BAROLAT-ROMANA, MD, GIANCARLO	PHILADELPHIA
BARON, MD, JOHN	ALLEGHENY
BARON, MD, RAYMOND C	PHILADELPHIA
BARON, MD, RICHARD J	PHILADELPHIA
BARON, MD, SCOTT L	ALLEGHENY
BARON JR, MD, ANDREW J	LACKAWANNA
BARONE, MD, ANTHONY	LEHIGH
BARONE, MD, FRANCES A	BUCKS
BARONE, DO, PAUL F	CHESTER
BARONE, MD, SAMUEL F	ALLEGHENY
BARR, MD, GARY A	ALLEGHENY
BARR, MD, GAVIN C	NORTHAMPTON
BARR, MD, HARRY J	MONTGOMERY
BARR, DO, LAWRENCE I	PHILADELPHIA
BARR, LYNN D	STUDENT
BARR, MD, RICHARD G	DELAWARE
BARR, MD, V WARD	LANCASTER
BARR JR, MD, JAMES H	ALLEGHENY
BARRAS, MD, DAVID I	LUZERNE
BARRASSE, MD, LINDA D	LACKAWANNA
BARREN, DO, ERIC P	LACKAWANNA
BARRER, MD, MITCHELL J	BUCKS
BARRER, MD, STEVEN J	MONTGOMERY
BARRESI, DO, MARY L	ALLEGHENY
BARRETT, MD, GEORGE S	NORTHAMPTON
BARRETT, MD, JAMES P	BERKS
BARRETT, MD, JOHN L	ALLEGHENY
BARRETT, MD, MICHAEL J	PHILADELPHIA
BARRETT, MD, ROBYN LERNER	PHILADELPHIA
BARRETT, MD, STEPHEN J	LEHIGH
BARRETT, MD, WILLIAM A	ALLEGHENY
BARRETTE, MD, ROGER R	WASHINGTON
BARRINGER, MD, LYDIA R	PHILADELPHIA
BARRIOS, MD, MARIO F	BERKS
BARRIS, MD, BRUCE J	BUCKS
BARRIST, MD, ELLIS M	PHILADELPHIA
BARRY, MD, KEVIN P	PHILADELPHIA
BARRY, MD, WILLIAM E	PHILADELPHIA
BARRY, MD, WILLIAM J	CHESTER
BARSKY, MD, DIANE L	PHILADELPHIA
BARSKY, DO, HOWARD EDWIN	PHILADELPHIA
BARSOUM, MD, ADIB H	WESTMORELAND
BARSZCZOWSKI JR, MD, PETER J	LAWRENCE
BARTEAUX, MD, JOHN W	ERIE
BARTELT, DO, MATTHEW S	NORTHAMPTON
BARTGES, MD, JOHN D	LANCASTER
BARTH, MD, LINDA J	STUDENT
BARTHO, MD, BLAINE F	PERRY
BARTLE JR, MD, HARVEY	MONTGOMERY
BARTLETT, MD, SCOTT P	PHILADELPHIA
BARTLETT JR, MD, FREDERICK H	MONTGOMERY
BARTLOW, MD, WILLIAM P	LYCOMING
BARTMAN, THOMAS	STUDENT
BARTNIK, MD, JOHN K	ALLEGHENY
BARTOLANZO, MD, ROBERT A	BUCKS
BARTOLET, LORA L	STUDENT
BARTOLET, MD, TERRY L	NORTHAMPTON
BARTOLOZZI, MD, MARIA A	PHILADELPHIA
BARTON, MD, F JANE	DAUPHIN
BARTON, MD, JAMES C	FRANKLIN
BARTON, MD, JOHN O	DAUPHIN
BARTON, MD, ROBERT L	LEBANON
BARTONE, MD, FRANCIS F	MONTOUR
BARTOS, MD, JOSEPH E	NORTHAMPTON
BARTOS, MD, SYLVIA A	WASHINGTON
BARTOSIK, MD, DELPHINE B	PHILADELPHIA
BARTUSKA, MD, DORIS G	PHILADELPHIA
BARUA, MD, SUBRATA P	WESTMORELAND
BARZEL, MD, EYAL	PHILADELPHIA
BARZYK, MD, PETER P	ERIE
BASALA, DO, PHILIP A	SOMERSET
BASARAB, MD, ROBERT M	LANCASTER
BASEMAN, MD, ALAN S	BUCKS
BASEMAN, MD, DEBRA M	PHILADELPHIA
BASH, MD, EVAN K	DELAWARE
BASHARA, MD, THOMAS J	LAWRENCE
BASHEDA, DO, STEPHEN G	ALLEGHENY
BASHEIN, DO, HAL J	PHILADELPHIA
BASHLINE, DO, BRUCE S	DAUPHIN
BASHLINE, MD, DON L	MERCER
BASHLINE, DO, H WOODROW	MERCER
BASHORE JR, MD, ROBERT M	LANCASTER
BASILE, MD, JOSEPH	BLAIR
BASKA, MD, JOHN K	BEAVER
BASOM, MD, DONALD E	MIFFLIN/JUNI
BASRA, MD, RAJINDER K	DAUPHIN
BASSALY, MD, RIFAAT R	LAWRENCE
BASSETT, MD, JAMES G	PHILADELPHIA
BASSILIOS, MD, FOUAD A	ALLEGHENY
BAST, MD, WILLIAM R	ADAMS
BASTIAN, MD, GRACE A	PHILADELPHIA
BASTIAN, MD, JAMES R	LYCOMING
BASTING, MD, GREGORY G	LACKAWANNA
BASU, ANJULI	STUDENT-
BATCHELDER, MD, BARRON M	BERKS
BATCHELET, DO, RICHARD B	DELAWARE
BATCHELOR, MD, ALLISON J	BEAVER
BATES, LIDA A	STUDENT
BATES JR, MD, OLLICE	MONTOUR
BATHRICK, MD, CHARLES E	ERIE
BATIPPS JR, MD, PERCY O	DELAWARE
BATLEY JR, MD, JERRY O	PHILADELPHIA
BATOFF, MD, MILTON A	PHILADELPHIA
BATOK, MD, GARY R	LUZERNE
BATORY, MD, KATHERINE H	CENTRE
BATRA, MD, PREET M	PHILADELPHIA
BATSHAW, MD, MARK L	PHILADELPHIA
BATTAFARANO, MD, LEONARD A	PHILADELPHIA
BATTAFARANO, MD, NICHOLAS C	CHESTER
BATTAGLIA, MD, MARIANO F	ALLEGHENY
BATTAGLIA, MD, PAUL G	SOMERSET
BATTERTON, MD, THOMAS D	PHILADELPHIA
BATTISTA, MD, FRANK J	DAUPHIN
BATTLE, MD, WILLIAM M	PHILADELPHIA
BATZER, MD, FRANCES R	PHILADELPHIA
BAUER, MD, FRANK L	ALLEGHENY
BAUER, MD, JAMES E	INDIANA
BAUER, MD, JAMES E	ARMSTRONG
BAUER, MD, ROBERT L	LEBANON
BAUER, MD, THOMAS L	YORK
BAUER, MD, WILLIAM F	ALLEGHENY
BAUERS, MD, JOHN C	ERIE
BAUERSFELD, MD, S RICHARD	ALLEGHENY
BAUM, MD, EDGAR S	LEHIGH
BAUM, MD, JEFFREY A	ALLEGHENY
BAUM, JONATHAN D	STUDENT
BAUM, MD, NEIL B	WESTMORELAND
BAUM, MD, SHELDON F	DELAWARE
BAUM-BARVIE, MD, ALICIA	WESTMORELAND
BAUMAN, MD, DOROTHY H	ALLEGHENY
BAUMAN, DO, JOHN M	ERIE
BAUMAN, MD, THOMAS W	FAYETTE
BAUMGARDNER, MD, JAMES E	PHILADELPHIA
BAUMGART, MD, JUDY R	CUMBERLAND
BAUMGARTEL, MD, IRA E	ALLEGHENY
BAUMWELL, MD, IVAN A	ALLEGHENY
BAURER, MD, FREDERIC M	PHILADELPHIA
BAUSCH, MD, ANDREW N	LEHIGH
BAUSCH, MD, RICHARD D	LEHIGH
BAUSCH JR, MD, FREDERICK R	LEHIGH
BAUTISTA, MD, PRIMO V	WESTMORELAND
BAVER, MD, GEORGE A	MONTGOMERY
BAXLEY, MD, MICHAEL N	ALLEGHENY
BAXTER, MD, JOHN A	MONTOUR
BAXTER JR, MD, DONALD L	ERIE
BAY, NICHOLAS W	STUDENT
BAYANI JR, MD, ELADIO Y	WESTMORELAND
BAYER, DO, JAY D	FRANKLIN
BAYER, MD, JOSEPH F	WASHINGTON
BAYRI, MD, MEHMET F	LEHIGH
BAYUK, MD, JOHN D	BEAVER
BAYUK, MD, JULIAN M	MONTGOMERY
BAZARGANI, MD, TAWOOS	MONTGOMERY
BAZARNIC, MD, MARGARET L	BERKS
BAZEWICZ, MD, ROBERT A	LEBANON
BAZMI, MD, HASSAN	ALLEGHENY
BAZMI, MD, NEPTUNE K	ALLEGHENY
BAZRON, MD, HERBERT	ALLEGHENY
BAZYLAK, MD, ROBERT A	CRAWFORD
BAZZOUI, MD, WIDAD	MCKEAN
BEACHER JR, MD, GEORGE W	LANCASTER
BEACHLER, MD, JOHN S	ALLEGHENY
BEACHLEY, MD, MICHAEL C	ALLEGHENY
BEACHY, MD, IVAN E	CUMBERLAND
BEACHY, MD, STANLEY C	CUMBERLAND
BEALE, MD, BENJAMIN R	DAUPHIN
BEALER, MD, JOHN D	NORTHAMPTON
BEALL, MD, SANDRA C	LYCOMING
BEAN, MD, CARL B	BUTLER
BEANE, MD, JEFFREY C	DAUPHIN
BEARDWOOD, MD, DONALD M	MONTGOMERY
BEASTON-WIMMER, PATRICIA R	STUDENT
BEATON, DO, DAVID L	ERIE
BEATTY, MD, ALBERT C	PHILADELPHIA
BEAUCHAMP, MD, JEFFREY T	PHILADELPHIA
BEAUCHAMP JR, MD, EUGENE W	PHILADELPHIA
BEAUDREAU, MD, DAVID G	ALLEGHENY
BEAUGARD, MD, MARK E	CHESTER
BEAUSANG, MD, THOMAS	SCHUYLKILL
BEAVEN, MD, BARRY J	YORK
BEAVER, MD, WARREN J	ERIE
BEBB, MD, DONALD R	MONTGOMERY
BECERRA-CABAL, MD, LUIS I	MONTGOMERY
BECK, MD, AARON T	PHILADELPHIA
BECK, MD, ALLAN G	PHILADELPHIA
BECK, MD, BONNY L	CLEARFIELD
BECK, MD, CHRISTINE H	NORTHAMPTON
BECK, MD, GERALD	ERIE
BECK, MD, GUNHILDE M	DAUPHIN
BECK, MD, JAN	BRADFORD
BECK, JEFFREY A	STUDENT
BECK, DO, JONATHAN E	MONTGOMERY
BECK, MD, LAURENCE H	MONTOUR
BECK, MD, ROBERT H	HUNTINGDON
BECK, MD, RONALD C	ALLEGHENY
BECK, MD, SIDNEY	PHILADELPHIA
BECK, MD, SYLVIA R	PHILADELPHIA
BECK, TRACI P	STUDENT
BECK, MD, WILLIAM C	BRADFORD
BECK, MD, WILLIAM R	CENTRE
BECKER, MD, BRUCE	COLUMBIA
BECKER, CARL E	STUDENT
BECKER, MD, DANIEL L	LANCASTER
BECKER, MD, IRWIN	PHILADELPHIA
BECKER, DO, JOHN C	LYCOMING
BECKER, MD, JOSEPH M	PHILADELPHIA
BECKER, MD, MARTIN S	NORTHAMPTON
BECKER, DO, MICHAEL A	PHILADELPHIA
BECKER, MD, STEPHEN M	FRANKLIN
BECKER, MD, WARD G	BERKS
BECKLEY, MD, ROBERT F	LYCOMING
BECKMAN, DO, IRWIN	ALLEGHENY
BECKMAN, MD, WILLIAM R	ADAMS
BECKWITH, MD, WILLIAM R	DELAWARE
BEDDINGS, MD, ALEJANDRO	BUCKS
BEDFORD, MD, RICHARD A	PHILADELPHIA
BEDGER JR, MD, RICHARD C	CLEARFIELD
BEDNAR, MD, JOHN M	PHILADELPHIA
BEDNAREK, MD, JOSEPH M	PHILADELPHIA
BEDNAREK, MD, THOMAS F	LUZERNE
BEDNARSKI, MD, JEFFREY J	ERIE
BEDNARZ, MD, LUCIAN P	LACKAWANNA
BEDNARZ, MD, WALLACE W	LYCOMING
BEDRICK, MD, EDWARD L	PHILADELPHIA
BEDRICK, MD, JEFFREY D	PHILADELPHIA
BEDROSSIAN, MD, E HOWARD	DELAWARE
BEDROSSIAN JR, MD, EDWARD H	DELAWARE
BEDWELL, MD, SCOTT H	CRAWFORD
BEEBY, MD, JAMES L	ERIE
BEEKEY JR, MD, CYRUS E	YORK
BEEM, MD, JOHN W	BERKS
BEERMAN, MD, CURTIS A	CAMBRIA
BEERMAN, MD, HERMAN	PHILADELPHIA
BEERS, MD, KENNETH L	BLAIR
BEERS, MD, MARK H	MONTGOMERY
BEETEL, MD, CHRISTOPHER J	BERKS
BEGG, MD, FRANK R	ALLEGHENY
BEGG, MD, RICHARD J	ALLEGHENY
BEGLEY, MD, CHRISTOPHER J	BLAIR
BEGUM, MD, DILWARA	ALLEGHENY
BEH, MD, WALTER P	MERCER
BEHAR, MD, ROBERT D	PHILADELPHIA
BEHBEHANIAN, MD, MAHIN D	DELAWARE
BEHLKE, MD, RICHARD T	LACKAWANNA
BEHR, MD, EDITH D M	MONTGOMERY
BEHREND, MD, BERNARD	PHILADELPHIA
BEHRENDT, MD, RICHARD P	ALLEGHENY
BEHUN, MD, JOSEPH M	ALLEGHENY
BEIDLER, MD, JON G	FRANKLIN
BEIDLER, LEANNE K	STUDENT
BEILER, MD, DAVID D	MONTOUR
BEITEL JR, MD, ROBERT J	LEHIGH
BEITLE, DAVID	STUDENT
BEITTEL JR, MD, CHARLES R	DAUPHIN
BEITZEL, MD, JAMES E	SOMERSET
BEIZER, MD, LAWRENCE H	PHILADELPHIA
BEKOE, MD, SETH	ALLEGHENY
BELAIR, MD, PATRICIA A	PHILADELPHIA
BELAK, MICHELE M	STUDENT
BELARDI JR, MD, ALBERT A	LACKAWANNA
BELASCO, MD, JEAN B	PHILADELPHIA
BELASCO, MD, ROBERT N	MONTGOMERY
BELBER, MD, ARTHUR D	MONTGOMERY
BELFIGLIO, DO, STEPHEN F	PHILADELPHIA
BELICH, MD, STEPHEN C	BEAVER
BELK, MD, H DEAN	ALLEGHENY
BELKOFF, DO, LAURENCE H	MONTGOMERY
BELL, MD, ELLA C	PHILADELPHIA
BELL, MD, H CRAIG	MONTGOMERY
BELL, MD, JAMES B	DELAWARE
BELL, KAREN A	STUDENT
BELL, MD, LAWRENCE D	BEAVER
BELL, MD, LOUIS D	PHILADELPHIA
BELL, MD, MICHAEL A	LEHIGH
BELL, MD, MICHAEL C	BEAVER
BELL, MD, MICHAEL J	PHILADELPHIA
BELL, MD, RANDALL W	MONTGOMERY
BELL, MD, RICHARD T	BERKS
BELL, MD, ROBERT L	CHESTER
BELL, MD, STEPHEN T	LANCASTER
BELL, MD, STEVEN D	PHILADELPHIA
BELL, MD, THOMAS G	CLEARFIELD
BELL JR, MD, C RAY	LEBANON
BELL JR, MD, LOUIS M	PHILADELPHIA
BELLA, MD, PARALUMAN	BUTLER
BELLA, MD, ROMEO H	LAWRENCE
BELLANCA JR, MD, GUY L	WESTMORELAND
BELLER, MD, MARTIN L	PHILADELPHIA
BELLES, MD, TERRY A	LYCOMING
BELLIN, MD, HARVEY J	PHILADELPHIA
BELLIN, MD, LISA S	STUDENT
BELLINGER, MD, E LEE	TIOGA
BELLOWS, CHARLES F	STUDENT
BELLUS, MD, JOHN J	MONTGOMERY
BELMONT, MD, DONALD J	LEHIGH
BELMONT, MD, FRANK A	PERRY
BELMONT, MD, HERMAN S	PHILADELPHIA
BELMONT, MD, JONATHAN B	MONTGOMERY
BELMONT, MD, OWEN	PHILADELPHIA
BELOFF, MD, LOUIS	BUCKS
BELOVICH, MD, DEBBIE L	DAUPHIN
BELSON, MD, ARTHUR B	CHESTER
BELTZ, MD, WILLIAM R	LYCOMING
BEMILLER, MD, CARL	SCHUYLKILL
BEMIS, MD, CHARLES EASTMAN	PHILADELPHIA
BENACK, MD, ANDREA	PHILADELPHIA
BENACK, MD, CARL A	ALLEGHENY
BENAVAGE, MD, MICHAEL F	LEHIGH
BENCIE, MD, DAVID J	CAMBRIA
BENCKART, MD, DANIEL H	ALLEGHENY
BENDER, MD, BARRY L	CLINTON
BENDER, MD, GIL	PHILADELPHIA
BENDER, DO, JOHN D	MONTGOMERY
BENDER, MD, JOSEPH	MONTGOMERY
BENDER, MD, RICHARD J	ALLEGHENY
BENDER, MD, WILLIAM A	FRANKLIN
BENDER JR, MD, FRANK C	DELAWARE
BENDERSKY, MD, GORDON	PHILADELPHIA
BENDITT, MD, MILTON BARRY	PHILADELPHIA
BENDITT, MD, PHILIP L	PHILADELPHIA
BENE, MD, CATHERINE H	YORK
BENEDETTO, DO, ANTHONY V	PHILADELPHIA
BENEDETTO, MD, ERNEST A	PHILADELPHIA
BENEDICT, MD, CATHERINE R	STUDENT
BENEDICT, MD, JOHN H	DAUPHIN
BENES III, DO, FRANK J	ERIE
BENESKI, MD, DANIEL A	DELAWARE
BENGTSON, MD, CAROLYN R	POTTER
BENINATI, MD, DANIEL D	CHESTER
BENJAMIN, MD, BONNA G	ALLEGHENY
BENJAMIN, MD, DAVID R	ERIE
BENJAMIN, MD, KENNETH W	PHILADELPHIA
BENKINNEY, MD, JAMES A	LUZERNE
BENKO, MD, STEPHEN T	CAMBRIA
BENKOVIC, MD, GREGORY W	MONTOUR
BENNER, MD, JOHN N	WYOMING
BENNER, MD, PRISCILLA J	MONTGOMERY
BENNER IV, MD, JOHN H	CHESTER
BENNETT, DO, DAVID J	BEAVER
BENNETT, MD, HUGH D	PHILADELPHIA
BENNETT, MD, JOEL A	PHILADELPHIA
BENNETT, MD, JOHN A	MONTGOMERY
BENNETT, MD, JOHN T	MONTGOMERY
BENNETT, MD, LEO L	ERIE
BENNETT, MD, PAULA R	WAYNE/PIKE
BENNETT, MD, RAYMOND L	SUSQUEHANNA
BENNETT, MD, ROBERT D	ALLEGHENY
BENNETT IV, MD, JOSEPH S	CHESTER
BENNIGHOF, MD, DAVID C	BEAVER
BENNOV, MD, BENJAMIN Z	BUCKS
BENOIT, MD, CHARLES H	MONTOUR
BENOIT, DO, RICHARD A	LUZERNE
BENOVITZ, MD, BURTON S	LUZERNE
BENSCOTER, DO, DAN T	MONTOUR
BENSHOFF, MD, ALBERT M	CAMBRIA
BENSHOFF, MD, ARTHUR M	CAMBRIA
BENSIMHON, MD, GEORGES J	NORTHAMPTON
BENSON, MD, DAVID R	CENTRE
BENSON, MD, JOHN M	BUCKS
BENSON, MD, WILLIAM E	PHILADELPHIA
BENSY, MD, JOSEPH J	ALLEGHENY
BENTIVOGLIO, MD, LAMBERTO G	PHILADELPHIA
BENTLEY, MD, EUGENE A	CHESTER
BENTLEY, RHONDA M A	STUDENT
BENTON, MD, OWEN D	WASHINGTON
BENTREM II, MD, GEORGE A	LANCASTER
BENTZ, MD, CHARLES R	MCKEAN
BENTZ, MD, MICHAEL L	ALLEGHENY
BENTZ, MD, MICHAEL S	DAUPHIN
BENTZ, MD, RALPH A	DAUPHIN
BENYO, MD, PHILIP J	LUZERNE
BENZ, MD, EDWARD J	NORTHAMPTON
BENZ, MD, ROBERT L	MONTGOMERY
BENZ, MD, THOMAS B	ALLEGHENY
BENZ JR, MD, GEORGE H	ALLEGHENY
BEPLER, MD, CHARLES R	DELAWARE
BERAN, MD, SAMUEL J	PHILADELPHIA
BERARDI, MD, RONALD S	WESTMORELAND
BERBERICH, MD, JOEL J	MONTOUR
BERBERICH, MD, WALTER F	WESTMORELAND
BERENBAUM, MD, PAUL L	PHILADELPHIA
BERENHOLZ, MD, LEONARD P	PHILADELPHIA
BERES, MD, JOSEPH C	PHILADELPHIA
BERESKY, MD, BARNABAS S	ERIE
BERESNY, MD, GERALD M	CENTRE
BEREZ, MD, FRANNE R	WESTMORELAND
BERG, MD, ALAN P	PHILADELPHIA
BERG, MD, GEORGE	ALLEGHENY
BERG, MD, JAMES H	ALLEGHENY
BERG, MD, MORTON D	PHILADELPHIA
BERG, MD, PHILIP	PHILADELPHIA
BERG, DO, RICHARD E	LEHIGH
BERGELSON, MD, VICTOR D	MONTGOMERY
BERGER, MD, ALAN	LEHIGH
BERGER, MD, ALAN S	PHILADELPHIA
BERGER, MD, BRUCE C	PHILADELPHIA
BERGER, MD, GARY W	LYCOMING
BERGER, MD, JEFFREY N	ALLEGHENY
BERGER, MD, KARL	CAMBRIA
BERGER, DO, LORINDA J	PHILADELPHIA
BERGER, MD, MALCOLM P	ALLEGHENY
BERGER, MD, MARC S	MONROE
BERGER, MD, MARK D	PHILADELPHIA
BERGER, MD, SIMON M	PHILADELPHIA
BERGER, MD, WINFRIED M	HUNTINGDON
BERGEY, MD, PHILIP D	MONTGOMERY
BERGHER, MD, MOISES	PHILADELPHIA
BERGMAN, MD, ELISABETH C	ALLEGHENY
BERGMAN, MD, GARY R	ALLEGHENY
BERGMAN, MD, MARTIN J	DELAWARE
BERGNES, MD, MANUEL A	MONTGOMERY
BERGQUIST, MD, ERICK J	WESTMORELAND
BERGQVIST, MD, CHRISTINA A G	PHILADELPHIA

BERGREN, MD, ROBERT L	ALLEGHENY
BERING, MD, JOSEPH P	LEBANON
BERING, MD, THOMAS G	YORK
BERK, MD, DAVID A	ALLEGHENY
BERK, MD, H RONALD	ALLEGHENY
BERK, MD, HENRY M	MONTGOMERY
BERK, MD, MYLES M	ALLEGHENY
BERK, MD, NATHANIEL G	PHILADELPHIA
BERK, MD, ROBERT L	BUCKS
BERK, MD, THEODORE F	CUMBERLAND
BERKEBILE, MD, PAUL E	ALLEGHENY
BERKEY, MD, KENT E	ALLEGHENY
BERKEY, MD, RICHARD L	ALLEGHENY
BERKHEIMER, MD, GEORGE A	DAUPHIN
BERKHEISER, MD, SAMUEL W	DAUPHIN
BERKMAN, MD, EUGENE F	BEAVER
BERKMAN, MD, RONALD O	ALLEGHENY
BERKOW, MD, DON A	LANCASTER
BERKOW, MD, ROBERT	MONTGOMERY
BERKOWITZ, MD, ALAN R	LANCASTER
BERKOWITZ, MD, HENRY D	PHILADELPHIA
BERKOWITZ, LORI R	STUDENT
BERKOWITZ, MD, MORTON I	ALLEGHENY
BERKOWITZ, MD, PETER J	ALLEGHENY
BERKSON, DAVID A	STUDENT
BERKWITS, MD, LELAND	CHESTER
BERLEY, MD, BENJAMIN S	LUZERNE
BERLIN, MD, CHARLES S	ALLEGHENY
BERLIN, JONATHAN W	STUDENT
BERLIN, MD, PAUL J	PHILADELPHIA
BERLIN, MD, ROGER G	MONTGOMERY
BERMAN, MD, ARNOLD T	PHILADELPHIA
BERMAN, MD, ELI	MONROE
BERMAN, MD, GAIL O	MONTGOMERY
BERMAN, MD, HOWARD J	WESTMORELAND
BERMAN, MD, IRA J	YORK
BERMAN, MD, JEFFREY O	ALLEGHENY
BERMAN, MD, MICHAEL A	ALLEGHENY
BERMAN, MD, PETER D	ALLEGHENY
BERMAN, MD, PETER H	PHILADELPHIA
BERMAN, ROBERT M	STUDENT
BERMUDEZ, MD, ANTONIO G	LUZERNE
BERNAL, MD, GUILLERMO J	BUCKS
BERNARDINO JR, MD, VITALIANO B	BUCKS
BERNATH JR, MD, ALBERT M	MONTOUR
BERNBAUM, MD, JUDY C	PHILADELPHIA
BERNE, MD, ELLEN S	ALLEGHENY
BERNETT, MD, GARY B	DELAWARE
BERNETT, MD, TIMOTHY M	BRADFORD
BERNHARD, MD, ROBERT A	LANCASTER
BERNIER, MD, GEORGE M	ALLEGHENY
BERNS, MD, LEON L	PHILADELPHIA
BERNSTEIN, MD, A ALEXANDER	LACKAWANNA
BERNSTEIN, MD, BRAD	PHILADELPHIA
BERNSTEIN, MD, DEBORAH R	BUCKS
BERNSTEIN, MD, GUY T	MONTGOMERY
BERNSTEIN, DO, HENRY H	BUCKS
BERNSTEIN, MD, LARRY	PHILADELPHIA
BERNSTEIN, MD, MARK H	BUCKS
BERNSTEIN, MD, ROBERT W	ALLEGHENY
BERNSTINE, DO, EARL L	YORK
BERNSTINE, MD, J BERNARD	PHILADELPHIA
BERONILLA JR, MD, HILARION A	FAYETTE
BERRY, MD, GEORGE J	ALLEGHENY
BERRY, MD, GERARD T	PHILADELPHIA
BERRY, MD, MARCOS A	PHILADELPHIA
BERSCHLING, MD, CHESTER M	ALLEGHENY
BERTA, MD, JULIUS W	WARREN
BERTOCCHI, MD, DAVID A	ALLEGHENY
BERTOLETTE, MD, RICHARD D	BERKS
BERTRAM, MD, HORST N	LEBANON
BERTRAM, MD, KARL R	TIOGA
BERTSCH, MD, ALBERT M	SUSQUEHANNA
BERTSCH, MD, DAVID J	CUMBERLAND
BERWICK, MD, EVELYN S	ALLEGHENY
BESSELMAN, MD, DAVID M	DAUPHIN
BEST, JOHN A	STUDENT
BEST, MD, JOHN W	YORK
BESWICK, MD, DAVID R	LUZERNE
BETANCOURT, MD, SERGIO E	ALLEGHENY
BETESH, MD, JOEL S	PHILADELPHIA
BETHALA, MD, CYRIL V K	PHILADELPHIA
BETTINGER, MD, ROBERT	ALLEGHENY
BETTS, DO, BROOKS	NORTHAMPTON
BETTS, MD, CHARLES R	ALLEGHENY
BETTS, MD, EUGENE K	PHILADELPHIA
BETZ, MD, LOUIS H	UNION
BETZ, MD, RANDAL R	PHILADELPHIA
BETZ, MD, WILLIAM R	ERIE
BEUTLER, MD, WILLIAM J	DAUPHIN
BEVERLY, MD, AVERY W	PHILADELPHIA
BEVERLY JR, MD, ROLAND S	PHILADELPHIA
BEVILACQUA, MD, DANIEL F	ADAMS
BEVILACQUA, MD, JOHN E	PHILADELPHIA
BEVILACQUA, MD, LORRAINE B	ALLEGHENY
BEYER, MD, DAVID W	ALLEGHENY
BEYER, MD, H JEANNE	CLEARFIELD
BEYER III, MD, FREDERICK C	LANCASTER
BEYER JR, MD, FRANCIS D	WESTMORELAND
BEYER JR, MD, KARL H	PHILADELPHIA
BEZIER, MD, JEFFREY L	ALLEGHENY
BHAGAT, MD, PRAGNA R	MONROE
BHAGAT, MD, RAJESH G	MONROE
BHAGWANANI, MD, DRUPADI G	ALLEGHENY
BHAKTA, SANJAY C	STUDENT
BHARUCHA, MD, SHERNAVAZ D	DAUPHIN
BHASIN, MD, ARVIND	BEAVER
BHAT, ELEANOR	STUDENT
BHATIA, MD, SHYAMSUNDER	MONTOUR
BHATNAGAR, MD, YUDHISHTER M	CLARION
BHATT, MD, DRUPAD	MONROE
BHATT, MD, NARESH I	WASHING-
TONBHATTACHARYA, MD, ROXANNE E	PHILADELPHIA
BHATTI, MD, ANJAM N	CARBON
BHAYANI, MD, SHABIR A	MCKEAN
BHE, MD, H KWAN	CARBON
BHIDE, SAROJINI Y	STUDENT
BHUTANI, MD, VINOD K	PHILADELPHIA
BHUTTA, MD, OMAR I	ALLEGHENY
BHYUN, MD, DAE SOO	YORK
BIALAS, MD, HENRY N	BERKS
BIALAS, MD, ROBERT F	DELAWARE
BIANCA III, MD, VINCENT C	LACKAWANNA
BIANCARELLI, MD, EDMUND J	LACKAWANNA
BIANCARELLI, MD, SUSAN M	LACKAWANNA
BIANROSA, MD, JOHN J	PHILADELPHIA
BIBIDAKIS, MD, EVANGELOS J	PHILADELPHIA
BICKEL, MD, REBECCA L	ALLEGHENY
BIDULA, MD, LEO P	ALLEGHENY
BIDULA, MD, MAUREEN M	ALLEGHENY
BIEBUYCK, MD, JULIEN F	DAUPHIN
BIELE, MD, FLORA H	PHILADELPHIA
BIEMULLER, MD, MARTHA L	PHILADELPHIA
BIENER, MD, ROBERT S	CENTRE
BIENIEK, MD, RUSSELL B	ERIE
BIERER, MD, EDWARD D	ARMSTRONG
BIERI, MD, JOHN W	DAUPHIN
BIERMANN, MD, WILLIAM A	PHILADELPHIA
BIESER, DO, ROBERT D	BLAIR
BIESINGER, MD, GEORGE J	BLAIR
BIGGS, MD, LISA M	PHILADELPHIA
BIGGS, DO, ROBERT H	NORTHAMPTON
BIGLAN, MD, ALBERT W	ALLEGHENY
BIGLER, MD, ROBERT D	PHILADELPHIA
BIGLEY, MD, JOSEPH R	PHILADELPHIA
BIGOS, MD, EDWARD T	BERKS
BIKLE, MD, CHARLES A	FRANKLIN
BIKLE, MD, H DWIGHT	ADAMS
BIKOWSKI, MD, JOSEPH B	ALLEGHENY
BILBAO, MD, ANGEL	ALLEGHENY
BILLBROUGH, MD, MARGUERITE R	BERKS
BILLER, MD, AIMEE B	ALLEGHENY
BILLIAR, MD, TIMOTHY R	ALLEGHENY
BILLIG, MD, RUTH A	PHILADELPHIA
BILLON, MD, ANDREW	INDIANA
BILSKY, MD, ALAN CHARLES	PHILADELPHIA
BIMSON, MD, STEVEN S	MONTGOMERY
BINAKONSKY, MD, HARRY S	ALLEGHENY
BINDER, MD, ERIC J	YORK
BINDIE, MD, RICHARD P	SCHUYLKILL
BINGHAM, MD, PETER M	PHILADELPHIA
BINGHAM, MD, RODNEY S	WASHINGTON
BINNICK, MD, STEVEN A	MONTGOMERY
BINNS, MD, VERONICA	FAYETTE
BINSTOCK, MD, HAROLD	ALLEGHENY
BIRCHANSKY, MD, CHRISTINE A	PHILADELPHIA
BIRCHER, MD, NICHOLAS G	ALLEGHENY
BIRD, MD, LUIS J	PHILADELPHIA
BIRD, SHARON R	STUDENT
BIRK, MD, CATHERINE M	ALLEGHENY
BIRMAHER, MD, BORIS	ALLEGHENY
BIRNBAUM, MD, MICHAEL D	PHILADELPHIA
BIRRELL, MD, DONALD G	ALLEGHENY
BIRSIC, MD, WILLIAM I	ALLEGHENY
BISACCO, MD, STEPHEN J	BLAIR
BISCHOF, DO, LEE R	ALLEGHENY
BISCHOF, MD, RALPH O	PHILADELPHIA
BISER, SETH A	STUDENT
BISHAI, MD, DAVID M	PHILADELPHIA
BISHOP, MD, DAVID W	BLAIR
BISHOP, MD, JERRY W	BERKS
BISHOP, MD, ROBERT P	MONTGOMERY
BISHOP, MD, WAYNE E	CENTRE
BISHOW, MD, I RALPH	PHILADELPHIA
BISIGNANI, MD, GABRIELLA M	LACKAWANNA
BISIGNANI, MD, MARK A	ALLEGHENY
BISORDI, MD, JOSEPH E	MONTOUR
BISSET JR, MD, JAMES F	NORTHAMPTON
BISTRAIN, JOSEPH J	STUDENT
BITAR III, H JOSEPH	STUDENT
BITETTO, MD, NICOLA	BERKS
BITMAN, MD, HAROLD L	PHILADELPHIA
BITMAN, MD, JOSEPH	PHILADELPHIA
BITNER, MD, WALTER P	DAUPHIN
BITTENBENDER, SUSAN E	STUDENT
BITTERLY, MD, THOMAS J	MONTOUR
BITTINGER, MD, RALPH E	YORK
BIUCKIANS, MD, EDWARD	BUCKS
BIUSO, MD, THOMAS J	LANCASTER
BIWOJNO, MD, CHRISTOPHER S	ALLEGHENY
BIZOUSKY, MD, FRANKLIN S	JEFFERSON
BIZUP, MD, THOMAS	SCHUYLKILL
BJERKE, MD, JANET E	WASHINGTON
BJORKLUND, MD, MARK D	CUMBERLAND
BLACK, MD, HOWARD M	BLAIR
BLACK, MD, JUDITH E	ALLEGHENY
BLACK, MD, MARTIN	PHILADELPHIA
BLACK, MD, MILTON H	ALLEGHENY
BLACK, MD, PERRY	PHILADELPHIA
BLACK, DO, SAMUEL J	BUTLER
BLACK JR, MD, HARRY A	ALLEGHENY
BLACK JR, MD, WILLIAM A	LACKAWANNA
BLACKBURN, MD, LAWRENCE F	WESTMORELAND
BLACKBURN JR, MD, LAURENCE H	BUCKS
BLACKSMITH, DO, JAMES E	DAUPHIN
BLACKSMITH, DO, WILLIAM A	DAUPHIN
BLACKSMITH JR, MD, GARY L	CUMBERLAND
BLAICHER, ELAINE H	STUDENT
BLAIR, MD, ALBERT J	ALLEGHENY
BLAIR, MD, FRANK W	PHILADELPHIA
BLAISDELL, MD, C THEODORE	LEHIGH
BLAISDELL, MD, THEODORE A	LANCASTER
BLAISURE, MD, BEVERLY C	CLEARFIELD
BLAKE, MD, DOUGLAS R	LEHIGH
BLAKE, MD, HU A	PHILADELPHIA
BLAKE, JIM J	STUDENT
BLAKE, MD, KARL E	ALLEGHENY
BLAKE, MD, PAUL O	DELAWARE
BLAKELEY, DO, ANN K	ALLEGHENY
BLAKELY, MD, LINDA U	MONTOUR
BLAKESLEE, DO, COLSON E	JEFFERSON
BLAKLEY, MD, JOHN B	ALLEGHENY
BLANCH, MD, JOSEPH J	PHILADELPHIA
BLAND, MD, C BRINLEY	PHILADELPHIA
BLANK, MD, SAMUEL	PHILADELPHIA
BLANKENSHIP, MD, JAMES C	MONTOUR
BLANKENSHIP, MD, LARRY L	BEAVER
BLANNETT, MD, JOHN D	DELAWARE
BLANZACO, MD, ANDRE C	PHILADELPHIA
BLASIOL, DO, JOSEPH J	LEHIGH
BLASKO, MD, SUZANNE H	CAMBRIA
BLASS, MD, DAVID C	FAYETTE
BLATCHLEY, MD, DONALD M	WESTMORELAND
BLATT, MD, BRUCE I	MONTGOMERY
BLATT, MD, MARK A	PHILADELPHIA
BLAUM SR, MD, LOUIS C	LUZERNE
BLAUSER, MD, ROBERT B	BERKS
BLAZER, MD, DAVID J	LEBANON
BLEACHER, MD, JOHN C	DAUPHIN
BLECHER, MD, MARK H	PHILADELPHIA
BLECKER, MD, DAVID	YORK
BLEEDEN, MD, EDWARD M	DELAWARE
BLEI, REBECCA L	STUDENT
BLEICHER, RICHARD J	STUDENT
BLEICHNER, MD, JOHN C	LYCOMING
BLENDER, DO, BURTON	PHILADELPHIA
BLEWETT, MD, CHARLES H	POTTER
BLEWITT, MD, GEORGE A	PHILADELPHIA
BLEZNAK, MD, AARON D	CENTRE
BLILEY, MD, KIRK S	ALLEGHENY
BLINDER, MD, JEFFREY S	LEHIGH
BLINKOFF, MD, BARRY A	PHILADELPHIA
BLINN, MD, DAVID L	ALLEGHENY
BLOCH, MD, ROBERT S	NORTHAMPTON
BLOCK, MD, MARIAN R	ALLEGHENY
BLOCK, MD, ROBERT A	PHILADELPHIA
BLOCK, MD, ROBERT C	ALLEGHENY
BLOCK, MD, STEVEN	BUCKS
BLOCKSTEIN, MD, ROBERT S	ALLEGHENY
BLODGETT JR, MD, RANDOLPH C	MONTOUR
BLOES, MD, WALTER S	LACKAWANNA
BLOISO, MD, GLENN T	LYCOMING
BLOM, MD, BOHEN M F	LYCOMING
BLOM, MD, JOHANNES	LYCOMING
BLOMAIN, MD, E WILLIAM	LACKAWANNA
BLOMAIN, MD, ERIC W	LACKAWANNA
BLOOD JR, MD, JOSEPH B	BRADFORD
BLOOM, MD, BENJAMIN H	PHILADELPHIA
BLOOM, MD, FREDERICK J	LUZERNE
BLOOM, HEIDI T	STUDENT
BLOOM, MD, JOSEPH	PHILADELPHIA
BLOOM, MD, LAWRENCE H	PHILADELPHIA
BLOOM, MD, MARVIN A	WESTMORELAND
BLOOM, MD, SANDRA L	BUCKS
BLOOMGARDEN, MD, GAIL L	ALLEGHENY
BLOOMGARDEN, MD, RAPHAEL T	PHILADELPHIA
BLOOMSTINE, MD, MARK T	ERIE
BLORE JR, MD, JAMES P	BUCKS
BLOSCHICHAK, MD, ANDREW	ADAMS
BLOSE, MD, LINDA K	NORTHAMPTON
BLOUGH, MD, LELAND S	ALLEGHENY
BLUE, MD, TODD M	STUDENT
BLUEMLE JR, MD, LEWIS W	PHILADELPHIA
BLUESTEIN, MD, DAVID D	ALLEGHENY
BLUESTEIN, MD, HAZEL M	MONTGOMERY
BLUESTONE, MD, CHARLES D	ALLEGHENY
BLUM, MD, LARRY W	PHILADELPHIA
BLUM, MD, RICHARD H	LUZERNE
BLUMBERG, MD, ALEXANDER W	LYCOMING
BLUMBERG, MD, BARUCH S	PHILADELPHIA
BLUMBERG, MD, MYRON L	PHILADELPHIA
BLUME, MD, ROBERT P	ALLEGHENY
BLUMENFELD, MD, BARRY H	ALLEGHENY
BLUMENFELD, MD, LOUIS C	ALLEGHENY
BLUMENSCHEIN, MD, GERTRUDE	FAYETTE
BLUMENTHAL, MD, ANDREW R	MONTGOMERY
BLUMENTHAL, MD, JEFFREY R	BUCKS
BLUMENTHAL, MD, MELVIN S	BUCKS
BLUMENTHAL, MD, NEIL C	NORTHAMPTON
BLUMENTHAL, MD, SHERRY L	PHILADELPHIA
BLUMSTEIN, MD, CHARLES G	MONTGOMERY
BLYDENBURGH, MD, SUSAN M	CHESTER
BLYTHE, MD, PEGGY J	WASHINGTON
BOAL, MD, ERWIN S	BEAVER
BOAL JR, MD, JOHN H	BEAVER
BOARDMAN, MD, CECELIA H	ALLEGHENY
BOBAK, MD, WLADYSLAW	FAYETTE
BOBBY, DO, JOHN L	ALLEGHENY
BOBECK, MD, JOSEPH J	LUZERNE
BOBEK, MD, FRANCIS B	COLUMBIA
BOBICK, MD, FRANK	CARBON
BOBIN, MD, JOHN J	YORK
BOBMAN, MD, DAVID E	DELAWARE
BOBRIN, BRAD D	STUDENT
BOBRIN, DO, MARSHALL C	PHILADELPHIA
BOCCAGNO, MD, PHILLIP A	LACKAWANNA
BOCCIO, MD, REMIGIO V	PHILADELPHIA
BOCHER, MD, JACK	CHESTER
BODE JR, MD, FREDERICK W	ALLEGHENY
BODEK, MD, ALVIN M	ALLEGHENY
BODEK, MD, KENNETH E	ALLEGHENY
BODENDORFER, KARL D	STUDENT
BODISH, MD, ERIC J	LEHIGH
BODMER, MD, MERAL O	NORTHMBRLAND
BODNER, MD, DARYL G	LANCASTER
BODNER, MD, GAIL F	LANCASTER
BOEHM, MD, MAUREEN C	ALLEGHENY
BOEHM, ROSEMARIE	STUDENT
BOEHME, MD, KEVIN G	ALLEGHENY
BOELLNER, MD, ALICIA A	PHILADELPHIA
BOERIO, DO, MARGARET R	WESTMORELAND
BOETTLER, MD, MARK A	ALLEGHENY
BOGDANOFF, MD, BRUCE M	DELAWARE
BOGDEWIC, MD, THOMAS A	ALLEGHENY
BOGER, MD, WILLIAM P	PHILADELPHIA
BOGERT, DO, ARTHUR EDWIN	PHILADELPHIA
BOGERT, EUGENIA-PAULITA	STUDENT
BOGNER, MD, EDWARD W	COLUMBIA
BOGUCKI, MD, EDWIN I	DELAWARE
BOHATIUK, MD, GEORGE M	ERIE
BOHEEN, ERICA A	STUDENT
BOHINSKI, DO, STANLEY T	LUZERNE
BOHLENDER, MD, GEORGE P	ERIE
BOHM-VELEZ, MD, MARCELA	ALLEGHENY
BOHNENBLUST, MD, WALTER R	SCHUYLKILL
BOHNENBLUST JR, MD, WALTER R	BERKS
BOHNER, MD, MARY F	ALLEGHENY
BOHONYI, MD, WILLIAM A	DAUPHIN
BOHRI, MD, JAMES D	CARBON
BOICE, MD, G NEWTON	ALLEGHENY
BOK, MD, JOHN B	CHESTER
BOKER, MD, STEVEN M	LAWRENCE
BOLAND, MD, STANLEY W	LACKAWANNA
BOLAND JR, MD, FRANCIS B	BUCKS
BOLANDER, DO, CARRIE L	LANCASTER
BOLANOVICH, MD, LESTER J	ALLEGHENY
BOLANOWSKI, MD, DEBORAH J	BUCKS
BOLDEN, MD, MARY C	ALLEGHENY
BOLDEN, MD, PATRICK T	PERRY
BOLDEN, MD, RICHARD O	WESTMORELAND
BOLINGER, MD, MARK S	HUNTINGDON
BOLLARD, EDWARD R	STUDENT
BOLLIMPALLI, SRINIVAS S	STUDENT
BOLLINGER, MD, JAMES R	CHESTER
BOLMANN, MD, ANDREW R	MONTGOMERY
BOLNO, DO, CHARLES M	PHILADELPHIA
BOLOTIN, MD, JOSEPH H	MERCER
BOLUS, MD, CHARLES M	LACKAWANNA
BOMALASKI, MD, JOHN S	CHESTER
BONACUM, DO, MICHAEL G	MONTOUR
BONAGURA, MD, ANTHONY F	PHILADELPHIA
BONAKDAR-POUR, MD, AKBAR	PHILADELPHIA
BONANNI, MD, LORETTA D	CHESTER
BONAVENTURA, MD, MARGUERITE	ALLEGHENY
BONCHEK, MD, LAWRENCE I	LANCASTER
BONDI, MD, EDWARD EDGE	PHILADELPHIA
BONDI, MD, RICHARD P	ALLEGHENY
BONDY, MD, THOMAS J	CAMBRIA
BONE, LINDA J	STUDENT
BONEKEMPER, MD, THOMAS W	LEHIGH
BONESSI, MD, JAMES V	ALLEGHENY
BONESSI, EXEC SEC, COBY	WASHINGTON
BONFIGLIO, MD, RICHARD P	CHESTER
BONGIOVANNI, DO, ANDREW G	DELAWARE
BONI JR, MD, DINO R	WASHINGTON
BONIFACE, MD, DOLORES J	ALLEGHENY
BONITA, MD, LOUIS B	LUZERNE
BONITA, MD, RAPHAEL	LUZERNE
BONN, MD, JOSEPH	PHILADELPHIA
BONNEAU, MD, AMY J	DAUPHIN
BONNER, MD, DENNIS J	BUCKS
BONNER, MD, EILEEN M	MONTGOMERY
BONNER, MD, JAMES F	PHILADELPHIA
BONNER, MD, JAMES J	BERKS
BONNER, MD, MARY J	BERKS
BONNER, MD, ROBERT E	PHILADELPHIA
BONNER, MD, WILLIAM F	BUCKS
BONNER JR, MD, FRANCIS J	MONTGOMERY
BONO, MD, JOHN	ARMSTRONG
BONONI, MD, PATRICIA L	ALLEGHENY
BONONI, MD, PAULA A	MONTGOMERY
BONOS III, MD, CHARLES T	LEHIGH
BONTEMPO, MD, FRANKLIN A	BEAVER
BONUCCI, MD, BRUNO L	FAYETTE
BONWICH, JANINA B	STUDENT
BOO, MD, KI T	LEHIGH
BOOGAARD, MD, RONALD G	LEBANON
BOOK, MD, MORRIS M	BEAVER
BOOKERT, MD, CHARLES C	ALLEGHENY

BOONE, MD, EDGAR A	WESTMORELAND
BOONE, MD, JOY L	WESTMORELAND
BOONIN, MD, ALAN	LUZERNE
BOONSWANG, MD, PRICHA	NORTHAMPTON
BOONVISUDHI, MD, THUMRONG	FAYETTE
BOOR, MD, JOHN W	DELAWARE
BOORSE, MD, RICHARD C	LEHIGH
BOORSTEIN, MD, JEFFREY M	PHILADELPHIA
BOOTH, ALEXANDRA E	STUDENT
BOOTH, MD, CATHERINE M	YORK
BOOTH, KAREN L	STUDENT
BOOTH, MD, KEVIN R	DELAWARE
BOOTH JR, MD, ROBERT E	PHILADELPHIA
BOOVA, MD, ROBERT S	DELAWARE
BORAH, MD, BISHNU C	BUCKS
BORAN, MD, ROBERT P	SCHUYLKILL
BORAN, MD, THOMAS V	SCHUYLKILL
BORANS, STACY M	STUDENT
BORCZON, MD, DENNIS P	ERIE
BORDEN, MD, ANTHONY G	PHILADELPHIA
BORDEN, DO, STANLEY J	MONTGOMERY
BORECKY, MD, DAVID C	CAMBRIA
BOREEN, MD, STUART M	NORTHAMPTON
BORETSKY, MD, HARRY	ALLEGHENY
BORETSKY, MD, ROBERT H	ALLEGHENY
BORGATTA, MD, LOUIS	BERKS
BORGER, MD, LEE J	WARREN
BORGIA, MD, FRANK A	ALLEGHENY
BORGMANN-WINTER, KARIN	STUDENT
BORJA, MD, ROGELIO I	BUTLER
BORKOVIC, MD, EMBRIE J	BEAVER
BORKOW, MD, JOEL E	CAMBRIA
BORKOWSKI, MD, WINSLOW J	PHILADELPHIA
BORN, MD, CHRISTOPHER T	PHILADELPHIA
BORN, MD, MICHAEL W	YORK
BORNS, MD, PATRICIA F	PHILADELPHIA
BORNT, MD, MARSHA D	YORK
BOROFSKY, MD, MICHAEL A	BERKS
BOROK, MD, THOMAS L	ERIE
BORON, MD, ROBERT J	CLEARFIELD
BORON, MD, RONALD L	ALLEGHENY
BORON, MD, STELLA M	INDIANA
BOROS, MD, TRACEY A	LACKAWANNA
BOROUMAND, MD, MASOOD	CAMBRIA
BOROW, MD, SYDNEY	PHILADELPHIA
BOROWSKI, MD, GREGORY D	LACKAWANNA
BORRA, MD, BOLLIAIH	LUZERNE
BORROR, MD, MEGAN J	DAUPHIN
BORSETT-KANTER, MD, LESLIE M	ALLEGHENY
BORTIN, MD, LEONARD	PHILADELPHIA
BORTNER, MD, DONALD L	YORK
BORTS, MD, FREDERICK T	NORTHAMPTON
BORTZ, MD, DONALD W	WESTMORELAND
BORUS, MD, HARRY E	ALLEGHENY
BORYS, DAVID J	STUDENT
BOSACCO, MD, STEPHEN J	PHILADELPHIA
BOSCHA, MD, KENNETH W	WESTMORELAND
BOSCHI, MD, ALESSANDRO S	CARBON
BOSCIA, MD, JEROME A	PHILADELPHIA
BOSE, ALOK K	STUDENT
BOSELLI, MD, BRUCE D	BRADFORD
BOSELLI, MD, JOSEPH M	PHILADELPHIA
BOSSARD, MD, VALERIE J	PHILADELPHIA
BOSSART, MD, BARBARA A	ERIE
BOSSE, MD, MILTON D	ALLEGHENY
BOSSIO, ADRIENNE E	STUDENT
BOTEK, MD, ALISON A	PHILADELPHIA
BOTELHO, EXEC SEC, JANEANN	JEFFERSON
BOTHWELL, MD, WILLIAM N	MONTGOMERY
BOTKIN, MD, LESTER H	ALLEGHENY
BOTOMAN, MD, V ALIN	ALLEGHENY
BOTROS, MD, MAGED B	PHILADELPHIA
BOTROS, MD, MAUREEN R	PHILADELPHIA
BOTTGER, MD, DAVID A	DELAWARE
BOUCHER, MD, WILLIAM F	LEHIGH
BOUR, MD, ERIC S	DAUPHIN
BOURDAKOS, MD, DEMETRIOS	BLAIR
BOUREKAS, MD, ERIC C	ALLEGHENY
BOUVIER, MD, MARIANNE	ALLEGHENY
BOVE, MD, FRANK A	PHILADELPHIA
BOVE, MD, RICHARD L	PHILADELPHIA
BOWEN, MD, A'DELBERT	ALLEGHENY
BOWEN, MD, ANNE C	CHESTER
BOWEN, MD, ROBERT E	BRADFORD
BOWEN JR, MD, FRANK W	PHILADELPHIA
BOWEN JR, MD, THALES	MONTGOMERY
BOWER, MD, DOUGLAS J	CUMBERLAND
BOWER, MD, HARRY B	DAUPHIN
BOWER, MD, JAMES H	DAUPHIN
BOWER, MD, JAMES N	LAWRENCE
BOWER, MD, JOHN R	BERKS
BOWER, MD, KRAIG S	ALLEGHENY
BOWER, MD, ROBERT	PHILADELPHIA
BOWER SR, MD, JOHN R	BERKS
BOWERS, MD, BARBARA A	YORK
BOWERS, MD, DAVID N	BERKS
BOWERS, MD, DAVID W	LANCASTER
BOWERS, MD, LEROY W	BLAIR
BOWERS, MD, PAUL A	PHILADELPHIA
BOWERS, MD, RICHARD A	ALLEGHENY
BOWERS, MD, ROBERT M	TIOGA
BOWERS, MD, STEVEN K	ERIE
BOWES, MD, DONALD E	MONTOUR
BOWIE, MD, MORRIS A	MONTGOMERY
BOWMAN, MD, HERBERT S	DAUPHIN
BOWMAN, MD, JAMES E	PHILADELPHIA
BOWMAN, MD, JOHN H	LANCASTER
BOWMAN, MD, MICHAEL W	ALLEGHENY
BOWMAN, MD, ROBERT G	WESTMORELAND
BOWMAN JR, MD, DOUGLAS F	MCKEAN
BOWSER, MD, STEPHEN A	ALLEGHENY
BOXER, MD, ARTHUR D	MONTGOMERY
BOXER, MD, LOUIS M	PHILADELPHIA
BOYADJIS, MD, TERRENCE A	PHILADELPHIA
BOYD, MD, KENNETH J	DELAWARE
BOYD, MD, ROBERT L	DELAWARE
BOYD, MD, WILLIAM J	DAUPHIN
BOYD III, MD, THOMPSON H	PHILADELPHIA
BOYEK, MD, MICHAEL F	BRADFORD
BOYEK, MD, TIMOTHY J	CHESTER
BOYER, MD, GEORGE S	LEHIGH
BOYER, DO, MICHAEL A	BERKS
BOYER, MD, RANDAL A	PHILADELPHIA
BOYER, MD, WALTER E	VENANGO
BOYETTE, MD, DAVID M	ALLEGHENY
BOYKIW, MD, MARK E	INDIANA
BOYLAN, MD, JAMES J	NORTHAMPTON
BOYLAN JR, MD, RAYMOND J	ALLEGHENY
BOYLE, MD, BRIAN F	WESTMORELAND
BOYLE, MD, DENIS A	DELAWARE
BOYLE, MD, EILEEN M	ALLEGHENY
BOYLE, MD, GRACE K	LUZERNE
BOYLE, MD, HUGH G	LUZERNE
BOYLE, MD, JAMES W	ALLEGHENY
BOYLE, MD, L EAMONN	YORK
BOYLE, MARY C	STUDENT
BOYLE, MD, RONALD N	CAMBRIA
BOYLE, MD, WILLIAM H	LUZERNE
BOYLE JR, MD, DENIS A	DELAWARE
BOYLER, MD, LAWRENCE J	FRANKLIN
BOYLSTON, MD, BEDFORD F	DAUPHIN
BOYSEN, MD, HOMER	SCHUYLKILL
BOZENTKA, MD, DAVID J	PHILADELPHIA
BOZIC, MD, ALBERT F	LYCOMING
BOZIK, MD, MICHAEL E	ALLEGHENY
BRABAZON, DO, JOHN F	LANCASTER
BRACCIA, DO, DOMENICK	PHILADELPHIA
BRACCIA, MD, GREGORY M	PHILADELPHIA
BRACE, MD, FREDERICK H	PHILADELPHIA
BRACKBILL, MD, ELIZABETH J	BERKS
BRACKIN, MD, GEORGE G	BUCKS
BRACKIN, MD, PHILLIP S	MONTGOMERY
BRACKUP, MD, ALAN B	BUCKS
BRADBURD, DO, TRINA L	DELAWARE
BRADEN, MD, GEOFFREY L	PHILADELPHIA
BRADEN JR, MD, FRANK R	ALLEGHENY
BRADFORD, MD, BRADLEY J	ALLEGHENY
BRADFORD, MD, JOHN D	CHESTER
BRADFORD, MD, PAUL L	MONTGOMERY
BRADFORD, DO, WILLIAM C	LANCASTER
BRADLEY, MD, BETTY H	ALLEGHENY
BRADLEY, DO, BRUCE A	ALLEGHENY
BRADLEY, ELIZABETH A	STUDENT
BRADLEY, MD, JAMES P	ALLEGHENY
BRADLEY, MD, JAMES P	PHILADELPHIA
BRADLEY, KEVIN M	STUDENT
BRADLEY, MD, ROBERT M	ALLEGHENY
BRADLEY, MD, SAMUEL M	CAMBRIA
BRADLEY, MD, VERNON F	BLAIR
BRADLEY, MD, WILLIAM L	WESTMORELAND
BRADLEY JR, MD, ROBERT H	PHILADELPHIA
BRADLEY JR, MD, WILLIAM P	ALLEGHENY
BRADSTREET, MD, R PERRY	BRADFORD
BRADY, MD, DOUGLAS F	WESTMORELAND
BRADY, DO, J GREGG	LEHIGH
BRADY, MD, JOSEPH J	PHILADELPHIA
BRADY, MD, LUTHER W	PHILADELPHIA
BRADY, MD, MICHAEL A	PHILADELPHIA
BRAFFMAN, MD, MICHAEL N	PHILADELPHIA
BRAGDON, MD, ROBERT W	ALLEGHENY
BRAHMAKULAM, MD, PAUL M	MIFFLIN/JUNI
BRAHOS, MD, ANTHONY G	CLEARFIELD
BRAITMAN, MD, ROBERT A	PHILADELPHIA
BRALLIER, MD, HUGH W	WESTMORELAND
BRALOW, MD, S PHILIP	PHILADELPHIA
BRAMOWITZ, MD, ALAN D	ALLEGHENY
BRANAS, DO, JOHN A	LANCASTER
BRANCAZIO, MD, LEO R	ALLEGHENY
BRAND, MD, CAROL E	ALLEGHENY
BRANDFASS, MD, W TAYLOR	DELAWARE
BRANDMAN, MD, ITA S	PHILADELPHIA
BRANDON, MD, JOHN M	WASHINGTON
BRANDON, MD, MILTON B	JEFFERSON
BRANDSTETTER, MD, LOUIS H	ALLEGHENY
BRANDT, MD, DOUGLAS M	MERCER
BRANDT, MD, JOHN P	CLINTON
BRANDT, MD, ROBERT I	BEAVER
BRANDY, MD, DOMINIC A	ALLEGHENY
BRANIN, DO, BRUCE K	LACKAWANNA
BRANNAC, MD, PATRICK G	FRANKLIN
BRANSCUM, MD, GEORGE P	CUMBERLAND
BRANT, MD, ARTHUR M	MONTGOMERY
BRANT, MD, CARL E	WESTMORELAND
BRANTNER, MD, JIM N	MERCER
BRASILE, DO, DOMENICK J	ERIE
BRASLOW, MD, NORMAN H	DELAWARE
BRAU, MD, ALAN S	NORTHAMPTON
BRAUN, MD, JEAN B	FAYETTE
BRAUN, MD, MARIA A	BERKS
BRAUN, MAX	STUDENT
BRAUN, STEPHANIE M	STUDENT
BRAUN III, MD, WILLIAM P	NORTHAMPTON
BRAUNEGG JR, MD, PAUL W	LYCOMING
BRAUNFELD, DO, ROBERT	DELAWARE
BRAUNSTEIN, MD, LARRY	STUDENT
BRAV, MD, SOLOMON B	PHILADELPHIA
BRAVEMAN, MD, BERNARD L	ALLEGHENY
BRAVETTE, MD, BARRY A	PHILADELPHIA
BRAY, MD, JOHN P	BLAIR
BRAY, MD, JOHN S	DAUPHIN
BRAY, MD, JOSHUA C	MONTGOMERY
BRAY, MD, SUSAN H	PHILADELPHIA
BRAYMAN, MD, KENNETH L	PHILADELPHIA
BRAZEL, MD, JOSEPH F	CUMBERLAND
BRAZZO, MD, BRIAN G	PHILADELPHIA
BREAKSTONE, MD, LOUISE A	LUZERNE
BREARLY, MD, WAYNE R	CHESTER
BRECHER, MD, EUGENE	PHILADELPHIA
BRECHER, MD, JEFFREY A	BUCKS
BRECHER-BEKOFF, DO, LINDA S	BUCKS
BRECKENRIDGE, MD, JOHN W	MONTGOMERY
BREE, DO, STANTON A	CHESTER
BREECKER, MD, STEVEN W	PHILADELPHIA
BREEN, GREGORY	STUDENT
BREEN, MD, MICHAEL P	ALLEGHENY
BREIN, MD, KENNETH R	YORK
BREINER, JEFFREY H	STUDENT
BREITFELD, MD, VOLKER	ALLEGHENY
BREMER, MD, HARRY J	CAMBRIA
BREN, DO, DEBORAH A	LEHIGH
BRENEMAN, MD, JOHN W	FRANKLIN
BRENES, MD, GILBERT	ALLEGHENY
BRENKER, MD, HOWARD J	DAUPHIN
BRENMAN, MD, ARNOLD K	PHILADELPHIA
BRENMAN, MD, SCOTT A	PHILADELPHIA
BRENN, MD, PAULA D	WESTMORELAND
BRENNAN, DO, EDWARD C	DAUPHIN
BRENNAN, MD, RICHARD E	BEAVER
BRENNAN, MD, ROBERT W	DAUPHIN
BRENNAN JR, MD, EDWARD J	DELAWARE
BRENNEMAN, MD, PAUL G	BUCKS
BRENNEMAN, MD, RICHARD E	NORTHAMPTON
BRENNEN, MD, ROBERT F	LEHIGH
BRENNER, MD, BARRY S	PHILADELPHIA
BRENNER, MD, LOUIS O	DAUPHIN
BRENNER, DO, RICHARD P	PHILADELPHIA
BRENT, MD, BRADLEY H	ALLEGHENY
BRENT, GEOFFREY J	STUDENT
BRENT, MD, LAWRENCE B	ALLEGHENY
BRENT, MD, NANCY B	ALLEGHENY
BRERETON, MD, HARMAR D	LACKAWANNA
BRERETON, MD, WILLIAM F	ERIE
BRESLIN, MD, JOSEPH A	LANCASTER
BRESLIN, MD, KENNETH S	BUCKS
BRESS, MD, ALAN N	ALLEGHENY
BRESS, MD, JAMES C	ALLEGHENY
BRESSLER, MD, WILLIAM L	HUNTINGDON
BREST, MD, ALBERT N	PHILADELPHIA
BREST, MD, NORMAN A	MONTGOMERY
BRESTICKER, MD, DAVID H	LYCOMING
BRETHAUER JR, MD, EDWARD A	ALLEGHENY
BRETT III, MD, GEORGE W	BEAVER
BRETZ, MD, KAREN A	LEHIGH
BREVETTA, MD, RICHARD J	MERCER
BRIAN, JAMES M	STUDENT
BRICKER, MD, SAMUEL Q	FRANKLIN
BRICKHOUSE, MD, HERMAN M	LYCOMING
BRICKLEY, MD, KENNETH S	CLINTON
BRICKLEY, MD, RICHARD S	WESTMORELAND
BRICKNELL, MD, PAUL P	DAUPHIN
BRIDE, DO, THOMAS P	YORK
BRIDENBAUGH, MD, G ALAN	YORK
BRIDENBAUGH, MD, ROBERT P	BLAIR
BRIDGE, MD, RAYMOND J	ERIE
BRIDGES, MD, BRYAN C	DAUPHIN
BRIDGES, MD, KENNETH G	PHILADELPHIA
BRIER, MD, PETER M	DAUPHIN
BRIGHAM, MD, MARK P	CHESTER
BRIGHAM, MD, ROBERT A	BERKS
BRIGHT, ROBERT C	STUDENT
BRIGHTON, MD, CARL T	PHILADELPHIA
BRIGNOLA, MD, MICHAEL P	PHILADELPHIA
BRILL, MD, DAVID R	MONTOUR
BRILL, MD, FRANCIS W	LACKAWANNA
BRILL, MD, JOSEPH M	DELAWARE
BRILL, MD, LESSA A	UNION
BRILL, MD, PAUL A	ALLEGHENY
BRILLMAN, MD, DAVID A	ALLEGHENY
BRILLMAN, MD, JON	ALLEGHENY
BRINDISI-DEGER, MD, CAROLYN	PHILADELPHIA
BRINKMEYER, DO, SCOTT D	ALLEGHENY
BRINSTER, DEREK R	STUDENT
BRINZ, MD, LAURA A	JEFFERSON
BRISCOE, MD, DONALD A	ALLEGHENY
BRISINI, MD, PATRICK D	CAMBRIA
BRISKIN, MD, JONATHAN A	DELAWARE
BRISLIN, DO, MARIE T	NORTHUMBRLAND
BRISLIN, DO, ROBERT P	MONTOUR
BRISTOWE, KEVIN D	STUDENT
BRITTON, ERIC L	STUDENT
BRITTON, MD, L LYNNE	DAUPHIN
BRIZUELA, MD, HERNAN R	PHILADELPHIA
BRNDJAR, DO, JON E	LEHIGH
BROAD, MD, LOUIS T	PHILADELPHIA
BROADBENT, MD, JAN B	YORK
BROBYN, MD, THOMAS J	PHILADELPHIA
BROCK, MD, CHARLENE M	PHILADELPHIA
BROCK, MD, RICHARD R	DAUPHIN
BROCKMAN, MD, RONALD J	MONTGOMERY
BROCKMAN, MD, STANLEY K	PHILADELPHIA
BROCKMEYER, MD, THOMAS F	ALLEGHENY
BROCKMOLE, MD, DEAN M	DAUPHIN
BROCKMYER, MD, M LAWRENCE	ERIE
BROD, MD, JENNIFER S	DELAWARE
BROD, MD, ROBERT C	DELAWARE
BROD, MD, ROY D	LANCASTER
BRODER, MD, GEORGE J	PHILADELPHIA
BRODMERKEL JR, MD, GEORGE J	ALLEGHENY
BRODOVSKY, MD, HARVEY S	PHILADELPHIA
BRODSKY, MD, ISADORE	PHILADELPHIA
BRODSKY, MD, JEFFREY T	PHILADELPHIA
BRODSKY, MD, ROBERT L	ALLEGHENY
BRODSKY, MD, STEVEN G	BEAVER
BRODY, MD, JEROME I	PHILADELPHIA
BRODY, MD, JULIA B	PHILADELPHIA
BRODY, MD, LEONARD A	PHILADELPHIA
BRODY, MD, MARION B	PHILADELPHIA
BRODY, MD, MICHAEL C	BEAVER
BRODY, MD, MORRIS W	PHILADELPHIA
BRODZINA, LYNNE M	STUDENT
BROENNLE, MD, A MICHAEL	PHILADELPHIA
BROGAN, MD, EDMUND J	PHILADELPHIA
BROGAN, MD, LOUIS E	PHILADELPHIA
BROMBERG, MD, JONATHAN B	PHILADELPHIA
BROMMER, MD, OLIVER R	PHILADELPHIA
BRON, MD, KERRY A	ALLEGHENY
BRON, MD, KLAUS M	ALLEGHENY
BRONFMAN, MD, HOWARD J	DAUPHIN
BRONITSKY, MD, BARBARA G	YORK
BRONITSKY, MD, CARL N	DAUPHIN
BRONSTEIN, MD, HOWARD D	PHILADELPHIA
BRONSTEIN, MD, SEYMOUR B	LUZERNE
BROOKER, MD, DAVID R	PHILADELPHIA
BROOKS, BRIAN P	STUDENT
BROOKS, MD, DANIEL H	ALLEGHENY
BROOKS, DO, FRANK J	WASHINGTON
BROOKS, MD, GERALD M	CRAWFORD
BROOKS, MD, HARRY R	DAUPHIN
BROOKS, MD, JACK C	LAWRENCE
BROOKS, MD, JAMES L	GREENE
BROOKS, MD, JANE F	WAYNE/PIKE
BROOKS, DO, JOHN M	CLARION
BROOKS, MD, MICHAEL L	PHILADELPHIA
BROOKS, MD, ROBERT	PHILADELPHIA
BROOKS, MD, RONALD J	MONTGOMERY
BROOKS, SUSAN L	STUDENT
BROOKS, DO, TIMOTHY S	CLARION
BROOKS III, MD, JAMES L	ALLEGHENY
BROOKS JR, MD, CLINT E	DELAWARE
BROPHY, MD, DOW E	CUMBERLAND
BROSELOW, MD, DAVID D	PHILADELPHIA
BROSNAN, MD, WILLIAM J	PHILADELPHIA
BROSS, MD, JAMES E	MONTOUR
BROSTOFF, MD, LEON M	ALLEGHENY
BROSTOFF, MD, PHILIP	ALLEGHENY
BROTHERS, BONNIE L	STUDENT
BROTHERSON, MD, GARY T	ERIE
BROUDO, MD, SAMUEL F	PHILADELPHIA
BROUDY, MD, ARNOLD S	ALLEGHENY
BROUGHER, MD, DAVID E	ALLEGHENY
BROUSSARD, MD, DELMA L	PHILADELPHIA
BROUSSARD, MD, ELSIE R	ALLEGHENY
BROWN, MD, A CRAIG	ERIE
BROWN, MD, ANDREW J	ALLEGHENY
BROWN, DO, AVROM S	PHILADELPHIA
BROWN, CAROLYN M	STUDENT
BROWN, MD, CHARLES R	ALLEGHENY
BROWN, MD, CHRISTOPHER L	LEHIGH
BROWN, MD, CLARK E	PHILADELPHIA
BROWN, MD, DENNIS P	WASHINGTON
BROWN, MD, DONALD C	WESTMORELAND
BROWN, MD, ELIZABETH B	DELAWARE
BROWN, MD, FREDERICK G	MONTOUR
BROWN, MD, GARY C	PHILADELPHIA
BROWN, MD, GEORGE L	MONTGOMERY
BROWN, MD, GREGORY P	FRANKLIN
BROWN, MD, H ZANE	LANCASTER
BROWN, MD, HAROLD E	MONTOUR
BROWN, MD, J OLIVER	PHILADELPHIA
BROWN, MD, JEFFREY L	PHILADELPHIA
BROWN, MD, JODI H	PHILADELPHIA
BROWN, MD, JOEL D	ALLEGHENY
BROWN, MD, JOHN H	MERCER
BROWN, MD, JOHN L	CLINTON
BROWN, MD, JOHN M	NORTHAMPTON
BROWN, MD, JOY M	MONROE
BROWN, MD, KENNETH R	PHILADELPHIA
BROWN, MD, LAWRENCE W	PHILADELPHIA
BROWN, MD, LESLIE A	PHILADELPHIA
BROWN, MD, LINDA E	PHILADELPHIA
BROWN, MD, MANUEL L	ALLEGHENY
BROWN, DO, MARION L	DELAWARE
BROWN, MD, MARK F	PHILADELPHIA
BROWN, MD, MARK S	POTTER
BROWN, MD, MATTHEW G	MERCER
BROWN, MD, MELISSA M	PHILADELPHIA
BROWN, MD, MICHAEL D	UNION
BROWN, MD, MICHAEL E	YORK
BROWN, MD, MICHAEL T	BERKS
BROWN, MD, NATHAN	CHESTER
BROWN, MD, PATTI J	BERKS
BROWN, MD, RALPH R	INDIANA
BROWN, MD, RICHARD J	LANCASTER
BROWN, MD, ROBERT B	ALLEGHENY
BROWN, MD, ROBERT E	LANCASTER
BROWN, MD, ROBERT L	LUZERNE
BROWN, MD, SCOTT D	SOMERSET
BROWN, MD, SUSAN J	BUCKS
BROWN, MD, SYLVAN	LACKAWANNA
BROWN, MD, VICTORIA A	LEBANON
BROWN, MD, WILLIAM E	MONTGOMERY
BROWN, MD, WILLIAM E	MERCER
BROWN, MD, WYNNE R E	ALLEGHENY
BROWN III, MD, WILLIAM J	CAMBRIA
BROWN JR, MD, JAMES T	ALLEGHENY
BROWN JR, MD, JOSEPH S	MIFFLIN/JUNI
BROWN JR, MD, LOUIS A	PHILADELPHIA

BROWN JR, MD, M EVANS	MONTGOMERY
BROWN JR, MD, WILLIAM C	BUCKS
BROWN V, MD, THOMAS W	BUCKS
BROWN-BIEBER, MD, DALE E	LEBANON
BROWNE, MD, BARBARA J	PHILADELPHIA
BROWNSTEIN, MD, BRUCE K	PHILADELPHIA
BROWNSTEIN, MD, PHILLIP K	PHILADELPHIA
BRUBAKER, MD, J KENNETH	LANCASTER
BRUBAKER, MD, JACOB H	LANCASTER
BRUBAKER, MD, PAUL E	LANCASTER
BRUCE, MD, WILLIAM B	UNION
BRUCKER, MD, ALEXANDER J	PHILADELPHIA
BRUCKER, MD, PAUL C	PHILADELPHIA
BRUDER, JOHN B	STUDENT
BRUESCHKE, ERICH R	STUDENT
BRUNDAGE, DO, RANDALL G	LACKAWANNA
BRUNGO, MD, JAMES J	ALLEGHENY
BRUNGO, MD, JOHN A	ALLEGHENY
BRUNGO, MD, JOHN D	ALLEGHENY
BRUNNER, MD, DOUGLAS J	DELAWARE
BRUNNER, MD, RICHARD A	PHILADELPHIA
BRUNO, MD, LEONARD A	PHILADELPHIA
BRUNO, LISA M	STUDENT
BRUNO, MD, PAT J	NORTHMBRLAND
BRUNO, DO, RAYMOND	NORTHAMPTON
BRUNO, MD, STEPHEN C	ALLEGHENY
BRUNO JR, MD, JOSEPH N	LUZERNE
BRUNO SR, MD, JOSEPH N	LUZERNE
BRUNSKILL, MD, DENNIS E	ALLEGHENY
BRUNT, JOYCE K	STUDENT
BRUNT JR, MD, MANLY Y	PHILADELPHIA
BRUTICO, MD, ANTHONY C	LACKAWANNA
BRUTICO JR, MD, CARMEN A	LACKAWANNA
BRYAN, MD, FRANK S	CUMBERLAND
BRYAN, MD, THOMAS M	DAUPHIN
BRYAN JR, MD, ROSS E	WARREN
BRYANSMITH, MD, DALE	PHILADELPHIA
BRYANT, DARREN P	STUDENT
BRYANT, DAVID S	STUDENT
BRYANT, MD, DAVID W	CUMBERLAND
BRYANT JR, MD, WINSTON M	PHILADELPHIA
BRYANT-STEPHENS, MD, TYRA C	PHILADELPHIA
BRYLAWSKI, MD, MICHAEL	PHILADELPHIA
BRYS, MD, DAVID A	ALLEGHENY
BRYSON, MD, RICHARD L	LANCASTER
BRZEZINSKI, MD, SANDRA A	CAMBRIA
BRZOZOWSKI, MD, JAN F	ERIE
BRZOZOWSKI, MD, LAWRENCE A	BERKS
BSAT, MD, FADI A	ALLEGHENY
BU, MD, TAE-HYUNG	ERIE
BUB, MD, IVAN	BERKS
BUBENHEIM, MD, DANIEL M	ALLEGHENY
BUCAN, MD, MICHAEL	LUZERNE
BUCAR, MD, JOHN R	ALLEGHENY
BUCCI, MD, LORENZO A	WESTMORELAND
BUCCI JR, MD, FRANK A	LUZERNE
BUCCO, DO, MARIA C	DELAWARE
BUCH, MD, DAVID L	MONTGOMERY
BUCH, MD, RAYMOND S	LEHIGH
BUCH, MD, ROBERT R	LANCASTER
BUCH, MD, SANDHYA Y	BERKS
BUCH BARKER, MD, DIANE M	ALLEGHENY
BUCHANAN IV, MD, HARRY W	LEHIGH
BUCHDAHL, MD, ALICE J	ALLEGHENY
BUCHER, MD, ROBERT G	BUCKS
BUCHER JR, MD, ROBERT W	DAUPHIN
BUCHHEIT, MD, WILLIAM A	PHILADELPHIA
BUCHMAN, MD, ROBERT R	ALLEGHENY
BUCHSBAUM, MD, ROY	ALLEGHENY
BUCK, MD, ANN L	ALLEGHENY
BUCK, MD, DAVID S	ALLEGHENY
BUCK, MD, DONALD E	PHILADELPHIA
BUCK, MD, KEITH K	ARMSTRONG
BUCK, MD, RUDOLPH L	ALLEGHENY
BUCK, MD, RUTH E	MONTGOMERY
BUCKEY, MD, JOSEPH T	LUZERNE
BUCKINGHAM, MD, ROBERT B	ALLEGHENY
BUCKINGHAM, MD, ROBERT C	DAUPHIN
BUCKLEN, MD, KEITH R	LANCASTER
BUCKLER, MD, RICHARD A	BUCKS
BUCKLEW, MD, LAWRENCE A	ALLEGHENY
BUCKLEY, MD, MARINA	WAYNE/PIKE
BUCKLEY, MD, RICHARD E	WAYNE/PIKE
BUCKLEY, MD, ROLAND M	PHILADELPHIA
BUCKMAN, MD, SAMUEL T	LUZERNE
BUCKO JR, MD, MATTHEW I	MONTGOMERY
BUCKTHAL, MD, PAUL E	BRADFORD
BUCKWALTER, MD, JEFFREY A	BUCKS
BUCKWALTER, MD, RICHARD A	MONTGOMERY
BUCKWALTER, MD, VICTOR L	LANCASTER
BUCS, MD, ROGER G	DAUPHIN
BUDD, CATHERINE B	STUDENT
BUDD, MD, ROBERT M	BLAIR
BUDEIR, MD, MOHAMMED H	CHESTER
BUDENZ, MD, DONALD L	DELAWARE
BUDURA, MD, PAUL	NORTHAMPTON
BUDUSKY, DO, CHARLES K	WESTMORELAND
BUDWAY, MD, RAYE J	ALLEGHENY
BUENO, MD, MAZZINI	MCKEAN
BUERGER, MD, DAVID G	ALLEGHENY
BUERGER JR, MD, GEORGE F	ALLEGHENY
BUERK, MD, MINERVA S	MONTGOMERY
BUETOW, MD, MICHAEL P	DAUPHIN
BUFFONE, MD, DAVID A	JEFFERSON
BUHL, MD, KEITH J	PHILADELPHIA
BUI, LEHIEN T	STUDENT
BUINEWICZ, MD, ANNA M	BUCKS
BUINEWICZ, MD, BRIAN R	MONTGOMERY
BUKHARI, MD, KHATIJA N	PHILADELPHIA
BULATAO, MD, AGAPITO V	BERKS
BULGARELLI, DO, ROBERT J	DELAWARE
BULGER, MD, DONALD W	BLAIR
BULGER, MD, RICHARD H	BLAIR
BULKLEY, MD, ANDREW D	BUCKS
BULKLEY, MD, TIMOTHY H	ALLEGHENY
BULLARD JR, MD, RAY E	WESTMORELAND
BULLOCK, MD, BRIAN W	DELAWARE
BULOVA, MD, STEPHEN I	PHILADELPHIA
BULSECO, MD, PATRICIA J	ALLEGHENY
BUMGARDNER, MD, JAMES L	BUCKS
BUNDY, MD, THOMAS W	FRANKLIN
BUNESE, MD, HORST J	PHILADELPHIA
BUNIN, MD, NANCY J	PHILADELPHIA
BUNKER, MD, MARK L	ALLEGHENY
BUNYA, MD, VATHANA O	PHILADELPHIA
BUNYA, MD, VICHAI	PHILADELPHIA
BUONO, LAWRENCE	STUDENT
BUONOCORE, MD, BONNITA K	MONTGOMERY
BUONOCORE, MD, CAMILLE M	ALLEGHENY
BURAK, MD, WILLIAM E	LUZERNE
BURCHMAN, MD, COREY A	YORK
BURD, LAWRENCE J	STUDENT
BURD, MD, MARK D	MONTOUR
BURDEN, MD, SAMUEL S	MONTGOMERY
BURDEN, MD, THEODORE	PHILADELPHIA
BURDZIAK, DO, DOROTHY A	PHILADELPHIA
BURES, MD, J CONRAD	WESTMORELAND
BURG, MD, FREDRIC D	PHILADELPHIA
BURGER, MD, JOSEPH G	BEAVER
BURGER, MD, REGIS F	ALLEGHENY
BURGER, MD, THEODORE P	NORTHAMPTON
BURGESS, MD, DONALD R	ALLEGHENY
BURGESS, MD, GEOFFREY M	CHESTER
BURGET JR, MD, DEAN E	CHESTER
BURGEY, MD, GAIL E	NORTHAMPTON
BURGIN, MD, WALTER H	DAUPHIN
BURGO, MD, ALFRED J	ALLEGHENY
BURICK, MD, SHEILA M	VENANGO
BURKE, GERRIANNE	STUDENT
BURKE, MD, GREG F	MONTOUR
BURKE, MD, JAMES M	PHILADELPHIA
BURKE, MD, JEROME M	BUCKS
BURKE, MD, KEVIN W	CENTRE
BURKE, MD, M SUSAN	MONTGOMERY
BURKE, MD, MARGARET A	PHILADELPHIA
BURKE, MD, MARSHALL L	BEAVER
BURKE, MD, MARY D	MONTGOMERY
BURKE, MD, ROBERT E	CLEARFIELD
BURKE III, MD, CHARLES J	ALLEGHENY
BURKET, MD, LOUIS C	BLAIR
BURKET, MD, RAMON C	BLAIR
BURKETT, MD, DONALD E	CAMBRIA
BURKEY, MD, DAVID J	ALLEGHENY
BURKEY, MD, DELL R	PHILADELPHIA
BURKEY, MD, FRED J	ALLEGHENY
BURKHOLDER, MD, JOHN A	ALLEGHENY
BURKICH, MD, ROBERT A	YORK
BURKLE, MD, JOSEPH S	YORK
BURKLEY JR, MD, LOUIS F	NORTHAMPTON
BURKS, MD, JOHN M	LYCOMING
BURLAND, MD, J ALEXIS	PHILADELPHIA
BURLEW, MD, BRIAN P	NORTHAMPTON
BURLEY, MD, MICHAEL W	ALLEGHENY
BURLINGAME, MD, MARK W	LANCASTER
BURMAN, MD, KERSTIN M	ALLEGHENY
BURMEISTER, MD, CHARLES W	BUCKS
BURNELL, ELIZABETH E	STUDENT
BURNETT, DO, CARL D	MONTGOMERY
BURNEY, MD, LEROY E	MONTGOMERY
BURNS, CYNTHIA A	STUDENT
BURNS, MD, DONALD T	BERKS
BURNS, DO, ELIZABETH A	PHILADELPHIA
BURNS, MD, J ROBERT	MONTOUR
BURNS, MD, PETER B	PHILADELPHIA
BURNS, MD, WILLIAM T	DAUPHIN
BURNS JR, MD, CHARLES N	LUZERNE
BURNS SR, MD, CHARLES N	LUZERNE
BURNS-LAZAR, BARBARA	STUDENT
BURNSIDE, MD, JOYCE A	MONTOUR
BURROUGHS, MD, BETH A	PHILADELPHIA
BURROWS, MD, CHARLES B	STUDENT
BURROWS, MD, STANLEY B	PHILADELPHIA
BURRY, MD, WILLIAM C	MONROE
BURSALI, MD, SELAHATTIN	WESTMORELAND
BURSTEIN, MD, FRANK	PHILADELPHIA
BURSTEIN, MD, STUART S	ALLEGHENY
BURSTEIN, MD, WILLIAM H	PHILADELPHIA
BURTON, DO, PAUL D	INDIANA
BUSCH, MD, MICHAEL F	LEHIGH
BUSCHI, MD, MARIE	DAUPHIN
BUSECK, MD, MARK S	ERIE
BUSH, MD, BRUCE A	INDIANA
BUSH, DANA M	STUDENT
BUSH, MD, HERMAN	BEAVER
BUSH, MD, JAMES W	LEBANON
BUSH, MD, STEPHEN T	CAMBRIA
BUSH, MD, TODD A	VENANGO
BUSHKOFF, MD, STANLEY H	ALLEGHENY
BUSHMAN, MD, KARL E	ALLEGHENY
BUSHRA, JOSEPH S	STUDENT
BUSHWICK, MD, BRUCE M	YORK
BUSILLO, MD, NICHOLAS A	DELAWARE
BUSIS, MD, NEIL A	ALLEGHENY
BUSIS, MD, SIDNEY N	ALLEGHENY
BUSLER JR, MD, VERNE M	YORK
BUTANI, RAJ C	STUDENT
BUTCHKO, MD, ANDREW W	MERCER
BUTELA, SHAWN R	STUDENT
BUTERA, MD, VINCENT	YORK
BUTERBAUGH, MD, GLENN A	ALLEGHENY
BUTKIEWICZ, MD, BERNARD L	LYCOMING
BUTLER, MD, ANNE K	TIOGA
BUTLER, MD, CHARLES H	CHESTER
BUTLER, MD, CHRISTOPHER L	ALLEGHENY
BUTLER, MD, IVAN L	YORK
BUTLER, MD, MELVIN V	PHILADELPHIA
BUTSON, MD, HARRY E	PHILADELPHIA
BUTT, MD, HAMEED A	LUZERNE
BUTT JR, MD, FRANK H	WARREN
BUTTER, DESIREE B	STUDENT
BUTTERFIELD, MD, SPENCER L	ALLEGHENY
BUTTERWICK, LAURA A	STUDENT
BUTTERWORTH, MD, THOMAS	BERKS
BUXTON JR, MD, DONALD R	DAUPHIN
BUYERS, MD, ROBERT A	MONTGOMERY
BUZAD, FRANCIS A	STUDENT
BUZAS, MD, JEROME W	BERKS
BUZBY, MD, FRANKLIN S	PHILADELPHIA
BUZBY, MD, GORDON P	PHILADELPHIA
BUZZELLI, MD, PHILIP B	ALLEGHENY
BYBEL, MD, NICHOLAS	BERKS
BYER, MD, HAROLD H	BUCKS
BYERS, MD, JAMES F	ALLEGHENY
BYERS, MD, JOHN A	ALLEGHENY
BYERS, MD, KARIN E	PHILADELPHIA
BYERS, MD, ROBERT O	ERIE
BYERS, TIMOTHY L	STUDENT
BYLER, MD, ARTHUR B	CHESTER
BYLER, MD, PHILIP R	LYCOMING
BYRNE, BOBBI J	STUDENT
BYRNE, MD, EARL B	MONTGOMERY
BYRNE, MD, JAMES E	NORTHAMPTON
BYRNE, MD, KEVIN J	PHILADELPHIA
BYRNE, MD, WILLIAM E	DAUPHIN
BYRNES, MD, TIMOTHY J	CAMBRIA
BYRON, MD, HAROLD J	MONTGOMERY
BYRON, MD, THOMAS W	LUZERNE
BYUN, MD, STANLEY Y	NORTHMBRLAND

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CABLE, MD, HAROLD F	LYCOMING
CABRERA, MD, RAFAEL	WASHINGTON
CABUNGCAL, CATHERINE R	STUDENT
CACCHIONE, DO, PHILIP M	ERIE
CACCHIONE, ROBERT N	STUDENT
CACCIAMANI, JOHN D	STUDENT
CADIEUX, MD, AMY J	PHILADELPHIA
CADMAN, MD, THOMAS E	MONTOUR
CADY, MD, HERBERT M	PHILADELPHIA
CADY, MD, JOSEPH B	BRADFORD
CAGGIANO, MD, JAMES F	LUZERNE
CAGGIANO, MD, JOHN D	CHESTER
CAHAN, MD, MICHAEL S	PHILADELPHIA
CAHAN, MD, ROBERT B	PHILADELPHIA
CAHILL, MD, DAVID M	TIOGA
CAHILL, MD, THOMAS J	MONTOUR
CAHN, MD, MILTON M	PHILADELPHIA
CAIN, ERIC L	STUDENT
CAIN, DO, JACQUELINE F	LUZERNE
CAINE, MD, MARK E	ALLEGHENY
CAIRNS, MD, LUCY J	BERKS
CALABRESE, DO, CHARLES R	FAYETTE
CALABRESE, MD, JAMIE	ALLEGHENY
CALABRETTA, MD, ARTHUR M	YORK
CALABRO, MD, SAL P	PHILADELPHIA
CALANDRA, MD, GARY B	PHILADELPHIA
CALATA, MD, ELISEO R	BERKS
CALBOT-SCZEPANSKI, MD, CYNTHIA L	MONTGOMERY
CALCAGNO, MD, DAVID	DAUPHIN
CALCE, MD, JOHN V	LYCOMING
CALDER JR, MD, JOSEPH R	LYCOMING
CALDERON, MD, AMADOR G	UNION
CALDERON, DO, DAWN M	PHILADELPHIA
CALDWELL, CHAD D	STUDENT
CALDWELL, MD, J MICHAEL	STUDENT
CALDWELL, DO, JOE P	YORK
CALDWELL, MD, MATTHEW W	ALLEGHENY
CALEB, MD, MAE H	DELAWARE
CALEGA, MD, VIRGINIA C	DAUPHIN
CALES, MD, ROBERT J	PHILADELPHIA
CALESNICK, MD, BENJAMIN	PHILADELPHIA
CALETRI, MD, DAVID K	MONTGOMERY
CALHOUN, MD, JOSEPH H	PHILADELPHIA
CALI, DO, GREGORY E	LACKAWANNA
CALIENDO, MARK V	STUDENT
CALIGUIRI, MD, JOSEPH V	ALLEGHENY
CALIGUIRI, MD, LAWRENCE A	ALLEGHENY
CALISE, MD, CRESCENZO G	LUZERNE
CALLAGAHAN, MD, DANIEL A	LUZERNE
CALLAGHAN, MD, DANIEL J	LAWRENCE
CALLAGHAN, MD, MARIAN P	PHILADELPHIA
CALLAHAN, DO, MICHAEL E	POTTER
CALLCOTT-STEVENS, MD, VICTOR A	FRANKLIN
CALLENBERGER, MD, GEORGE J	LYCOMING
CALLENBERGER, MD, RONALD W	TIOGA
CALLEY, MD, WILLIAM D	CLEARFIELD
CALLIGARO, MD, KEITH D	PHILADELPHIA
CALLIS, MD, STEWART J	GREENE
CALORAS, MD, DANIEL	ALLEGHENY
CALVANESE, MD, NICHOLAS A	ALLEGHENY
CALVELO, MD, MANUEL G	ALLEGHENY
CAMA, MD, JOSEPH	BRADFORD
CAMAS, MD, JOHN M	MCKEAN
CAMBIER, MD, DAVID W	ALLEGHENY
CAMELE, MD, ROBERT A	FAYETTE
CAMERON, MD, DONALD Y	ALLEGHENY
CAMITTA, MD, FRANCINE D	YORK
CAMMARANO III, DO, DOMINIC J	BERKS
CAMMARATA, MD, ROY J	ALLEGHENY
CAMODY-JOHNSTON, MD, PATRICIA A	PHILADELPHIA
CAMP, MD, ANTHONY M	MONTGOMERY
CAMP, MD, MARK O	DELAWARE
CAMPAGNA, MD, JAMES T	ALLEGHENY
CAMPAGNARI, MD, CHRISTOPHER A	BEAVER
CAMPANA, MD, FREDERICK T	WESTMORELAND
CAMPANA, MD, JOSEPH F	LYCOMING
CAMPANA, MD, LOUIS F	LYCOMING
CAMPANELLA, MD, PETER C	PHILADELPHIA
CAMPANELLA, MD, STEPHEN D	ALLEGHENY
CAMPBELL, MD, BARBARA J	SOMERSET
CAMPBELL, MD, CARLA C	PHILADELPHIA
CAMPBELL, MD, CHARLES E M	BUCKS
CAMPBELL, CONNIE J	STUDENT
CAMPBELL, DAMALI M	STUDENT
CAMPBELL, MD, DAVID B	DAUPHIN
CAMPBELL, MD, DAVID R	COLUMBIA
CAMPBELL, MD, E CABRINA	PHILADELPHIA
CAMPBELL, MD, ERNEST W	COLUMBIA
CAMPBELL, FAYE S	STUDENT
CAMPBELL, MD, JOSEPH J	CUMBERLAND
CAMPBELL, MD, NEIL P	BUCKS
CAMPBELL, MD, ROBERT A	LEBANON
CAMPBELL, MD, ROBERT E	PHILADELPHIA
CAMPBELL, MD, ROBERT J	COLUMBIA
CAMPBELL, MD, ROBERT J	INDIANA
CAMPBELL, MD, SEAN C	YORK
CAMPBELL, MD, STEPHEN E	DAUPHIN
CAMPBELL, DO, THOMAS M	LUZERNE
CAMPBELL, MD, WILLIAM J	DAUPHIN
CAMPBELL II, JOHN T	STUDENT
CAMPISI, DANIELLE J	STUDENT
CAMPONOVO, MD, ERNEST J	DAUPHIN
CAMPSEY, D MICHAEL	STUDENT
CANAKIS, MD, JERROLD S	DELAWARE
CANALS, MD, JOAQUIN	MONTGOMERY
CANCELMO, MD, RICHARD P	MONTGOMERY
CANCINO, MD, JOSEFINA L S	ALLEGHENY
CANDAL, MD, MARIO A	LEHIGH
CANDELARIA, MD, JOSEFINA M	ALLEGHENY
CANDER, MD, LEON	PHILADELPHIA
CANDIA, MD, ANDREA J	BUCKS
CANE, MD, MARTIN	PHILADELPHIA
CANINO, MD, CHRISTOPHER W	PHILADELPHIA
CANLAS, MD, JOLLY B	NORTHAMPTON
CANN III, MD, THOMAS W	YORK
CANNER, MD, GARY C	BERKS
CANNING, MD, DOUGLAS A	PHILADELPHIA
CANNON, MD, CHRISTOPHER S	LEBANON
CANNON, MD, EDWARD J	PHILADELPHIA
CANNON, MD, GARY T	SOMERSET
CANNON, MD, MAX K	CAMBRIA
CANNONE, MD, DOMINICK	ALLEGHENY
CANO, MD, ELMER R	ALLEGHENY
CANOSE, MD, JEFFREY L	ALLEGHENY
CANOVA, MD, ANDRES E	PHILADELPHIA
CANTERNA, MD, ANTHONY C	WASHINGTON
CANUSO, MD, NICHOLAS A	PHILADELPHIA
CAPALONGO, DO, DINA F	PHILADELPHIA
CAPITO, MD, JOSEPH C	BLAIR
CAPLAN, MD, AARON	LAWRENCE
CAPLAN, MD, BERNARD	PHILADELPHIA
CAPLAN, MD, HOWARD S	PHILADELPHIA
CAPLAN, MD, JOHN L	PHILADELPHIA
CAPLAN, MD, MILTON L	LAWRENCE
CAPLAN, MD, MURRAY S	PHILADELPHIA
CAPLAN, MD, PAUL S	ALLEGHENY
CAPOBIANCO, MD, FRANK M	NORTHAMPTON
CAPOBRES JR, MD, RUDOLFO M	WASHINGTON
CAPONE, MD, GAETANO J	PHILADELPHIA
CAPONE, MD, RALPH A	WESTMORELAND
CAPONE JR, MD, RAYMOND A	ALLEGHENY
CAPPA, MD, ROBERT J	BERKS
CAPPIELLO, MD, JUSTIN L	LANCASTER
CAPPIELLO, MD, WILLIAM A	BUCKS
CAPPOLA JR, MD, MICHAEL T	PHILADELPHIA
CAPPUCCIO, MD, MATTHEW S	PHILADELPHIA
CAPRARO, MD, PHILIPPE A	NORTHAMPTON
CAPUTO, MD, LARRY A	PHILADELPHIA
CAPUZZI, MD, DAVID M	PHILADELPHIA
CARABALLO, RICARDO	STUDENT
CARABASI, MD, RALPH A	PHILADELPHIA
CARABASI III, MD, R ANTHONY	PHILADELPHIA
CARABELLI, MD, RONALD J	PHILADELPHIA
CARABELLO, MD, CHARLES A	BERKS
CARAMANNA, MD, JAMES F	WESTMORELAND
CARANDANG-PANIS, MD, NORMA H	PHILADELPHIA
CARAPELLA, MD, JOHN D	LEHIGH
CARAZOLA, MD, JOSEPH H	WASHINGTON
CARBAUGH, MD, HOWARD L	LEHIGH
CARBO, DO, ANTHONY P	DELAWARE
CARBONI, MD, VINCENT A	LUZERNE
CARDAMONE, MD, RALPH A	ALLEGHENY
CARDAMONE, MD, S JOSEPH	PHILADELPHIA
CARDELL, MD, ANTHONY F	DAUPHIN
CARDELLINO, MD, THOMAS J	CAMBRIA
CARDENAS, MD, FLORENCIO P	FAYETTE
CARDENAS, MICHAEL E	STUDENT
CARDINALE, DO, JOSEPH P	DAUPHIN

CARDONE, MD, ANITA L	ALLEGHENY
CARDWELL, MD, ROBERT J	LYCOMING
CAREL, MD, WARREN D	PHILADELPHIA
CARELLA, MD, RICHARD J	MONTGOMERY
CARETTI, MD, J WILLIAM	WESTMORELAND
CAREY, MD, EDWARD J	LUZERNE
CAREY, MD, EVA S	ALLEGHENY
CAREY, MD, JOHN L	LUZERNE
CAREY, MD, JOHN T	BEAVER
CAREY, MD, KEVIN V	BRADFORD
CAREY, DO, PATRICK J	LYCOMING
CAREY, MD, PHILIP D	CUMBERLAND
CAREY, MD, WILLIAM B	PHILADELPHIA
CARHART, MD, JUDY A	DAUPHIN
CARIM, MD, HYDER M	BERKS
CARIM, MD, MOIZ M	BERKS
CARINI, MD, JOHN F	LANCASTER
CARINO, MD, MARIEL G	LACKAWANNA
CARL, MD, DAVID A	LUZERNE
CARL, MD, GARY H	ALLEGHENY
CARLETON, MD, MARTA J	MONTOUR
CARLIN, MD, ELWIN S	MONTGOMERY
CARLIN, MD, GERALD J	ALLEGHENY
CARLIN, MD, HUGH M	NORTHAMPTON
CARLIN, MD, MARIE C	BUCKS
CARLINI, MD, CHARLES J	ALLEGHENY
CARLOS, MD, HECTOR J	BUCKS
CARLOW, MD, JOSEPH F	CHESTER
CARLSON, MD, JOHN E	BERKS
CARLSON, MD, JOHN P	MONTOUR
CARLSON, MD, KENNETH E	BEAVER
CARLSON, MD, ROBERT E	MONTGOMERY
CARLSON, MD, STEPHEN E	BERKS
CARLSSON, MD, CHRISTER	PHILADELPHIA
CARLUCCI, MD, RONALD J	PHILADELPHIA
CARMEN, MD, THOMAS F	ALLEGHENY
CARMONA, MD, ALDO	MONROE
CARNABUCI, MD, GUY J	PHILADELPHIA
CARNAVIL, DO, BRIAN D	MONTGOMERY
CARNEVAL, DO, DANIEL C	ERIE
CARNEVALE, MD, THOMAS A	CLEARFIELD
CARNEY, MD, DAVID J	CAMBRIA
CARNEY, MD, FRANK T	CAMBRIA
CARNEY, MD, PAUL L	CENTRE
CARNIVALE, MD, SCOTT P	ALLEGHENY
CARO, MD, JOSE F	PHILADELPHIA
CAROE, MD, ALAN E	YORK
CAROFF, MD, ROMUALD J	CAMBRIA
CARP, MD, ALBERT A	PHILADELPHIA
CARP, MD, LEON M	PHILADELPHIA
CARP, MD, MASON J	DAUPHIN
CARPANZANO, MD, CARMELA R	ALLEGHENY
CARPENTER, MD, CATHY P	YORK
CARPENTER, MD, JEFFREY P	PHILADELPHIA
CARPENTIERI, MD, DAVID F	MONTGOMERY
CARPINIELLO, MD, VICTOR L	PHILADELPHIA
CARR, MD, JAMES V	ALLEGHENY
CARR, MD, WILLIAM F	DAUPHIN
CARRATO, MD, ANTHONY M	DELAWARE
CARRAU, MD, RICARDO L	ALLEGHENY
CARRELL, MD, ROBERT L	ALLEGHENY
CARREON, MD, ADRIAN W E	PHILADELPHIA
CARRICK, JOHN S	STUDENT
CARROLL, DO, EDMUND T	BUCKS
CARROLL, MD, JOAN B	PHILADELPHIA
CARROLL, MD, LAURENCE E	LANCASTER
CARROLL, MD, NANCY E	ALLEGHENY
CARROLL, MD, ROBERT J	ALLEGHENY
CARROLL, MD, ROBERT T	PHILADELPHIA
CARROLL, MD, STANTON F	PHILADELPHIA
CARROLL, MD, WILLIAM L	DELAWARE
CARROZZA, MD, HARRY D	PHILADELPHIA
CARRUTHERS, MD, RALPH B	LANCASTER
CARSON, MD, CHARLES P	DELAWARE
CARSON, MD, DONALD G	ALLEGHENY
CARSON, MD, GREGORY B	MONTGOMERY
CARSON, MD, JAMES H	LANCASTER
CARSON, MD, JOHN S	MONTGOMERY
CARSON, MD, TERESA C	MONTGOMERY
CARSON, MD, THOMAS E	WARREN
CARSON III, MD, JOHN N	YORK
CARTAGINESE, MD, PETER	BRADFORD
CARTAYA, DANIEL I	STUDENT
CARTER, MD, DANIEL J	ALLEGHENY
CARTER, MD, DONALD L	WESTMORELAND
CARTER, MD, HOWARD A	CAMBRIA
CARTER, MD, JEFFREY E	PHILADELPHIA
CARTER, MD, JOHN A	BEAVER
CARTER, MD, JOSEPH H	ERIE
CARTER, MD, MICHELE	DELAWARE
CARTER, MD, RICARDO T D D	MIFFLIN/JUNI
CARTER, MD, THOMAS L	HUNTINGDON
CARTER JR, MD, JOSEPH H	YORK
CARTWRIGHT, MD, RICHARD L	CAMBRIA
CARTWRIGHT, MD, SCOTT R	DAUPHIN
CARTY, MD, SALLY E	ALLEGHENY
CARTY JR, MD, JAMES B	MONTGOMERY
CARUANA, MD, BRUCE J	BERKS
CARUGATI, MD, RICHARD K	BEAVER
CARUSO, DO, JUNE M	STUDENT
CARUSO, DO, THOMAS D	MONTGOMERY
CARVAJAL, MD, ROBERTO T	BUCKS
CARVELLI, MD, JOSEPH A	ERIE
CARVER, MD, JOSEPH R	PHILADELPHIA
CARVER, MD, MARGARET A	FAYETTE
CARY, MD, GENE L	DAUPHIN
CASAL, MD, ROLANDO A	DAUPHIN
CASALE, MD, LAWRENCE F	CAMBRIA
CASALE, MD, LOUIS J	BUCKS
CASALE, MD, PETER J	MONROE
CASAVILLA, MD, FERNANDO A	ALLEGHENY
CASCIOTTI, DO, MICHAEL S	DAUPHIN
CASDORPH, MICHAEL L	STUDENT
CASE JR, MD, WARREN G	PHILADELPHIA
CASELLA, MD, SALVATORE R	MONTGOMERY
CASERTA, MD, VITO M	MIFFLIN/JUNI
CASEY, MD, JOHN D	MONROE
CASEY, MD, JOHN D	PHILADELPHIA
CASEY, MD, KEVIN	PHILADELPHIA
CASEY, MD, MICHAEL P	ALLEGHENY
CASEY, MD, ROSEMARY D	PHILADELPHIA
CASEY, MD, THOMAS J	MONTGOMERY
CASH, MD, JOSEPH M	ALLEGHENY
CASH, MD, STEPHEN L	PHILADELPHIA
CASPER, MD, DANIEL R	WESTMORELAND
CASS, MD, PAUL T	DELAWARE
CASS, MD, STEPHEN P	ALLEGHENY
CASSEL, MD, FRANKLIN K	LANCASTER
CASSEL, MD, JOHN J	LEHIGH
CASSELBERRY, MD, E JOSEPHINE	NORTHAMPTON
CASSELBRANT, MD, MARGARETHA L	ALLEGHENY
CASSELLI, MD, HELENE J	PHILADELPHIA
CASSIDY, MD, JOSEPH A	BLAIR
CASSIDY, MD, WILLIAM J	PHILADELPHIA
CASSOFF, MD, RICHARD G	ALLEGHENY
CASSON, MD, LISA N	MONTGOMERY
CASSONE, MD, GARY J	LACKAWANNA
CASTAGNA, MD, ARMAND	PHILADELPHIA
CASTALDO, MD, JOHN E	LEHIGH
CASTALDO, MD, WILLIAM A	LEHIGH
CASTELLANO, MD, THOMAS J	LUZERNE
CASTELLI, MD, DARIO D	ALLEGHENY
CASTELLI II, MD, PETER J	SOMERSET
CASTELLI JR, DO, JOSEPH L	MONTGOMERY
CASTELLON, MD, LOURDES	CAMBRIA
CASTELLON-VOGEL, MD, CARLOS H	CAMBRIA
CASTIGLIONE, MD, ANGELO	ALLEGHENY
CASTILLO, MD, JOSE	PHILADELPHIA
CASTILLO, MD, MANUEL M	ALLEGHENY
CASTILLO, MD, WILLIAM M	ALLEGHENY
CASTLE, MD, CHARLES A	LANCASTER
CASTLE, MD, WILLIAM N	ALLEGHENY
CASTOR, MD, LOUIS H	PHILADELPHIA
CASTRINA JR, MD, FRANK P	CUMBERLAND
CASTRO, MD, ARTURO F	ALLEGHENY
CASTRO, MD, AUGUSTO D	ALLEGHENY
CASTRO, MD, OTHONIEL	ERIE
CASTROVINCI, MD, ROBERT V	PHILADELPHIA
CASWELL, MD, HORACE T	PHILADELPHIA
CATALANE, MD, DAVID B	ALLEGHENY
CATALANO, MD, ANTHONY C	NORTHMBRLAND
CATALANO, MD, JOHN B	PHILADELPHIA
CATALANO, MD, KATHLEEN F	WESTMORELAND
CATALANO JR, MD, LOUIS W	WESTMORELAND
CATANIA, ROBERT A	STUDENT
CATLIN, LIONEL B	STUDENT
CATTANO, MD, CHARLES J	ALLEGHENY
CATTON, MD, RAYMOND M	CHESTER
CAUCCI, DO, EMILIO J	PHILADELPHIA
CAUFFMAN, MD, WILLIAM J	BUCKS
CAULI, MD, MARIO	PHILADELPHIA
CAUTILLI, MD, DAVID A	PHILADELPHIA
CAUTILLI, MD, GEORGE P	MONTGOMERY
CAUTILLI, MD, RICHARD A	MONTGOMERY
CAUTILLI JR, MD, RICHARD A	PHILADELPHIA
CAVACINI, DO, TIMOTHY J	MONTOUR
CAVAN, MD, ALBINA B	LUZERNE
CAVAN, MD, JOHN F	LUZERNE
CAVANAUGH, MD, MICHAEL F	MONTGOMERY
CAVAROCCHI, MD, NICHOLAS C	PHILADELPHIA
CAVASINA, MD, MARY M	WASHINGTON
CAVORSI, MD, JOSEPH P	BERKS
CAVOTO, MD, FRANCIS V	MONTGOMERY
CAVOTO, MD, MICHAEL J	INDIANA
CAVUTO, DO, CAROLYN M	PHILADELPHIA
CAWOG, MD, ANTOINE F	WESTMORELAND
CECH, MD, ROSANNE	LACKAWANNA
CECIL, MD, HENRY S	PHILADELPHIA
CEDERSTROM, MD, JANICE J	PHILADELPHIA
CEFARATTI, MD, MICHAEL D	BERKS
CELANI, MD, VICTOR J	LEHIGH
CELEBRE, MD, JOAN A	MONTGOMERY
CELIN, MD, SCOTT E	ALLEGHENY
CELIO, MD, LEE A	PHILADELPHIA
CELKO, MD, DAVID A	ALLEGHENY
CELLINI, MD, L LUKE	DELAWARE
CENCORA, MD, BARBARA	PHILADELPHIA
CENEDELLA, MD, STEPHEN C	VENANGO
CERA JR, MD, PETER J	MONTOUR
CERCIELLO, MD, MARK J	LEHIGH
CERCONE, DO, DAVID J	ALLEGHENY
CERCONE, MD, RONALD G	ALLEGHENY
CERMAK, MD, MARY BETH	ERIE
CERNADAS, MANUELA	STUDENT
CERNE, MD, ANDREW J	WESTMORELAND
CERRA, SONJA L	STUDENT
CERRI, MD, HUGO J M	ALLEGHENY
CERTA, MD, KENNETH M	PHILADELPHIA
CERTO, MD, LOUIS M	ALLEGHENY
CERTO, MD, SALVATORE A	ALLEGHENY
CERUL, MD, MAURICE S	ALLEGHENY
CERVONE, MD, PAUL N	CHESTER
CESANEK, DO, JOSEPH E	LUZERNE
CESARE, MD, JOSEPH G	LACKAWANNA
CESSNA, MD, GERALD H	ALLEGHENY
CESTELLO, MD, ROBERT J	ALLEGHENY
CEVALLOS, MD, EDUARDO A	BUCKS
CHABRA, MD, MOHAN L	ALLEGHENY
CHABY, DO, JEFFREY H	LANCASTER
CHADAGA, MD, P C S	DELAWARE
CHADDAH, MD, ASHOK	INDIANA
CHADWICK, MD, HAROLD H	BRADFORD
CHAFFEE, MD, JOHN S	ERIE
CHAFFEE, DO, REBECCA K	ERIE
CHAHIN, MD, JUAN J	ALLEGHENY
CHAI, MD, CHIU L	BUCKS
CHAI, MD, MIN S	LACKAWANNA
CHAI, MD, SUNGJI	LEHIGH
CHAIT, MD, ARNOLD	PHILADELPHIA
CHALAL, MD, GERALD S	PHILADELPHIA
CHALAL, MD, KENNETH	PHILADELPHIA
CHALFANT, MD, JOHN C	FAYETTE
CHALFANT, MD, RICHARD S	ALLEGHENY
CHALLENER, MD, KENNETH R	CRAWFORD
CHALLINOR, MD, SUE M	ALLEGHENY
CHAMBERS, MD, CHRISTOPHER V	PHILADELPHIA
CHAMBERS, JENNIFER A	STUDENT
CHAMBERS, MD, THEODORE P	ALLEGHENY
CHAMOVITZ, MD, BRUCE N	BEAVER
CHAMOVITZ, MD, JEROME	ALLEGHENY
CHAMOVITZ, MD, ROBERT	ALLEGHENY
CHAN, MD, ANNE K	PHILADELPHIA
CHAN, MD, DANIEL M	FRANKLIN
CHAN, MD, IAN	NORTHAMPTON
CHAN, MD, KENNY H	ALLEGHENY
CHAN, MD, ROSCOE H	CAMBRIA
CHAN, SIDNEY	STUDENT
CHANDRA, MD, DINESH N	ALLEGHENY
CHANDRA, MD, PRASANTA C	PHILADELPHIA
CHANDRA, MD, RAMESH R	ALLEGHENY
CHANDRA, MD, SEETHALAKSHMI	ALLEGHENY
CHANDRA-MOHAN, MD, AVVERAHALLI M	LUZERNE
CHANDRAN, MD, GIRIJA	CAMBRIA
CHANDRASEKARAN, MD, RAMAMURTI	ALLEGHENY
CHANDRASEKARAN, MD, SANNASIE	WESTMORELAND
CHANG, MD, AILEEN D	ALLEGHENY
CHANG, MD, ALEXANDER C S	ALLEGHENY
CHANG, MD, BENJAMIN	PHILADELPHIA
CHANG, MD, CHARLES H	WESTMORELAND
CHANG, MD, CHRIS C	DAUPHIN
CHANG, MD, CHUN S	LUZERNE
CHANG, MD, CLAYTON W	MONTGOMERY
CHANG, MD, DUCK-KYU	CUMBERLAND
CHANG, HELEN C	STUDENT
CHANG, MD, IN-HO	LEHIGH
CHANG, MD, MONA P	LYCOMING
CHANG, RICHARD S	STUDENT
CHANG, SHIRLEY S	STUDENT
CHANG, MD, TONY CHI-KUE	NORTHAMPTON
CHANG, WON S	STUDENT
CHANG-LIPSENTHAL, MD, KATHY H	PHILADELPHIA
CHANGCO, MD, ALVARO N	WASHINGTON
CHANNAPATI, MD, THIPPESWAMY	BUTLER
CHANNICK, MD, STEVEN A	MONTGOMERY
CHAO, MD, WEN	PHILADELPHIA
CHAPA, MD, SUKUMAR M	CLARION
CHAPIS, MD, GREGORY J	PHILADELPHIA
CHAPIS, MD, NICHOLAS J	MONTGOMERY
CHAPLIN, MD, STANLEY S	PHILADELPHIA
CHAPMAN, MD, ALBERT L	DAUPHIN
CHAPMAN, DO, ANDREW E	PHILADELPHIA
CHAPMAN, MD, CHRISTOPHER N	NORTHAMPTON
CHAPMAN, MD, JOSEPH L	PHILADELPHIA
CHAPMAN, MD, WILLIAM L	ALLEGHENY
CHAPPANO, MD, PAUL J	STUDENT
CHARABATI, MD, JAY	LUZERNE
CHAREPOO, MD, KHASHAIAR	WARREN
CHARLES, MD, ROBERT S	MONTGOMERY
CHARLES-MARCEL, MD, ZENO L	BERKS
CHARLEY, MD, JOHN A	ALLEGHENY
CHARLEY, MD, MICHAEL R	ALLEGHENY
CHARLSON, MD, MURRAY T	ALLEGHENY
CHARNEY, MD, EDWARD B	PHILADELPHIA
CHARNEY, MD, RICHARD H	BUCKS
CHARRON, MD, MARTIN	ALLEGHENY
CHASE, MD, HAROLD F	PHILADELPHIA
CHASE, MD, JEFFREY S	PHILADELPHIA
CHASE, DO, RAYMOND D	FRANKLIN
CHASE, MD, WILLIAM D	CENTRE
CHASTENEY III, MD, EDWARD A	PHILADELPHIA
CHAT, MD, EMANUEL	PHILADELPHIA
CHATHA, MD, IFTIKHAR A	MERCER
CHATREE-DUANGNET, MD, CHAD	LAWRENCE
CHATTAH, MD, LEON	NORTHAMPTON
CHATTERJEE, MD, MINAKSHI	DELAWARE
CHATWIN, AMBER L	STUDENT
CHATZINOFF, MD, MARTIN	MONTGOMERY
CHAUDHARI, MD, SUNITA N	ALLEGHENY
CHAUDHRI, MD, MUNAWAR S	DELAWARE
CHAUDHRY, MD, MEHBOOB K	ALLEGHENY
CHAUDHRY, MD, MOHAMMAD A	MONROE
CHAUDHRY, MD, RAHAT M	ALLEGHENY
CHAUDHRY, MD, RAUF A	ALLEGHENY
CHAUHAN, MD, AMBARAM V	ALLEGHENY
CHAWLA, MD, HARISH C	BUCKS
CHAWLUK, MD, JOHN B	SCHUYLKILL
CHAYAPRUKS, MD, PRAYUN	GREENE
CHECCHIO, MD, LEONARD M	MONTGOMERY
CHECK, MD, JEROME H	MONTGOMERY
CHEESEMAN, LESLIE A	STUDENT
CHEEVER, MD, FRANCIS S	ALLEGHENY
CHEIKIN, MD, MICHAEL I	MONTGOMERY
CHEKAN, MD, EDWARD G	ALLEGHENY
CHELIUS, MD, ALAN B	BERKS
CHELLMAN, MELANIE R	STUDENT
CHEN, MD, ALEX S J	ALLEGHENY
CHEN, MD, ANNE	ALLEGHENY
CHEN, MD, CHUEN	DELAWARE
CHEN, MD, EDWARD C H	NORTHAMPTON
CHEN, MD, HENRY Y	VENANGO
CHEN, PETER J	STUDENT
CHEN, MD, ROBERT F	ALLEGHENY
CHEN, ROLAND S	STUDENT
CHEN, MD, SING-TSUNG	DELAWARE
CHEN, MD, TAI-WEN	STUDENT
CHEN, TIMOTHY R	STUDENT
CHEN, MD, WEI-FAN	PHILADELPHIA
CHENEY, MD, MARYALICE	PHILADELPHIA
CHENEY, MD, RICHARD T	BUCKS
CHENG, MD, CHUN-PIN	ALLEGHENY
CHENG, MD, DAVID T	ALLEGHENY
CHENG, MD, HARVEY S	LEHIGH
CHENG, MD, KENNETH P	ALLEGHENY
CHENG, MD, LAWRENCE C	LEHIGH
CHENG, MD, MEI-CHANG	BRADFORD
CHENGAPPA, MD, PALECANDA P	ALLEGHENY
CHENSEE, MD, JASPER G	BERKS
CHEPONIS, MD, GEORGE B	ALLEGHENY
CHERCIU, MD, DOINA M	ALLEGHENY
CHERCIU, MD, MUGUREL S	ALLEGHENY
CHERN, MD, STEVEN A	WASHINGTON
CHERNEGA-SPIEKERMANN, MD, JOY	PHILADELPHIA
CHERNER, MD, RACHMEL	PHILADELPHIA
CHERNEY, MD, PAUL J	PHILADELPHIA
CHERNOFF, MD, ARTHUR	PHILADELPHIA
CHERNOFF, MD, BENJAMIN	PHILADELPHIA
CHERNOFF, MD, ROBERT W	DELAWARE
CHERNOFSKY, MD, MICHAEL A	LEHIGH
CHERPES, MD, GREGORY L	ALLEGHENY
CHERRY, MD, KENNETH L	CENTRE
CHERRY, MD, LOUIS J	JEFFERSON
CHERRY, MD, MELANIE M	CENTRE
CHERRY, MD, ROBERT J	JEFFERSON
CHERRY, MD, STEVEN B	CUMBERLAND
CHERUP, MD, E DAVID	ALLEGHENY
CHERUP, MD, LORI L	ALLEGHENY
CHESAR JR, MD, THOMAS	WESTMORELAND
CHESEK, MD, LORRAINE M	ALLEGHENY
CHESEN, MD, DAVID	PHILADELPHIA
CHESEN, MD, NEIL	BERKS
CHESIN, MD, CAROLE M	ALLEGHENY
CHESNICK, MD, STEVEN R	MONTGOMERY
CHETLIN, MD, STUART H	ALLEGHENY
CHETT, MD, NICHOLAS J	BERKS
CHEUNG, MD, ALBERT T	DELAWARE
CHEUNG, MD, HOO J	BLAIR
CHEVRES, MD, ANITA	MONTGOMERY
CHEYNEY II, MD, JAMES B	MONTGOMERY
CHHABRIA, MD, MAHESH D	MONROE
CHI, MD, NUNGJA	PHILADELPHIA
CHIAPELLA, MD, CARLA D	NORTHAMPTON
CHIARAMONTE III, MD, ANTHONY	PHILADELPHIA
CHIAVACCI, MD, ANTHONY L	LACKAWANNA
CHIAVACCI, MD, EUGENE J	LACKAWANNA
CHIAVACCI, MD, WAYNE E	LACKAWANNA
CHICKLO, MD, JAMES M	FRANKLIN
CHICO, MD, LAURO V	ALLEGHENY
CHIKARMANE, MD, AJIT M	LUZERNE
CHIKARMANE, MD, KALPANA A	LUZERNE
CHILDS, MD, MARION C	CHESTER
CHILDS, MD, ROBERT W	LUZERNE
CHILDS, MD, USHA M	PHILADELPHIA
CHILDS III, MD, JOHN N	PHILADELPHIA
CHILES, PATRICK J	STUDENT
CHIN, MD, ALVIN J	PHILADELPHIA
CHIN, MD, BYOUNG KWON	BUCKS
CHIN, KATHLEEN L	STUDENT
CHINEA, MD, CARMEN	CAMBRIA
CHINITZ, MD, JOEL L	PHILADELPHIA
CHINSKY, MD, KENNETH D	ERIE
CHIRAYATH, MD, MERCY	BUCKS
CHIRIELEISON, MD, ROCCO F	BERKS
CHISHOLM, PATRICIA A	STUDENT
CHISMER, MD, MICHAEL E	ALLEGHENY
CHISUM, MD, MELVIN J	PHILADELPHIA
CHITALE, MD, VIDYADHAR S	DELAWARE
CHITTIPROLU, MD, JAGAN R	DELAWARE
CHIUMENTO, DO, NICHOLAS P	LACKAWANNA
CHIZEVER, GARY E	STUDENT
CHMIELEWSKI, MD, MICHAEL J	PHILADELPHIA
CHMIELEWSKI, MD, PAUL W	PHILADELPHIA
CHMIELEWSKI, MD, ROBERT E	PHILADELPHIA
CHO, MD, DOO W	BLAIR
CHO, MD, JAY J	DAUPHIN
CHO, MD, JONG S	FAYETTE
CHO, MICHAEL M	STUDENT
CHO, MD, YONG D	WASHINGTON
CHOBY, MD, JOHN J	BUCKS
CHODAKEWITZ, MD, JEFFREY A	PHILADELPHIA
CHODROFF, MD, CHARLES H	YORK
CHOGICH, MD, JOHN C	DELAWARE
CHOI, MD, EDWARD W	LUZERNE
CHOI, MD, HARRY H	CAMBRIA
CHOI, MD, JOHN K	PHILADELPHIA
CHOI, MD, KWANG Y	CRAWFORD
CHOI, MD, SEAN H	ALLEGHENY
CHOI, MD, SUSANNA S	ALLEGHENY
CHOI, MD, TOHSHIK	MONTGOMERY
CHOLAPRANEE, MD, REWAT	ALLEGHENY
CHOLHAN, MD, R C	LUZERNE
CHOLLAK, MD, WILLIAM L	PHILADELPHIA
CHOLLAK SR, MD, JOSEPH P	LUZERNE

CHOMSKY, MD, DAVID E	PHILADELPHIA
CHOONG, MD, SHUNG S	SCHUYLKILL
CHOPRA, ANUJ K	STUDENT
CHOPRA, MD, RAJ P	COLUMBIA
CHOPRA, VIKAS	STUDENT
CHORAZY, MD, ANNA J	ALLEGHENY
CHORAZY, MD, ZDZISLAW J	ERIE
CHORY, MD, EDWARD T	LANCASTER
CHOTINER, MD, BENNETT	DAUPHIN
CHOUGH, MD, ANDREW C B	ALLEGHENY
CHOVANES, MD, GEORGE I	LEHIGH
CHOWDARY, MD, RAJ P	LEHIGH
CHOWDHRY, MD, ZAFAR I	ARMSTRONG
CHOWDHURY, MD, A RAB	BERKS
CHREKY, MD, EMILE H	ALLEGHENY
CHRIST, MD, NICHOLAS J	BERKS
CHRIST, MD, PETER J	BERKS
CHRISTENSEN, MD, DAVID W	BERKS
CHRISTENSEN, DO, G CHRIS	MONTGOMERY
CHRISTESEN, MD, STEVEN D	PHILADELPHIA
CHRISTIAN, MD, CINDY W	PHILADELPHIA
CHRISTIAN, MD, COLLEEN J	PHILADELPHIA
CHRISTIAN, MD, DEAN A	COLUMBIA
CHRISTIAN, MD, EUGENE P	WASHINGTON
CHRISTIAN, MD, HORACE D	ALLEGHENY-
CHRISTIANSEN, MD, DEANNE M	ERIE
CHRISTIANSEN, MD, KJELL H	MONTGOMERY
CHRISTIANSON, MD, ALAN D	WESTMORELAND
CHRISTIDES, MD, STEPHAN A	PHILADELPHIA
CHRISTIE, MD, KARL B	ALLEGHENY
CHRISTIE, DO, PETER N	DELAWARE
CHRISTIE, MD, THOMAS	CHESTER
CHRISTIE, MD, WILLIAM C	ALLEGHENY
CHRISTINE, DO, CRAIG R	LEHIGH
CHRISTMAN, MD, JAMES C	LEBANON
CHRISTOFORETTI, MD, RUSSELL J	WASHINGTON
CHRISTOPHE, KATHLEEN M	STUDENT
CHRISTOPHERSON, MD, WAYNE A	ALLEGHENY
CHRISTOU, MD, ARISTOTLE A	PHILADELPHIA
CHRISTY, MD, MICHAEL G	ALLEGHENY
CHRISTY, PATRICK T	STUDENT
CHU, DO, ALEX	PHILADELPHIA
CHU, MD, ANN M	PHILADELPHIA
CHU, MD, BENJAMIN C	BRADFORD
CHU, CHRISTINA S	STUDENT
CHU, MD, DONALD	PHILADELPHIA
CHU, MD, ELSIE H	PHILADELPHIA
CHU, MD, JENNIFER	PHILADELPHIA
CHU, MD, KEITH H	PHILADELPHIA
CHU, MD, WINSTON	ERIE
CHUA, MD, CHONG V	MONTGOMERY
CHUA, MD, LAWRENCE A	ALLEGHENY
CHUENSUMRAN, MD, ONGART	ALLEGHENY
CHUENSUMRAN, MD, RAJANI S	ALLEGHENY
CHUGHTAI, MD, ARSHAD I	ALLEGHENY
CHUGHTAI, MD, MUBASHAR S	ALLEGHENY
CHUKWUNENYE, MD, OBASI A	PHILADELPHIA
CHUN, MD, YOON-TAEK	MONROE
CHUNG, MD, CHIN D	LAWRENCE
CHUNG, MD, CHIN-YONG	ERIE
CHUNG, MD, EDWARD K	PHILADELPHIA
CHUNG, MD, HACK R	MONTGOMERY
CHUNG, MD, HI-YOUNG	LUZERNE
CHUNG, MD, KI Y	ALLEGHENY
CHUNG, MD, KWANG H	ALLEGHENY
CHUNG, MD, LINDA C	PHILADELPHIA
CHUNG, MD, WHAN S	PHILADELPHIA
CHUNG, MD, WILLIS C	PHILADELPHIA
CHUNG, MD, YOON JIN	WESTMORELAND
CHUNN, MD, LIVINGSTON	PHILADELPHIA
CHURCH, MD, JEFFREY S	YORK
CIACCI, MD, VINCENT W	CHESTER
CIAMBOTTI, MD, GARY F	ALLEGHENY
CIAMBOTTI, JONATHAN M	STUDENT
CIANCIULLI, MD, FRANCIS D	DELAWARE
CIANFRANI, MD, PETER M	BUCKS
CIANNI, MD, RONALD J	LACKAWANNA
CIARALLO, MD, ROBERT L	ALLEGHENY
CIBIK, MD, LISA M	WASHINGTON
CICCARELLI, MD, CLEM A	YORK
CICCARELLI, MD, HAROLD E	ALLEGHENY
CICCARELLI, MD, LEE M	LYCOMING
CICCHINO, MD, FRANK E	ALLEGHENY
CICCONE, MD, PATRICK E	BUCKS
CICCOTELLI, MD, ALDO A	BUCKS
CICHELLI, MD, ANDREW V	PHILADELPHIA
CICUTO, DO, ROBERT A	MERCER
CIFOR, DO, SANDRA M	FRANKLIN
CIGANIC, MD, RATIMIR R	ALLEGHENY
CIGNETTI, MD, FRANKLIN E	ALLEGHENY
CILIBERTI, MD, MICHAEL D	CHESTER
CINCALA, DO, ROBERT P	ALLEGHENY
CINCOTTA, DO, ANTHONY J	PHILADELPHIA
CINCOTTA, MD, JANET F	DAUPHIN
CINCOTTA, MD, JOSEPH A	DAUPHIN
CIOTOLA, MD, AUGUSTINE A	LUZERNE
CIOTOLA, MD, JOSEPH G	LUZERNE
CIOTOLA, MD, THOMAS J	LUZERNE
CIOTTI, DO, ANNETTE A	ALLEGHENY
CIPOLLA, MD, CHARLES F	LYCOMING
CIRELLI, MD, MARIO G	PHILADELPHIA
CIRELLI, MD, ROSEMARY A	PHILADELPHIA
CIRELLY, DO, FRANCINE A	PHILADELPHIA
CIRIGLIANO, MD, DANIEL A	BUCKS
CIRIGLIANO, MD, MICHAEL D	PHILADELPHIA
CIRILLO JR, ROBERT L	STUDENT
CIRILLO-HYLAND, MD, VICTORIA A	PHILADELPHIA
CIROTTI, MD, JOSEPH J	MONTGOMERY
CITRO, MD, LAURENCE A	BERKS
CITRONE, MD, PETER J	ALLEGHENY
CITTI, MD, JOHN G	LUZERNE
CIVITARESE, MD, LOUIS R	ALLEGHENY
CLADEL JR, MD, CHARLES E	DAUPHIN
CLADER, MD, STANLEY C	MONTGOMERY
CLAIR, MD, DAVID L	LEHIGH
CLANCY, MD, MICHAEL	PHILADELPHIA
CLANCY JR, MD, ROBERT R	PHILADELPHIA
CLARE, MD, DAVID W	ALLEGHENY
CLARE, MD, HENRY E	DELAWARE
CLARK, MD, ANN K	WESTMORELAND
CLARK, MD, BERNARD J	PHILADELPHIA
CLARK, MD, DONALD L	PHILADELPHIA
CLARK, MD, FRANCIS J	MONTGOMERY
CLARK, MD, GRANT C	COLUMBIA
CLARK, MD, JAMES E	DELAWARE
CLARK, MD, JOSEPH M	LEBANON
CLARK, MD, KEVIN D	ALLEGHENY
CLARK, DO, KEVIN R	LANCASTER
CLARK, MD, LAWRENCE M	CLARION
CLARK, MD, LINDA J	ALLEGHENY
CLARK, MD, M DORCAS	INDIANA
CLARK, MD, MICHAEL L	BLAIR
CLARK, MD, NEIL R	LANCASTER
CLARK, MD, RICHARD E	ALLEGHENY
CLARK, MD, SHERYL	INDIANA
CLARK, MD, WILLIAM H	ALLEGHENY
CLARK JR, MD, GORDON H	ERIE
CLARK JR, JERRY R	STUDENT
CLARKE, MD, CATHERINE F	MONTGOMERY
CLARKE, MD, CHARLES E	ALLEGHENY
CLARKE, DEBORAH A	STUDENT
CLARKE, MD, FRANKLYN R	BUCKS
CLARKE, MD, LEON E	PHILADELPHIA
CLARKE, MD, ROBERT H	ALLEGHENY
CLASSEN, MD, CAROLYN F	ADAMS
CLASSEN, MD, CHARLES H	MONTGOMERY
CLAUHS, MD, RONALD P	CHESTER
CLAUSS, MD, THOMAS F	LACKAWANNA
CLAY, MD, BETTIE W	CHESTER
CLAY, MD, STEPHEN N	DELAWARE
CLAYTON, DO, JOHN S	CHESTER
CLAYTON, MD, RICHARD J	CHESTER
CLAYTON, MD, THOMAS D	CHESTER
CLAYTON JR, MD, SAMUEL T	DAUPHIN
CLEARFIELD, MD, HARRIS R	PHILADELPHIA
CLEARFIELD, MD, RONALD J	WESTMORELAND
CLEARFIELD, DO, WILLIAM N	LUZERNE
CLEAVER, MD, CLARENCE P	COLUMBIA
CLEAVER, MD, DOROTHY M	MONTGOMERY
CLEAVER, MD, E EUGENE	MONTGOMERY
CLELAN, MD, GEORGE M	LANCASTER
CLEMENS, MD, THOMAS M	LEBANON
CLEMENT, MD, GORDON S	MONTGOMERY
CLEMENT, MD, JOHN A	MONTOUR
CLEMENTS, MD, DAVID H	WESTMORELAND
CLEMENTS, MD, DAVID H	PHILADELPHIA
CLEMENTS, MD, JAMES K	WASHINGTON
CLEMENTS, MD, MICHAEL J	NORTHMBRLAND
CLEMENTS, MD, WILLIAM T	BERKS
CLEMENTS, MD, WILLIAM W	MONTGOMERY
CLEVENGER, MD, ROBERT W	ALLEGHENY
CLEVER, MD, JOHN E	ALLEGHENY
CLIFFORD, MD, GAIL L	DAUPHIN
CLIMACO, MD, RAFAEL V	LUZERNE
CLINE, MD, CHARLES W	ALLEGHENY
CLIPP, MD, SAMUEL W	BUCKS
CLISTA, MD, BRIAN T	ALLEGHENY
CLOSE, MD, RICHARD A	BERKS
CLOSSON, MD, EDWARD W	PHILADELPHIA
CLOUGH, MD, DOUGLAS F	ALLEGHENY
CLOUSE, MD, RICHARD M	BUTLER
CLUTZ, MD, PAUL A	FRANKLIN
CLYMAN, MD, BYRON	MONTGOMERY
CLYMER, MD, DAVID G	BERKS
CO, MD, DEBORAH JANE L	ALLEGHENY
COADY, MD, PAUL M	CHESTER
COAR, MD, GEORGE R	LUZERNE
COATES JR, MD, JOHN B	CHESTER
COATS, MD, THOMAS D	MONTGOMERY
COBB, MD, BLAINE W	BRADFORD
COBERT, MD, HOWARD S	PHILADELPHIA
COBETTO, MD, BERNARD H	WESTMORELAND
COBLENTZ, MD, ROBERT H	ALLEGHENY
COCCO, MD, ALEX M	MERCER
COCHRAN, MD, JAMES F	NORTHAMPTON
COCHRAN, MD, TERENCE A	LACKAWANNA
COCHRAN, MD, WILLIAM C	MONTGOMERY
COCHRAN, MD, WILLIAM J	MONTOUR
COCHRANE, MD, PETER J	NORTHAMPTON
CODARIO, MD, RONALD A	PHILADELPHIA
CODISPOTI, MD, JOSEPH R	PHILADELPHIA
COFFEY, MD, DAVID A	ALLEGHENY
COFFEY, MD, JAMES A	BERKS
COFFEY, MD, WILLIAM F	PHILADELPHIA
COFFMAN, MD, KAOHLIN M	LYCOMING
COFFMAN, STEPHAN W	STUDENT
COGEN, MD, FREDERICK C	MONTGOMERY
COGNETTI, MD, PETER A	LACKAWANNA
COHAN, MD, HAL D	MONTGOMERY
COHEN, MD, ALAN R	PHILADELPHIA
COHEN, DO, ALICE L	LANCASTER
COHEN, MD, ARCHIBALD C	BUTLER
COHEN, MD, BARRY A	LACKAWANNA
COHEN, MD, BERNARD I	ALLEGHENY
COHEN, MD, BRUCE A	BERKS
COHEN, MD, CATHY S	ALLEGHENY
COHEN, MD, DANIEL J	BUCKS
COHEN, MD, DAVID A	PHILADELPHIA
COHEN, MD, DAVID E	MONTGOMERY
COHEN, MD, DAVID L	YORK
COHEN, MD, DONALD L	MERCER
COHEN, MD, ERWIN A	PHILADELPHIA
COHEN, MD, FREDRIC L	CHESTER
COHEN, MD, H EMMANUEL	PHILADELPHIA
COHEN, MD, IRA J K	ALLEGHENY
COHEN, MD, IVAN S	MONTGOMERY
COHEN, MD, J STANLEY	PHILADELPHIA
COHEN, MD, JACOB J	PHILADELPHIA
COHEN, MD, JEFFREY K	ALLEGHENY
COHEN, JEFFREY S	STUDENT
COHEN, MD, KENNETH D	PHILADELPHIA
COHEN, MD, LARRY K	ALLEGHENY
COHEN, DO, LAURIE A	LEHIGH
COHEN, MD, LEONARD M	ALLEGHENY
COHEN, MD, MARK H	MONTOUR
COHEN, MD, MARTIN A	BUCKS
COHEN, MD, MARTIN H	PHILADELPHIA
COHEN, MARY E	STUDENT
COHEN, MD, MELISSA D	PHILADELPHIA
COHEN, MD, MERTON E	NORTHAMPTON
COHEN, MD, MEYER A	PHILADELPHIA
COHEN, MD, MICHAEL M	PHILADELPHIA
COHEN, MD, MILTON H	MIFFLIN/JUNI
COHEN, MD, MURRAY J	PHILADELPHIA
COHEN, MD, NORMAN F	PHILADELPHIA
COHEN, MD, NORMAN F	ALLEGHENY
COHEN, MD, NORMAN N	PHILADELPHIA
COHEN, MD, PETER Z	ALLEGHENY
COHEN, MD, PINCHAS	PHILADELPHIA
COHEN, MD, RICHARD L	ALLEGHENY
COHEN, MD, ROBERT	NORTHAMPTON
COHEN, DO, ROBERT A	ALLEGHENY
COHEN, MD, ROBERT M	PHILADELPHIA
COHEN, MD, SAMUEL F	MONTGOMERY
COHEN, MD, SARLE H	PHILADELPHIA
COHEN, MD, SHERWOOD V	PHILADELPHIA
COHEN, MD, STANLEY	PHILADELPHIA
COHEN, MD, STANLEY N	PHILADELPHIA
COHEN, MD, THEODORE B	PHILADELPHIA
COHEN, MD, THOMAS	LUZERNE
COHEN, DO, WILLIAM L	DELAWARE
COHEN, MD, WILLIAM W	ERIE
COHEN, MD, YALE M	ALLEGHENY
COHLER, MD, ALAN	BUCKS
COHN, MD, BURTON H	DAUPHIN
COHN, MD, C HAROLD	BERKS
COHN, MD, EDWIN M	PHILADELPHIA
COHN, MD, HERBERT E	PHILADELPHIA
COHN, MD, JEFFREY B	PHILADELPHIA
COHN, MD, JOHN R	PHILADELPHIA
COLA, DO, CAROL D	LEHIGH
COLAIACOVO, LYNN A	STUDENT
COLANTONI, MD, WILLIAM	WASHINGTON
COLAO, DO, DOMINIC J	ALLEGHENY
COLARUSSO, DO, PATRICK J	PHILADELPHIA
COLASANTE, MD, ANTHONY D	NORTHAMPTON
COLATRELLA, MD, ANTHONY M	ALLEGHENY
COLAVINCENZO, MD, JOHN W	BEAVER
COLBERG, MD, JAMES E	PHILADELPHIA
COLBERT-BECKETT, DO, ANGELIQUE L	PHILADELPHIA
COLBURN JR, MD, HAROLD L	PHILADELPHIA
COLCHER, MD, IRVING S	MONTGOMERY
COLCHER, MD, ROBERT E	MONTGOMERY
COLDREN, MD, CAROL L	CHESTER
COLDREN, MD, ROBERT L	DAUPHIN
COLDREN, MD, SEAN C	LANCASTER
COLE, MD, CHARLES E	ALLEGHENY
COLE, MD, DANIEL J	ALLEGHENY
COLE, MD, DENNIS G	ERIE
COLE, DO, DERHYMERE L	MERCER
COLE, MD, JACK E	NORTHAMPTON
COLE, MD, JAMES M	MONTOUR
COLE, MD, K NIKI	PHILADELPHIA
COLE, EXEC DIR, MD, RICHARD S	WESTMORELAND
COLELLA, MD, MARK S	ALLEGHENY
COLEMAN, MD, DONALD K	NORTHAMPTON
COLEMAN, MD, ERNEST H	CENTRE
COLEMAN, MD, LINDA L	MONTOUR
COLEMAN, MD, MARTIN R	DELAWARE
COLEMAN, MD, THOMAS H	LACKAWANNA
COLEMAN JR, MD, ERNEST H	DAUPHIN
COLEMAN-BRACKEN, DO, BARBARA A	DELAWARE
COLETTA, MD, DANIEL J	BUCKS
COLL, MD, WILLIAM X	PHILADELPHIA
COLLAZO, MD, ERNESTO L	PHILADELPHIA
COLLEY, MD, ALFRED L	PHILADELPHIA
COLLEY, MD, ARTHUR T	MONTOUR
COLLIER, MD, PAUL E	ALLEGHENY
COLLIER, MD, THOMAS F	DAUPHIN
COLLIER JR, MD, ANDREW J	PHILADELPHIA
COLLINS, MD, DEIRDRE M	BUCKS
COLLINS, MD, FRANK J	YORK
COLLINS, MD, KENNETH P	CHESTER
COLLINS, MD, LAWRENCE A	ALLEGHENY
COLLINS, MD, LEONARD R	LYCOMING
COLLINS, MD, RICHARD S	PHILADELPHIA
COLLINS II, MD, J JOHN	LEHIGH
COLLINS JR, MD, RICHARD F	ALLEGHENY
COLLURA, MD, PAUL T	LANCASTER
COLMENAR, MD, ANTONIO B	PHILADELPHIA
COLMENARES, MD, RUPERTO F	BERKS
COLODNY, MD, STEPHEN M	ALLEGHENY
COLOMBO, MD, JAMES L	DELAWARE
COLON-DELGADO, MD, RAFAEL I	LEHIGH
COLT, MD, CATHY A	MONTGOMERY
COLTMAN, MD, ARTHUR B	PHILADELPHIA
COMAS, MD, MICHAEL G	CAMBRIA
COMBS, MD, DOUGLAS V	NORTHAMPTON
COMBS, MD, WILLIAM G	PHILADELPHIA
COMER, MD, NATHAN L	PHILADELPHIA
COMESS, MD, RAYMOND R	BERKS
COMP, MD, SCOTT J	ERIE
COMSTOCK, MD, LLOYD K	ALLEGHENY
CONAHAN, MD, BERNARDIN Q	BUCKS
CONAHAN JR, MD, JOSEPH B	MONROE
CONAWAY, MD, BRUCE E	ALLEGHENY
CONCA, MD, DOMINICK M	MONTOUR
CONCILUS, MD, FRANK	ALLEGHENY
CONCOOL, MD, BARRY M	BUCKS
CONDIT, MD, BRIAN E	ALLEGHENY
CONDON, MD, GARRY P	ALLEGHENY
CONDON, MD, ROBERT H	DELAWARE
CONDRON, MD, BRIAN P	LANCASTER
CONE, MD, ALEXANDER S	ALLEGHENY
CONE, MD, LIBBY	PHILADELPHIA
CONFER, MD, MICHELLE A	BLAIR
CONFORTI, MD, WILLIAM J	WESTMORELAND
CONGEDO, MD, CAROL Z	ALLEGHENY
CONIX, DO, PORTIA	PHILADELPHIA
CONKLIN, MD, JAMES E	ALLEGHENY
CONKLIN, MD, WILLIAM T	ALLEGHENY
CONLIN, MD, EDWARD F	MERCER
CONLY, MD, FRANK L	CLINTON
CONN, MD, ANDREW R	DELAWARE
CONN, MD, FRANK W	CAMBRIA
CONNAUGHTON, MD, JAMES F	CHESTER
CONNAUGHTON, MD, PATRICK N	LANCASTER
CONNELL, MD, JANET T	CHESTER
CONNELL, MD, THOMAS A	PHILADELPHIA
CONNELLY, DO, JOHN E	LEHIGH
CONNELLY, MD, MICHAEL E	MERCER
CONNER, MD, GEORGE H	LEBANON
CONNER, MD, J HUBERT	CHESTER
CONNER, MD, KENNETH B	DAUPHIN
CONNERTON, MD, GEORGE E	BERKS
CONNOLLY, MD, DAVID P	ALLEGHENY
CONNOLLY, DO, WILLIAM S	SCHUYLKILL
CONNOR, DO, J MICHAEL	FRANKLIN
CONNOR, MD, SUSAN A	CLARION
CONNORS, MD, CHARLES F	LACKAWANNA
CONNORS JR, MD, EARL K	BUCKS
CONRAD, MD, DONALD C	DAUPHIN
CONRAD, MD, JAMES L	BUCKS
CONRAD, MD, JOSEPH E	SCHUYLKILL
CONRAD, MD, REBECCA S	PHILADELPHIA
CONRAD, MD, WAYNE R	LANCASTER
CONRADY, MD, WILLIAM E	BEAVER
CONROY, DO, ELLEN D	CHESTER
CONROY, DO, JAMES F	PHILADELPHIA
CONROY, MD, JOSEPH V	PHILADELPHIA
CONROY, MD, WILLIAM P	ALLEGHENY
CONROY JR, DO, JOHN D	DAUPHIN
CONSEVAGE, MD, MICHAEL W	DAUPHIN
CONSOLI, MD, DEBORAH P	BERKS
CONSTANTIN, MD, LUIS	LEHIGH
CONSTANTINE, MD, GINGER D	DELAWARE
CONSTANTINE, MD, JAY J	DELAWARE
CONTE, MD, ROBERT R	WESTMORELAND
CONTE, MD, THOMAS E	ALLEGHENY
CONTI, MD, JOSEPH D	CHESTER
CONTI, MD, STEPHEN F	ALLEGHENY
CONTINO, MD, JOHN A	PHILADELPHIA
CONTRACTOR, MD, FARHAD M	ALLEGHENY
CONTRAFATTO, MD, DANIEL S	ALLEGHENY
CONWAY, MD, CYRIL F	LYCOMING
CONWAY, MD, DAVID C	ELK/CAMERON
COOK, MD, DAVID G	PHILADELPHIA
COOK, MD, DAVID R	ALLEGHENY
COOK, MD, DONALD H	CHESTER
COOK, MD, JAMES A	MONTOUR
COOK, MD, NICHOLAS A	NORTHAMPTON
COOK, MD, RALPH W	FAYETTE
COOK, MD, RANDALL C	WESTMORELAND
COOK, MD, RICHARD A	FAYETTE
COOK, MD, ROSEMARY A	PHILADELPHIA
COOK, MD, WILLIAM L	DELAWARE
COOK, MD, WILLIAM R	ALLEGHENY
COOKE, MD, CURTIS W	VENANGO
COOKE JR, MD, ALFRED J	LANCASTER
COOKSEY, MD, STEPHEN H	ALLEGHENY
COOLIDGE, MD, WILLIAM A	TIOGA
COONEY, MD, BRIAN S	PHILADELPHIA
COOPER, MD, COLLEEN A	MONROE
COOPER, MD, DAVID J	CHESTER
COOPER, MD, DAVID R	LUZERNE
COOPER, MD, DONALD R	PHILADELPHIA
COOPER, MD, EDWARD I	PHILADELPHIA
COOPER, MD, EDWARD S	PHILADELPHIA
COOPER, MD, EMMETT M	LANCASTER
COOPER, MD, HARRY S	PHILADELPHIA
COOPER, MD, HELEN C	LUZERNE
COOPER, MD, HOMI S	ERIE
COOPER, MD, JEANNE A	ALLEGHENY
COOPER, MD, JOSEPH E	LUZERNE
COOPER, MD, JOSEPH H	DELAWARE
COOPER, MD, KAREN	LUZERNE
COOPER, MD, KENNETH L	LYCOMING
COOPER, MD, MARJORIE R	PHILADELPHIA
COOPER, MD, MARK W	PHILADELPHIA
COOPER, MD, MATTHEW K	PHILADELPHIA
COOPER, MD, MAX M	PHILADELPHIA
COOPER, MITCHELL E	STUDENT
COOPER, MD, MURRAY S	MONTGOMERY
COOPER, MD, SUZANE C	PHILADELPHIA
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COOPER JR, MD, E NEWBOLD	DELAWARE
COOPER JR, MD, HERBERT K	LANCASTER
COOPEY, MD, F DONALD	LEBANON
COORAY, MD, CHARLES N	ALLEGHENY
COOVER, MD, LEONARD R	ERIE
COPE, MD, CONSTANTIN	PHILADELPHIA
COPE, MD, DAVID A	BERKS

COPE, MD, EDWIN S	CARBON
COPELAND, MD, ADRIAN D	PHILADELPHIA
COPELAND, MD, CHARLES E	ALLEGHENY
COPELAND, MD, G BRENT	MONTOUR
COPELAND, MD, NATHANIEL H	PHILADELPHIA
COPLEY, MD, LAWSON A	PHILADELPHIA
COPPERMAN, MD, GERTRUDE	PHILADELPHIA
COPPES, MD, CHARLES D	PHILADELPHIA
COPPOLA III, MD, MATTHEW J	ALLEGHENY
COPPOLO, MD, BERNARD L	ELK/CAMERON
COPPOLO JR, MD, BERNARD L	INDIANA
COPPULA, MD, ROBERT J	WASHINGTON
COPPULA, MD, WILLIAM F	ALLEGHENY
CORALLO, MD, DIANE M	LANCASTER
CORAZZA, MD, LEO J	LUZERNE
CORBETT, MD, JOHN M	LAWRENCE
CORBOY, MD, MARGARETMARY E	MONTGOMERY
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CORCORAN, MD, ALBERT W	ALLEGHENY
CORCORAN, MD, JOHN J	LANCASTER
CORCORAN, MD, MICHAEL J	ALLEGHENY
CORDERO, MD, EDGAR C	ALLEGHENY
CORDERO, MD, HERMELINDA	LUZERNE
CORDOBA, MD, DIEGO R	ARMSTRONG
COREN, MD, ALFRED B	CLEARFIELD
COREN, MD, GARY S	PHILADELPHIA
COREY, MD, STEPHEN H	ALLEGHENY
CORFF, MD, MEYER	PHILADELPHIA
CORKERY, DO, THOMAS B	ALLEGHENY
CORKHILL JR, MD, ERIC A	MONTGOMERY
CORMIER, DO, LESLIE L	PHILADELPHIA
CORNACCHIA, DO, DAMIAN J	DELAWARE
CORNACCHIONE, DO, MARIO J	LUZERNE
CORNELL, MD, JAMES F	LEHIGH
CORNELL, MD, LYNNE L	ERIE
CORNFELD, MD, MARK J	MONTGOMERY
CORNFIELD, MD, DENNIS B	PHILADELPHIA
CORNMAN III, MD, HENRY D	MONTGOMERY
COROSO, MD, JOSEPH G	ALLEGHENY
CORPUZ JR, MD, MARCELO B	ALLEGHENY
CORRADO JR, MD, CATALDO F	FAYETTE
CORRAL, MD, CELESTINO F	ALLEGHENY
CORRELL, DARIN J	STUDENT
CORRIGAN, MD, DOMINIC F	MONTGOMERY
CORSELLO, MD, GUY R	ALLEGHENY
CORSON, MD, JOSEPH K	PHILADELPHIA
CORSON, MD, STEPHEN L	PHILADELPHIA
CORSON, MD, THOMAS C	COLUMBIA
CORTEZA, MD, BENJAMIN A	COLUMBIA
CORTINA, MD, GARY J	ERIE
CORTINOVIS, MD, CHARLES R	WASHINGTON
CORTNER, MD, JEAN A	PHILADELPHIA
CORVASCE, MD, JOSEPH M	PHILADELPHIA
CORWIN, MD, DOUGLAS T	WASHINGTON
CORWIN JR, DOUGLAS T	STUDENT
COSGROVE, MD, DOUGLAS S	PHILADELPHIA
COSGROVE, GREGORY P	STUDENT
COSGROVE, MD, JAMES L	ALLEGHENY
COSHAREK, MD, ROBERT F	INDIANA
COSLETT, LYNNE M	STUDENT
COSLETT, MD, MARTHA M Y	LANCASTER
COSSROW, MD, JOEL I	BEAVER
COSTA, MD, FRANK J	ALLEGHENY
COSTA, MD, RONALD E	HUNTINGDON
COSTA-GRECO, MD, MARIA A	ALLEGHENY
COSTACURTA, MD, GARY A	NORTHAMPTON
COSTANTINO, MD, GEORGE N	BUCKS
COSTANZA, MD, AGATHA H	NORTHAMPTON
COSTARINO, MD, ANDREW T	PHILADELPHIA
COSTELLO, MD, GABRIELLE J	PHILADELPHIA
COSTELLO, MD, RALPH M	WESTMORELAND
COSTELLO, DO, THOMAS P	BUCKS
COSTELLO JR, MD, JOHN M	MONTOUR
COTLER, MD, JEROME M	PHILADELPHIA
COTLER, MD, MARC D	MONTGOMERY
COTTER, MD, JOHN T	STUDENT
COTTLE, MD, BETTY L	BLAIR
COTTLE, MD, HAROLD R	BLAIR
COTTRELL, MD, DAVID C	NORTHUMBRLAND
COUCH, MD, F BOYD	WESTMORELAND
COULTER, MD, CLINTON R	CLARION
COURSIN, MD, DAVID B	LANCASTER
COURTNEY, MD, DENNIS J	BEAVER
COURTNEY, MD, DREW E	LEBANON
COURTNEY, MD, WILLIAM B	WESTMORELAND
COUSINS, DO, TODD B	MCKEAN
COUSINS JR, MD, JAMES L	PHILADELPHIA
COUSOUNIS, MD, GERRY T	PHILADELPHIA
COVALESKY, MD, VERONICA A	PHILADELPHIA
COVATTO, MD, ROSEANN H	ALLEGHENY
COVER, MD, KENNETH L	ALLEGHENY
COVERDALE, MD, PAUL J	BUCKS
COVERDALE III, MD, EDWARD J	BUCKS
COVINGTON, MD, DARELL T	MONROE
COWAN, MD, JAMES A	NORTHAMPTON
COWAN, MD, MICHAEL L	LANCASTER
COWAN, DO, STEVEN I	PHILADELPHIA
COWAN, MD, THOMAS W	ALLEGHENY
COWEN, MD, DANIEL S	PHILADELPHIA
COWITZ, MD, BERNARD	PHILADELPHIA
COWLES, ROBERT A	STUDENT
COWLEY, MD, ALLEN W	DAUPHIN
COX, E DARRIN	STUDENT
COX, DO, FRED A	CHESTER
COX, MD, JACK L	BEAVER
COX, MD, JAMES L	PHILADELPHIA
COX, MD, JAY S	CENTRE
COX, MD, JOHN B	CENTRE
COX, MD, LAURIE A	MIFFLIN/JUNI
COX, MD, LINDA C	MONTGOMERY
COX, MD, N ADELE	PHILADELPHIA
COX, MD, PAUL A	CUMBERLAND
COX, MD, RALPH L	FAYETTE
COX, MD, WALTER R	WASHINGTON
COYLE, MD, JOHN J	LUZERNE
COYLE, MD, ROBERT M	ALLEGHENY
COYLE, MD, SOPHIE J	ALLEGHENY
COYLE, MD, THOMAS J	BUCKS
COYLE, MD, WILLIAM A	DELAWARE
COYLE, MD, WILLIAM P	ALLEGHENY
COYNE, MD, VERONICA E	BUCKS
COZEN, MD, BENNETT H	MONTGOMERY
COZINE, MD, RICHARD A	LYCOMING
COZZA JR, MD, MICHAEL R	BEAVER
COZZARELLI, MD, JAMES D	MONTGOMERY
COZZONE, DO, MONICA L	LUZERNE
CRACIUN, MD, HORIA L	PHILADELPHIA
CRAGO, MD, H ROBERT	MERCER
CRAIG, MD, ANN M	PHILADELPHIA
CRAIG, MD, PAUL C	BERKS
CRAIG, MD, RICHARD A	YORK
CRAIN, MD, RICHARD H	ALLEGHENY
CRAKE, MD, ROGER F	COLUMBIA
CRAM, MD, ROBERT H	DELAWARE
CRAMER, DO, DAVID I	CENTRE
CRAMP, MD, LLOYD L	BERKS
CRAMTON, MD, DAVID C	LUZERNE
CRANDALL, MD, THEODORE L	ALLEGHENY
CRANDALL, MD, TONIE L	BERKS
CRANDALL III, MD, RICHARD A	LANCASTER
CRANE, RICHARD D	STUDENT
CRAPARO, MD, FRANK J	MONTGOMERY
CRAPARO, MD, JOCELYN L	DELAWARE
CRAPARO, MD, THOMAS J	LACKAWANNA
CRASTNOPOL, MD, DAVID H	BUCKS
CRAVETZ, MD, HOWARD	MONTGOMERY
CRAWFORD, DO, DAVID L	MONTGOMERY
CRAWFORD, MD, DONALD G	DAUPHIN
CRAWFORD, MD, GEORGE A	FRANKLIN
CRAWFORD, MD, NANCY W	DELAWARE
CRAWFORD, MD, PAMELA A	VENANGO
CRAWFORD, MD, PAUL H	DAUPHIN
CRAWFORD JR, MD, RALPH W	BLAIR
CRAWFORD-FAUCHER, AMY D	STUDENT
CREECH, MD, RICHARD H	PHILADELPHIA
CREIGHTON JR, MD, DANIEL K	MIFFLIN/JUNI
CRESPO, DO, MANUEL O	ERIE
CRETEKOS, MD, CONSTANTINE J	ALLEGHENY
CRETELLA, MD, THOMAS S	COLUMBIA
CREWS, DO, NAN I	LEBANON
CRIBBINS III, A JOSEPH	STUDENT
CRICHLOW, MD, AMRIL G	ALLEGHENY
CRIDER, MD, DONALD B	BLAIR
CRILL, MD, NORMAN C	LANCASTER
CRILLEY, DO, PAMELA ANN	PHILADELPHIA
CRIMMEL, MD, ELLEN M	MIFFLIN/JUNI
CRINO, MD, JANET A	PHILADELPHIA
CRISPEN, MD, JAMES F	DAUPHIN
CRISPEN, MD, JOHN W	ADAMS
CRISPINO, MD, CHARLES M	ALLEGHENY
CRIST, MD, HENRY S	CUMBERLAND
CRISTOL, MD, JAMES L	PHILADELPHIA
CRITS, MD, HARRY J	MONTGOMERY
CRITTENDEN, MD, DONALD W	BUCKS
CRIVARO, MD, MICHAEL A	MONTGOMERY
CROCCO, TODD J	STUDENT
CROCK, MD, FREDERICK W	ALLEGHENY
CROLL, MD, MILLARD N	PHILADELPHIA
CRONIN, KATHLEEN T	STUDENT
CRONIN JR, MD, RANDALL C	LUZERNE
CRONKEY, MD, JOSEPH E	LACKAWANNA
CRONLEY, MD, SHEA ANN	PHILADELPHIA
CROSS, MD, RAQUEL	ERIE
CROSS JR, MD, SAMUEL	ARMSTRONG
CROSSETT, MD, LAWRENCE S	ALLEGHENY
CROTEAU, MD, J RUSSELL	DAUPHIN
CROWLEY, MD, PATRICIA A	ALLEGHENY
CROWTHER, JAMES D	STUDENT
CROYLE, MD, RAY W	WESTMORELAND
CROYLE, EXEC SEC, LUANN	ARMSTRONG
CROZIER, MD, KELLEY S	PHILADELPHIA
CRUCIANI, MD, MARY C	MONTOUR
CRUCIANI JR, MD, DOMINICK A	LACKAWANNA
CRUDO, MD, CHITO M	WESTMORELAND
CRUFT, MD, GEORGE E	PHILADELPHIA
CRUMRINE, MD, RICHARD S	BEAVER
CRUZ, MD, EDGARDO S	LEHIGH
CRUZ, MD, ROGELIO A	ERIE
CRUZ JR, MD, MOISES B	POTTER
CRYER, MD, THEODORE H	FRANKLIN
CRYSTLE, MD, C DEANS	LANCASTER
CSERNAK, MD, LASZLO J	ALLEGHENY
CSIKOS, MD, DAVID A	CAMBRIA
CSIR, MD, FLOYD M	ERIE
CUBLER, MD, EDWARD W	SCHUYLKILL
CUCINOTTA, MD, SALVATORE	PHILADELPHIA
CUDDEBACK, MD, THOMAS J	ALLEGHENY
CUDDY, MD, VINCENT D	BEAVER
CULBERTSON, MD, CLAYTON E	WASHINGTON
CULF, MD, NORRIS K	PHILADELPHIA
CULIG, MD, CARL A	ALLEGHENY
CULIG, MD, MICHAEL H	ALLEGHENY
CULLEN, MD, ESKER W	CENTRE
CULLEY, MD, ANDREW W	BEAVER
CULLINEY, MD, JOHN J	LACKAWANNA
CULLOM, MD, MARYELLEN P	PHILADELPHIA
CULLOM JR, MD, ROBERT D	PHILADELPHIA
CULOTTA, MD, DOMINIC A	BUCKS
CULP, MD, BRUCE R	MONTGOMERY
CULP, MD, JANIE A	ALLEGHENY
CULP, MD, RANDALL W	PHILADELPHIA
CUMARASAMY, THAYALAN K	STUDENT
CUMMINGS, MD, ROBERT S	PHILADELPHIA
CUMMINGS, MD, ROBERT V	LEHIGH
CUMMINGS III, MD, CARY	DAUPHIN
CUNARD, RENA B	STUDENT
CUNNANE, MD, MARY F	PHILADELPHIA
CUNNINGHAM, MD, PETER L	NORTHAMPTON
CUNNINGHAM, MD, WILLIAM L	WASHINGTON
CUPERMAN, MD, CINTIA M	PHILADELPHIA
CUPINO, MD, ELMER	CLEARFIELD
CURANZY, MD, RAYMOND R	LEBANON
CURCI, MD, JOSEPH J	BUCKS
CURLEY, DO, JOHN F	PHILADELPHIA
CURLEY, DO, ROBERT M	LACKAWANNA
CURRAN, MD, MARILYN R	MONTGOMERY
CURRAN, PATRICK J	STUDENT
CURRID, MD, AIDEEN M	MONTOUR
CURRIE, MD, PHILIP W	WESTMORELAND
CURRIE, MD, RICHARD J	PHILADELPHIA
CURRY, HEATHER A	STUDENT
CURRY, MD, THOMAS A	SCHUYLKILL
CURTIN, MD, ANDREW J	MONTGOMERY
CURTIN, MD, CHARLES T	LACKAWANNA
CURTIN, MD, EUGENE A	LACKAWANNA
CURTIN, MD, HUGH D	ALLEGHENY
CURTIS, MD, JAMES L	MONTOUR
CUSANO, DO, WILBERT A	ALLEGHENY
CUSTER, MD, CHRISTOPHER C	MIFFLIN/JUNI
CUSTER, MD, DIANE E	MONTGOMERY
CUSTODIO, MD, EDGARDO C	LEHIGH
CUTHBERTSON, MD, RAND J	CUMBERLAND
CUTILLO, MD, DOUGLAS P	LACKAWANNA
CUTLER, MD, CHARLES	MONTGOMERY
CUTLER, MD, IRVIN	PHILADELPHIA
CUTLER, MD, JOHN C	ALLEGHENY
CUTLER, MD, NEIL	PHILADELPHIA
CUTLER, MD, ROBERT S	CHESTER
CUTLER, MD, STANLEY M	ALLEGHENY
CUTRY, MD, JOSEPH J	POTTER
CUTULY, MD, EUGENE	ALLEGHENY
CUYEGKENG-JOSE, MD, CYNTHIA	LUZERNE
CWIK, MD, JOHN C	CAMBRIA
CYGAN, MD, DAVID J	ALLEGHENY
CYNN, MD, WON S	PHILADELPHIA
CYPHER, MD, RONALD L	BUTLER
CYTRYN, MD, RICHARD A	DAUPHIN
CZAJKOWSKI, MD, THOMAS J	LEHIGH
CZARNECKI, MD, CASIMIR	PHILADELPHIA
CZARNECKI, MD, DOROTHY G	PHILADELPHIA
CZUBA, MD, MICHAEL T	WESTMORELAND
CZULEWICZ, DO, LAURA L	ALLEGHENY
CZWALINA, DO, ROBERT	LUZERNE

D

D'ADAMO, MD, GILLIAN D	ALLEGHENY
D'AGATA, MD, SAMUEL D	YORK
D'AGOSTINO, MD, VALENTINO	LUZERNE
D'ALESSANDRO, MD, DANIEL J	PHILADELPHIA
D'ALONZO, MD, WALTER A	PHILADELPHIA
D'AMBROSIO, DO, ROBERT P	PHILADELPHIA
D'AMICO, MD, ANTHONY V	PHILADELPHIA
D'AMORE, MD, DAVID L	MERCER
D'ANCA, MD, ALFRED F	LUZERNE
D'ANDREA, MD, DENISE M	PHILADELPHIA
D'ANDREA, DO, JOHN W	HUNTINGDON
D'ANTONIO, MD, JOSEPH C	MONTGOMERY
D'EMILIO, MD, TERRANCE A	WESTMORELAND
D'HULST, MARIE-LOUISE	STUDENT
D'IORIO, MD, JAMES P	LUZERNE
D'IORIO, MD, NORINA M	LUZERNE
D'ONOFRIO, MD, MATTHEW A	ALLEGHENY
D'ORSI, MD, ANGELA V	PHILADELPHIA
D'URSO, MD, FRANCESCO	CHESTER
DA COSTA, MD, NICOLAU	DAUPHIN
DABB, MD, RICHARD W	YORK
DABBACK, MD, DEWITT T	CHESTER
DACOSTA, MD, JOHN B	ALLEGHENY
DADDARIO, MD, RICHARD T	BUCKS
DADIAN, NISHAN	STUDENT
DADPARVAR, MD, SIMIN D	PHILADELPHIA
DAFTARY, MD, SUDHIR R	LAWRENCE
DAGEN, MD, J EDWARD	CUMBERLAND
DAGEN, DO, ROSE M	FRANKLIN
DAGHESTANI, MD, AIMAN N	CRAWFORD
DAGHIR, MD, JOHN N	CHESTER
DAGOSTINO, MD, FRANK J	NORTHAMPTON
DAHMUS, MD, ROBERT R	DAUPHIN
DAHODWALA, MD, IDRIS Z	PHILADELPHIA
DAIL, MD, E MICHAEL	ERIE
DAILEY, MD, EDWARD G	DAUPHIN
DAILEY, MD, ELLEN E	ERIE
DAILEY, MD, JAMES P	ERIE
DAILEY, MD, JOHN R	DAUPHIN
DAIT, MD, JOSE E	CARBON
DAITER, MD, DONALD	PHILADELPHIA
DAJANI, MD, ZUHDI M	CLARION
DALAL, MD, UMESH I	MONROE
DALBY, MD, PATRICIA L	ALLEGHENY
DALE, MD, ANTHONY D	PHILADELPHIA
DALE JR, MD, HIRAM T	NORTHAMPTON
DALEY, MD, MARVIN C	LANCASTER
DALONI, MD, PETER M	MERCER
DALTNER, MD, CARL J	ALLEGHENY
DALTON, MD, BRIAN E	CRAWFORD
DALTON, MD, CYNTHIA K	ALLEGHENY
DALY, MD, CHRISTOPHER J	ALLEGHENY
DALY, MD, CHRISTOPHER X	MONTGOMERY
DALY, MD, DAVID G	BERKS
DALY, MD, JOHN P	ALLEGHENY
DALY, MD, MARGARET A	ALLEGHENY
DALY JR, MD, FRANCIS T	CLINTON
DALY JR, MD, JAMES F	DAUPHIN
DALY JR, MD, PETER F	ALLEGHENY
DALY JR, MD, RICHARD H	YORK
DAMAZO, MD, ELPIDIO D	BEAVER
DAMAZO, MD, NATIVIDAD S	BEAVER
DAMESHEK, MD, H LEE	ALLEGHENY
DAMIANO, DO, JOHN A	LANCASTER
DAMIANO, MD, MICHAEL D	DELAWARE
DAMIANO, MD, ROBERT E	CHESTER
DAMITZ, MD, LYNN A	STUDENT
DAMM, MD, CHRISTOPHER J	BERKS
DAMSKER, MD, JEFFREY I	PHILADELPHIA
DANAEE, MD, NOSRATOLLAH	ALLEGHENY
DANAIE, MD, JAMSHID	BEAVER
DANCHA, DO, ANDREW J	PHILADELPHIA
DANDEGIAN, MD, ALBERT N	PHILADELPHIA
DANDREA, MD, RAYMOND L	CAMBRIA
DANELLA, MD, JOHN F	MONTOUR
DANES, MD, PETER M	ALLEGHENY
DANG, MD, HOA T	DELAWARE
DANGELO, MD, GEORGE J	ERIE
DANIEL, DALTON R	STUDENT
DANIELE, MD, JOSEPH Q	ERIE
DANIELS, MD, DAN	JEFFERSON
DANIELS, MD, ELVAN C	BRADFORD
DANIELS, MD, FELICIA B	BUCKS
DANIELS, MD, MICHAEL O	CUMBERLAND
DANISHANKO, MD, ALBERT G	LUZERNE
DANKMYER, MD, CHRISTOPHER C	MONTGOMERY
DANKO, AILEEN M	STUDENT
DANKO, MD, EUGENE T	ALLEGHENY
DANNEKER, MD, DALE A	CENTRE
DANNY, DO, MADELINE A	MONTGOMERY
DANOFF, MD, DAVID M	MONTGOMERY
DANOFF, MD, MIKE	ALLEGHENY
DANTE, MD, STEPHEN J	MONTGOMERY
DANTONIO, MD, JAMES A	ALLEGHENY
DANYO, MD, J JOSEPH	YORK
DANZIS, DO, JEFFREY J	BUCKS
DAPPERT, MD, BARBARA A	ALLEGHENY
DARDES, DO, NICHOLAS P	LACKAWANNA
DARDIK, ALAN	STUDENT
DARNELL, MD, RICHARD I	BUCKS
DAROWISH, DO, CHARLES E	DAUPHIN
DARRELL, MD, JOHN C	ALLEGHENY
DAS, MD, A PAPIYA	PHILADELPHIA
DAS, MD, AMIT	LACKAWANNA
DAS, MD, NIRODE C	LUZERNE
DAS, SAURABH B	STUDENT
DASCHER JR, MD, JOHN J	MONTGOMERY
DASHE, MD, MYER M	BERKS
DASHEIFF, MD, RICHARD M	ALLEGHENY
DASTUR, MD, KHURSHED J	ALLEGHENY
DATTA, MD, SATYA P	MONTGOMERY
DATTA, MD, TAPAN D	WESTMORELAND
DATTILO, MD, JAMES T	ALLEGHENY
DAUGHERTY, MD, DONALD	YORK
DAUM, MD, GARY S	DELAWARE
DAURIA, MD, THOMAS M	FAYETTE
DAVE, MD, DEEPAK V	LUZERNE
DAVE, MD, KAILAS D	LUZERNE
DAVE, MD, NIKHIL K	ALLEGHENY
DAVENPORT, ERIK C J	STUDENT
DAVID, MD, ARTHUR	ALLEGHENY
DAVID, MD, JEFFREY W	ARMSTRONG
DAVID, MD, ROMEO C	ALLEGHENY
DAVIDES, MD, KYRIAKOS C	ALLEGHENY
DAVIDOFF, MD, FRANK F	PHILADELPHIA
DAVIDOWSKI, MD, THOMAS A	CENTRE
DAVIDSON, MD, BRUCE L	PHILADELPHIA
DAVIDSON, MD, GARY M	CAMBRIA
DAVIDSON, MD, JAY H	PHILADELPHIA
DAVIDSON, MD, PAUL R	LANCASTER
DAVIDSON, MD, RICHARD S	PHILADELPHIA
DAVIDSON, MD, STEVEN J	PHILADELPHIA
DAVIDSON, MD, WALLACE L	MONTGOMERY
DAVIDSON JR, MD, WILLIAM R	LEBANON
DAVIE, MD, FRANK M	WESTMORELAND
DAVIES, MD, DONALD W	ALLEGHENY
DAVIES, MD, MATTHEW F	DAUPHIN
DAVIES, MD, NICOLA J	LANCASTER
DAVIES, MD, ROBERT J	BUCKS
DAVIS, ABBY T L	STUDENT
DAVIS, MD, ALLAN S	LANCASTER
DAVIS, MD, CAROLINE K	DAUPHIN
DAVIS, DO, CHRISTOPHER J	MONTOUR
DAVIS, MD, DANIEL T	LUZERNE
DAVIS, MD, DENNIS	WASHINGTON
DAVIS, MD, DUANE E	MONTOUR
DAVIS, MD, EARL C	YORK
DAVIS, MD, EARLE R	ALLEGHENY
DAVIS, MD, EDWARD W	MONTGOMERY
DAVIS, MD, H ROBERT	CUMBERLAND
DAVIS, MD, HAROLD J	LACKAWANNA
DAVIS, MD, HARRIET J	BUCKS
DAVIS, MD, HELEN A P	WESTMORELAND
DAVIS, MD, IRENE B	LANCASTER
DAVIS, MD, JAMES H	LANCASTER
DAVIS, MD, JAMES H	YORK
DAVIS, MD, JAMES K	CAMBRIA
DAVIS, MD, JOHN S	ALLEGHENY
DAVIS, MD, JOHN W	PHILADELPHIA
DAVIS, DO, LEE W	LACKAWANNA
DAVIS, DO, NEAL M	LACKAWANNA
DAVIS, MD, PAUL K	DELAWARE
DAVIS, MD, PETER L	ALLEGHENY
DAVIS, MD, RAYMOND C	SUSQUEHANNA
DAVIS, MD, RICHARD L	DAUPHIN
DAVIS, MD, ROBERT H	DAUPHIN
DAVIS, MD, ROBERT M	YORK
DAVIS, MD, ROBERT V	LACKAWANNA
DAVIS, MD, SIDNEY	UNION
DAVIS, MD, STUART M	TIOGA

DAVIS, MD, TANYA R	PHILADELPHIA
DAVIS, MD, THOMAS G	PHILADELPHIA
DAVIS, MD, THOMAS S	DAUPHIN
DAVIS, MD, WILLIAM F	WAYNE/PIKE
DAVIS, MD, WILLIAM L	FRANKLIN
DAVIS, MD, WILLIAM S	DAUPHIN
DAVIS JR, MD, EDWARD T	BEAVER
DAVITCH, MD, LEONARD S	PHILADELPHIA
DAVOLI, MD, ROBERT L	WESTMORELAND
DAWES, MELANIE F	STUDENT
DAWGERT, MD, F DENNIS	LACKAWANNA
DAWSON, MD, MARTIN S	STUDENT
DAWSON, MD, MICHAEL H O	SCHUYLKILL
DAWSON, MD, REESE E	ALLEGHENY
DAY, MD, H JAMES	MONTGOMERY
DAY JR, MD, RICHARD W	ALLEGHENY
DAYRIT, MD, BENEDICT B	CAMBRIA
DE, MD, NIRMAL K	PHILADELPHIA
DE LIA, DO, FRANK A	PHILADELPHIA
DE MARCO, MD, ANDREW D	ALLEGHENY
DE MARTINO, MD, PAUL J	PHILADELPHIA
DE MASI, MD, ROCCO J	YORK
DE MEIRA, MD, ELIO D	MERCER
DE RIENZO, MD, UMBERTO A	WASHINGTON
DE RIENZO JR, MD, UMBERTO A	WASHINGTON
DE RIVAS, MD, CARMELA F	MONTGOMERY
DE SALVO, MD, GARY J	PHILADELPHIA
DE SANTIS, MD, DONALD	DELAWARE
DE SOTO, MD, DANILO A	LACKAWANNA
DE VRIES, MD, EGBERT J	ALLEGHENY
DE WITT, MD, WARREN S	SUSQUEHANNA
DEAKIN, DO, SUSAN	ALLEGHENY
DEAN, MD, JAMES L	LACKAWANNA
DEAN, MD, ROBERT J	ALLEGHENY
DEAN, ROBERT M	STUDENT
DEANGELIS, DO, PATRICIA A	LEHIGH
DEANTONIO, MD, ANGELA M	MONTOUR
DEARDORFF, MD, CHARLES L	LANCASTER
DEAROLF III, MD, WALTER W	MONTGOMERY
DEAS, MD, THOMAS C	PHILADELPHIA
DEBACCO, MD, PAUL	MONTGOMERY
DEBAKKER, MD, CAROL J	DELAWARE
DEBALLI, PETER	STUDENT
DEBENEDICTIS, MD, KENNETH J	BERKS
DEBERARDINIS, MD, CAMILLO T	PHILADELPHIA
DEBIAS, MD, DENNIS A	MONTGOMERY
DEBIASSE, MD, TIMOTHY A	WESTMORELAND
DEBONIS, MD, CHARLES S	LUZERNE
DEBROFF, MD, BRIAN M	ALLEGHENY
DEBUQUE, DO, JEFFERY A	LEHIGH
DECARLO, MD, JOHN P	PHILADELPHIA
DECARO, MD, MARY M	DELAWARE
DECARO, MD, MATTHEW V	PHILADELPHIA
DECASTRO, MD, MIGUEL A	PHILADELPHIA
DECHERNEY, MD, WILLIAM A	PHILADELPHIA
DECHURCH, MD, FRANCES E	MONTOUR
DECILLIS, MD, ARTHUR P	ALLEGHENY
DECKER, MD, JOHN P	PHILADELPHIA
DECKER, MD, PETER G	LUZERNE
DECKER, MD, RICHARD L	BLAIR
DECOSKEY, MD, DARLA K	ALLEGHENY
DECOSMO, MD, VINCENT J	WESTMORELAND
DECURTIS, MD, GEORGE M	LUZERNE
DEDHIA, MD, CHAMPAK	LUZERNE
DEDIO, MD, ROBERT M	LEHIGH
DEE, MD, CECILIO C	MCKEAN
DEEB, MD, RAMON J	LEHIGH
DEES-PORCH, MD, FRANCES	DELAWARE
DEFABO, MD, FRANCIS L	WESTMORELAND
DEFALCIS, DANIEL C	STUDENT
DEFALCIS, DO, DELPHY F	STUDENT
DEFAY, MD, STANLEY D	BLAIR
DEFRANCESCO, MD, CHARLES A	WESTMORELAND
DEFRANCISCO, MD, LANCE C	BLAIR
DEFRANCISCO, MD, MARY E	MONTGOMERY
DEFRANCO, MD, ALBERT B	NORTHAMPTON
DEFRANCO, MD, JOSEPH M	ERIE
DEFRANCO, MD, RICHARD J	ERIE
DEGENNARO, MD, LOUIS P	LACKAWANNA
DEGENNARO, MD, PATRICK J	LUZERNE
DEGIOVANNI, MD, LESLEY	ALLEGHENY
DEGLIN, MD, EDWARD A	MONTGOMERY
DEGREEN, MD, HYATT P	LANCASTER
DEGREGORIO, MD, NICHOLAS	ALLEGHENY
DEGREGORY, DO, THOMAS R	WESTMORELAND
DEGROOF, MD, ELLEN P L	BUCKS
DEGUZMAN-CAM, MD, BRIGIDA	DELAWARE
DEHAAS, MD, DAVID R	WASHINGTON
DEHART, MD, DAVID A	ALLEGHENY
DEHORATIUS, MD, RAPHAEL F	PHILADELPHIA
DEIBERT, MD, DAVID C	BERKS
DEIBERT, MD, EDWARD B	NORTHAMPTON
DEIBERT, ELLEN M	STUDENT
DEILY, MD, RAYMOND E	NORTHAMPTON
DEIMEL, MD, JOSEPH F	ERIE
DEIN, MD, ROBERT A	MONTGOMERY
DEININGER, MD, JOHN T	PHILADELPHIA
DEISHER, MD, SAMUEL W	YORK
DEITCH, MD, BERNARD	PHILADELPHIA
DEITCH, MD, MARC W	PHILADELPHIA
DEITRICK, DO, DAVID J	STUDENT
DEITRICK, MD, JOHN E	MONTOUR
DEITRICK, MD, RICHARD E	ALLEGHENY
DEITRICK JR, MD, GEORGE A	NORTHUMBRLAND
DEITZ III, MD, GEORGE W	MONTGOMERY
DEITZLER, MD, MARGARET M	PHILADELPHIA
DEJESUS, MD, ROBERT	WESTMORELAND
DEJESUS JR, MD, ROMAN Y	BEAVER
DEKONING, MD, JOHANNES L	BLAIR
DEKRET, MD, JEFFREY J	PHILADELPHIA
DEKRUIF, MD, HENDRIK	CRAWFORD
DEL GAUDIO, WALTER R	STUDENT
DEL GIORNO, MD, JAMES J	MONTGOMERY
DELA TORRE, MD, HENRY G	JEFFERSON
DELACRUZ, MD, SILVESTRE S	DAUPHIN
DELAFUENTE, MD, CARLOS F	DAUPHIN
DELANEY, MD, CHRISTOPHER S	PHILADELPHIA
DELAPLANE, MD, JAMES M	PHILADELPHIA
DELASALAS, MD, ERNESTO M	BEDFORD
DELBIANCO, MD, PAUL R	ALLEGHENY
DELBRIDGE, MD, THEODORE R	ALLEGHENY
DELCASTILLO, MD, JUAN J	NORTHUMBRLAND
DELEHANTY, MD, THOMAS J	LUZERNE
DELEO, MD, CAESAR A	LACKAWANNA
DELEO, MD, NICHOLAS V	LACKAWANNA
DELEO III, MD, CAESAR A	LUZERNE
DELERME, MD, AUGUSTO N	BLAIR
DELGADO, MD, JUAN F	NORTHUMBRLAND
DELGALVIS, MD, SUSAN C	LYCOMING
DELGATTO, MD, LOUIS J	COLUMBIA
DELGRANDE, MD, RICHARD E	BEAVER
DELGRIPPO, MD, GERARD A	CLINTON
DELGUERCIO, MD, EDMUND T	DELAWARE
DELL, MD, DAVID A	CUMBERLAND
DELLA ROSA JR, MD, JOHN J	LUZERNE
DELLAVECCHIA, MD, MICHAEL A	MONTGOMERY
DELLINGER, MD, KAY A	CUMBERLAND
DELOGLOS, MD, GUST	ALLEGHENY
DELONE, MD, CARRIE L	DAUPHIN
DELONE, MD, J BRET	DAUPHIN
DELONE JR, MD, CHARLES A	DAUPHIN
DELONE JR, MD, FRANCIS X	DELAWARE
DELONG, MD, BRIAN S	DAUPHIN
DELONG, MD, STEPHEN R	ALLEGHENY
DELONG JR, MD, WILLIAM G	PHILADELPHIA
DELP, MD, DANIEL L	HUNTINGDON
DELP, MD, RICHARD U	COLUMBIA
DELP, MD, WILLIAM T	YORK
DELP JR, MD, CHARLES W	BERKS
DELROSARIO, MD, VIVENCIO G	DAUPHIN
DELSERONE, MD, EUGENE W	ALLEGHENY
DELSERRA, MD, JOSEPH J	LACKAWANNA
DELVECCHIO, MD, FREDESUINDA P	BUCKS
DELVECCHIO, MD, LEONARD M	BERKS
DELVECCHIO JR, MD, LEONARD M	MIFFLIN/JUNI
DEMAIO, MD, RAYMOND	LEHIGH
DEMARCO, MD, CARLO M	PHILADELPHIA
DEMARCO, MD, JAMES C	PHILADELPHIA
DEMARCO, MD, JOHN J	ERIE
DEMARIA JR, MD, PETER A	PHILADELPHIA
DEMARINO, MD, DAVID P	ALLEGHENY
DEMARIO JR, MD, RALPH C	LACKAWANNA
DEMASI, MD, PANTALEONE	PHILADELPHIA
DEMATTEIS, MD, JAMES A	ERIE
DEMBOFSKY, MD, CYNTHIA A	PHILADELPHIA
DEMEDIO, MD, GABRIEL A	ALLEGHENY
DEMEDIO, MD, WILLIAM J	DELAWARE
DEMEZZA, MD, ANGELO	WESTMORELAND
DEMICHELE, MD, ANDREW H	STUDENT
DEMILIO, MD, MARY T	YORK
DEMJANENKO, MD, PAUL	ERIE
DEMKO, MD, JOSEPH N	LACKAWANNA
DEMOPOULOS, MD, JAMES T	PHILADELPHIA
DEMOS, MD, JACK	ALLEGHENY
DEMOURA, MD, JAMILO B	PHILADELPHIA
DEMPSEY, MD, DANIEL T	PHILADELPHIA
DEMPSEY, MD, EUGENE C	PHILADELPHIA
DEMPSEY, MD, WILLIAM J	LACKAWANNA
DEMPSHER, MD, JOHN	CHESTER
DEMUTH, MD, CYNTHIA T	DAUPHIN
DEMUTH, MD, WILLIAM W	DAUPHIN
DEMUTH JR, MD, WILLIAM E	CUMBERLAND
DENARO, MD, ANTHONY T	LUZERNE
DENBY, MD, ROBERT A	BERKS
DENCH JR, MD, EDWARD H	CENTRE
DENDE, DO, PAUL F	LACKAWANNA
DENGLER, MD, ERNEST H	BERKS
DENIS, MD, LEONARD J	LACKAWANNA
DENIZARD, MD, CARL E	PHILADELPHIA
DENLINGER, MD, JOHN K	LANCASTER
DENNEHY, MD, JOHN J	MONTOUR
DENNIS, MD, JAMES B	COLUMBIA
DENNISON, MD, MARIA M	DELAWARE
DENOVAN, MD, RICHARD E	PHILADELPHIA
DENT, MD, THOMAS L	MONTGOMERY
DENTE, MD, JOSEPH B	LACKAWANNA
DEOL, MD, JASBIR S	NORTHAMPTON
DEORAS, MD, KIRAN S	ALLEGHENY
DEPACE, MD, NICHOLAS L	PHILADELPHIA
DEPAMPHILIS, MD, HY J	YORK
DEPAOLI, MD, ROSEMARY T	COLUMBIA
DEPAULA, MD, CARL J	PHILADELPHIA
DEPENA, MD, CHARLES A	BUCKS
DEPILLIS, MD, VINCENT J	MONTGOMERY
DEPMAN, MD, STANLEY T	PHILADELPHIA
DEPP-HUTCHINSON, MD, WILLIAM S	HUNTINGDON
DEQUEVEDO, MD, ROBERT F	MONROE
DERASSE, MD, ALAIN R	NORTHAMPTON
DERASSE, MD, JUDITH R	NORTHAMPTON
DERENZO, MD, AURELIO G	PHILADELPHIA
DEREWITZ, MD, DANIEL L	YORK
DERISO, MD, BARBARA M	ALLEGHENY
DERIVAN, MD, ALBERT T	DELAWARE
DERK, CHRIS T	STUDENT
DERKRIKORIAN, MD, HAGOP L	DELAWARE
DEROJAS, MD, JUAN J	LUZERNE
DEROSIMO JR, JOHN F	STUDENT
DERR, MD, CRAIG A	BERKS
DERR, MD, FREDERICK S	UNION
DERR, DO, JOSE F	COLUMBIA
DERR, MD, RUSSELL H	LANCASTER
DERRICK, MD, BRUCE M	BUCKS
DERRICK, MD, DAVID A	YORK
DERSH, MD, JEROME	BERKS
DERSHAW, MD, BRUCE B	BUCKS
DERSTINE, MD, RALPH L	MONTGOMERY
DESAI, MD, AJIT M	PHILADELPHIA
DESAI, MD, ANKUR M	PHILADELPHIA
DESAI, MD, ANSUYA M	MONTGOMERY
DESAI, MD, ARUNDEV D	LACKAWANNA
DESAI, MD, ARVIND D	LACKAWANNA
DESAI, MD, JAYESH B	SOMERSET
DESAI, MD, JITENDRA M	ALLEGHENY
DESAI, MD, KASHMIRA A	LACKAWANNA
DESAI, MD, KIRITKUMAR T	PHILADELPHIA
DESAI, MD, MEENA B	LACKAWANNA
DESAI, MD, MOHAN G	MONTGOMERY
DESAI, MD, PRAFUL V	WESTMORELAND
DESAI, DO, PRAGNESH A	LEHIGH
DESAI, MD, SARYU J	ALLEGHENY
DESAI, MD, SHIRISHKUMAR B	FAYETTE
DESAI, MD, SHIVRAJ J	MONTGOMERY
DESANTIS, MD, LUIGI	BUCKS
DESANTOLA, MD, JOSEPH R	PHILADELPHIA
DESHPANDE, MD, SHARADCHANDRA	ERIE
DESHPANDE, MD, VILAS K	LEHIGH
DESIMONE, GARY A	STUDENT
DESJARDINS, MD, GEORGE P	BERKS
DESSEN, MD, EDGAR L	LUZERNE
DESTEFANO, MD, DENNIS M	DAUPHIN
DETERS, MD, ROBERT L	ALLEGHENY
DETHOFF, MD, JOHN C	BERKS
DETHOMAS, MD, RONALD S	MIFFLIN/JUNI
DETKE, MICHAEL J	STUDENT
DETRE, MD, THOMAS	ALLEGHENY
DETUERK, MD, JOHN J	PHILADELPHIA
DETULLIO, MD, ANTHONY E	PHILADELPHIA
DETWEILER, MD, THOMAS C	MONTGOMERY
DETWEILER, EXEC DIR, JOHN S	BUCKS
DEUTSCH, DO, JEROME C	LEHIGH
DEUTSCH, MD, JOEL	PHILADELPHIA
DEUTSCH, MD, MELVIN	ALLEGHENY
DEUTSCH JR, MD, E THOMAS	CHESTER
DEUTSCHMAN, MD, DANIEL A	ALLEGHENY
DEVAN, MD, W TODD	YORK
DEVANI, MD, SHYAMSUNDER H	CARBON
DEVAUGHN, MD, GERALD L	PHILADELPHIA
DEVENNEY, MD, JOHN E	MONTGOMERY
DEVENUTO JR, MD, JOSEPH J	BUCKS
DEVINE, MD, JEAN K	MONTGOMERY
DEVINE, MD, MARYANN	PHILADELPHIA
DEVINE, MD, MICHAEL F	MONTGOMERY
DEVINE, MD, PETER J	BUCKS
DEVINE, MD, RAYLENE A	BERKS
DEVINEY, MD, JOHN P	MONTGOMERY
DEVINNEY-WARD, DO, COLLEEN A	ALLEGHENY
DEVITA, MD, DENNIS M	MIFFLIN/JUNI
DEVITA, MD, MICHAEL L	MIFFLIN/JUNI
DEVITTORIO, MD, ARMOND A	JEFFERSON
DEVRIES, MD, JAN R J	SOMERSET
DEVRYER, MD, JOHANNA M	ALLEGHENY
DEWAR II, MD, WILLIAM R	WAYNE/PIKE
DEWAR III, MD, WILLIAM R	WAYNE/PIKE
DEWIS, MD, LESTER S	CHESTER
DEX, MD, WALTER J	LEHIGH
DEYSHER, DO, DAVID P	MONTOUR
DHADUK, MD, VITHALBHAI D	LACKAWANNA
DHAGAT, MD, SATISHCHANDRA	BEAVER
DHALIWAL, MD, DEEPINDER K	ALLEGHENY
DHALIWAL, MD, RANJIT S	ERIE
DHAMI, MD, MANDEEP S	JEFFERSON
DHAWAN, MD, RAM L	ALLEGHENY
DHAWER, MD, VIRENDER P S	CAMBRIA
DHEEN, MD, MOHAMED H R	LAWRENCE
DI GIOVINE, MD, NICK M	ALLEGHENY
DI MARCO, MD, DAVID B	ALLEGHENY
DI SALVO, MD, MARIA	PHILADELPHIA
DI TIZIO, MD, ROBERT P	MONTGOMERY
DI VINCENZO, MD, JOSEPH J	PHILADELPHIA
DIAKIW, MD, JOHN	LACKAWANNA
DIAMANTONI, MD, STEPHEN G	LANCASTER
DIAMOND, MD, B FRANKLIN	MONTGOMERY
DIAMOND, MD, DANIEL L	ALLEGHENY
DIAMOND, MD, HERBERT S	ALLEGHENY
DIAMOND, MD, MARK	ALLEGHENY
DIAMOND, MD, PAUL M	WAYNE/PIKE
DIAMOND, DO, STEVEN M	NORTHAMPTON
DIAZ, MD, CARLOS G	PHILADELPHIA
DIAZ, MD, FLORIEL P	CARBON
DIAZ, MD, RENATO T	LUZERNE
DIBATTISTE, MD, PETER M	PHILADELPHIA
DIBBERN JR, DONALD A	STUDENT
DIBELLO, MD, ANGELO M	PHILADELPHIA
DIBELLO JR, MD, JOSEPH N	PHILADELPHIA
DIBENEDETTO, MD, THOMAS D	LEHIGH
DICENZO, DO, FRANK D	ALLEGHENY
DICENZO, MD, VALENTINA E	ALLEGHENY
DICKENS, MD, HELEN O	PHILADELPHIA
DICKEY, MD, ROBERT F	MONTOUR
DICKINSON, MD, PETER A	ALLEGHENY
DICKINSON, MD, TIMOTHY D	ALLEGHENY
DICKSON JR, MD, THOMAS B	LEHIGH
DICKSTEIN, MD, BENJAMIN	PHILADELPHIA
DICKTER, MD, STEVEN J	CHESTER
DICOLA, MD, NANCY M	ALLEGHENY
DICONCETTO, MD, JOSEPH A	NORTHAMPTON
DICUCCIO, MD, NICHOLAS W	CLINTON
DICUCCIO, MD, WILLIAM A	BUTLER
DIDDLE, MD, KENNETH W	WESTMORELAND
DIEDERICH, MD, CHARLES F	ALLEGHENY
DIEFES, MD, GERARD J	PHILADELPHIA
DIEGEL, MD, JOAN E	ALLEGHENY
DIEHL, MD, STEVEN L	BLAIR
DIENER, MD, IAN L	MONTGOMERY
DIENHART, MD, KARL J	BRADFORD
DIETEMAN, MD, DAVID F	ERIE
DIETL, MD, CHARLES A	MONTOUR
DIETLY, MD, ROBIN Z	ALLEGHENY
DIETRICH, MD, HENRY T	CLINTON
DIETRICH, DO, MALCOLM H	YORK
DIETRICH, MD, SCOTT A	BERKS
DIETRICH, THOMAS J	STUDENT
DIETRICH, MD, WARREN C	NORTHAMPTON
DIETRICK, MD, RONALD A	BLAIR
DIEZ, MD, CHARLES M	ALLEGHENY
DIFFENDERFER, DO, JUDITH E	YORK
DIGERGORIO, MD, GUERINO J	CHESTER
DIGIACOMO, MD, OSCAR P	PHILADELPHIA
DIGIACOMO, MD, PAUL R	LEBANON
DIGIACOMO JR, MD, PHILIP J	MONTGOMERY
DIGILIO, MD, VICTOR A	PHILADELPHIA
DIGIOVANNI, MD, ALPHONSE J	DELAWARE
DIGIOVANNI, MD, ANTHONY J	DELAWARE
DIGIOVANNI, MD, VINCENT J	LUZERNE
DIILIO, MD, RICHARD P	ALLEGHENY
DIIORIO, MD, EMIL J	NORTHAMPTON
DILCHER, MD, ROBERT H	LEHIGH
DILEO, MD, DOMINIC W	FAYETTE
DILEONARDO, MD, MARIO	PHILADELPHIA
DILIBERTO, DO, THOMAS A	DELAWARE
DILLINGER, MD, ELLEN M	ALLEGHENY
DILLON, MD, DANIEL J	ALLEGHENY
DILLON, MD, RICHARD L	STUDENT
DILLON, MD, RICHARD S	MONTGOMERY
DILLOW, MD, JEFFREY R	MONTGOMERY
DIMAGGIO, MD, OLIVIA T	DELAWARE
DIMAIO, MD, F H PAUL	CLARION
DIMARCO, DO, ANTHONY E	DELAWARE
DIMARCO, MD, ROSS F	ALLEGHENY
DIMARINO, MD, ANTHONY J	PHILADELPHIA
DIMASI, DO, ROBERT E	ERIE
DIMAURO, MD, CYNTHIA L	ALLEGHENY
DIMICK, MD, DEAN F	LEHIGH
DIMIJLER, MD, ISMAIL	NORTHUMBRLAND
DIMITSOPULOS, MD, DIMITRI	ALLEGHENY
DIMOIA, MD, MARGARET M	BUCKS
DIMONTE, MD, DIANE K	CHESTER
DIMUGNO, LEANNE H	STUDENT
DIMUN, MD, MICHAEL F	ALLEGHENY
DINEEN, MD, FRANCIS A	ALLEGHENY
DINGER, MD, JOHN M	BLAIR
DINICOLA, MD, ARTHUR N	SCHUYLKILL
DINON, MD, LOUIS R	PHILADELPHIA
DINSMORE, MD, HARRY H	JEFFERSON
DINUBILE, MD, NICHOLAS A	PHILADELPHIA
DINULOS, MD, BALTAZAR T	LEBANON
DION, MD, HARRY S	PHILADELPHIA
DIPPL, MD, JULIA M	PHILADELPHIA
DIPPOLITO, MD, ANTHONY D	NORTHAMPTON
DIRENZO, MD, DENNIS P	BERKS
DIRIENZO, MD, ENRICO J	BUCKS
DIRNBERGER, DO, THOMAS	SCHUYLKILL
DIROCCO, MD, VINCENT P	PHILADELPHIA
DISALVO, MD, BARBARA A	NORTHAMPTON
DISALVO, MD, EUGENE I	NORTHAMPTON
DISANDRO, MD, DANIEL G	STUDENT
DISCHMAN, MD, ELAINE C	BUTLER
DISCHMAN, MD, GREGORY D	ALLEGHENY
DISESA, MD, VERDI J	PHILADELPHIA
DISHART, MD, PAUL W	ALLEGHENY
DISILVESTRO, MD, HELEN E	PHILADELPHIA
DISILVESTRO JR, MD, JOHN M A	PHILADELPHIA
DISILVIO, MD, THOMAS V	LACKAWANNA
DISIMONE, MD, RONALD E	LYCOMING
DISSINGER, JENNIFER A	STUDENT
DISTEFANO, MD, GRIMALDO C	PHILADELPHIA
DITANO II, ORIENTE	STUDENT
DITARANTO, MD, MICHAEL A	DELAWARE
DITLOW JR, MD, RICHARD J	CUMBERLAND
DITMARS, MD, DOUGLAS D	NORTHAMPTON
DITOPPA, DO, LOUIS A	ALLEGHENY
DITTMAN, MD, THOMAS H	LUZERNE
DITTMAR, MD, NYRA M	STUDENT
DITTRICH, DO, RICHARD J	PHILADELPHIA
DITUNNO JR, MD, JOHN F	PHILADELPHIA
DIVEN, MD, JUDITH C	ALLEGHENY
DIWAN, MD, KANTA	DELAWARE
DIWAN, MD, SATYENDRA K	DELAWARE
DIX JR, MD, ROBERT C	UNION
DIX-EMPERADOR, MD, LISA M	PHILADELPHIA
DIXIT, MD, NIRANJAN D	FAYETTE
DIXON, MD, ARTHUR S	MONROE
DIXON, MD, GARRETT W	VENANGO
DIXON, MD, HAROLD L	PHILADELPHIA
DIXON, MD, RICHARD H	CENTRE
DIZON, MD, GAUDENCIO S	CARBON
DJERASSI, MD, ADY L	PHILADELPHIA
DJERASSI, MD, ISAAC	PHILADELPHIA
DLIN, MD, BARNEY M	PHILADELPHIA
DLUTOWSKI, MD, BERNARD J	PHILADELPHIA
DLUZANSKY, MD, JAMES J	BLAIR
DO, MD, SI V	DAUPHIN
DOAN, PHUONG-ANH T	STUDENT
DOBIES, MD, BARRY F	ALLEGHENY
DOBISH, MD, MARK P	FRANKLIN
DOBKIN, MD, LARRY A	ALLEGHENY

DOBKIN, MD, STEPHEN F	DELAWARE
DOBLER, MD, JAMES C	ALLEGHENY
DOBLER, MD, LEE C	ALLEGHENY
DOBROSKY, MD, JOSEPH D	NORTHAMPTON
DOBROTA, MD, JOHN S	BUCKS
DOCKTOR, MD, JOHN W	YORK
DODD, MD, STEPHEN I	MIFFLIN/JUNI
DODDS, MD, H THOMAS	DELAWARE
DODGE, MD, HERBERT C	PHILADELPHIA
DODGE, JESSICA L	STUDENT
DODSON, MD, DONALD L	NORTHAMPTON
DODSON, MD, STEVEN R	NORTHAMPTON
DOE, MD, ROBERT G	LANCASTER
DOEBLER, MD, ROBERT W	ALLEGHENY
DOENECKE, MD, ARTHUR L	LANCASTER
DOERFLER JR, MD, FREDERICK B	ARMSTRONG
DOFT, MD, BERNARD H	ALLEGHENY
DOHAD, MD, SUHAIL Y	PHILADELPHIA
DOHERTY, MD, JAMES L	PHILADELPHIA
DOHERTY, JOHN C	STUDENT
DOHERTY, DO, JOHN M	DELAWARE
DOHERTY, MD, JOSEPH C	WESTMORELAND
DOHERTY JR, MD, HENRY J	MONTGOMERY
DOHERTY JR, MD, JOHN H	LACKAWANNA
DOHERTY SR, MD, JOHN H	LACKAWANNA
DOLAN III, MD, JAMES J	CLINTON
DOLAND, MD, CHERYL A	YORK
DOLBERG, MD, BEVERLY K	DELAWARE
DOLECKI, MD, MICHAEL	ALLEGHENY
DOLFMAN, MD, VICTOR	PHILADELPHIA
DOLINSKAS, MD, CAROL A	PHILADELPHIA
DOLL JR, MD, ROBERT B	LEHIGH
DOLLARD, DENIS J	STUDENT
DOLPHIN, MD, JOHN M	PHILADELPHIA
DOLSKY, MD, RICHARD L	MONTGOMERY
DOMAT, MD, IMAD	ALLEGHENY
DOMBKOSKI, MD, RUTH A	DELAWARE
DOMERACKI, GARY F	STUDENT
DOMESEK, MD, JAMES M	PHILADELPHIA
DOMINGO, MD, ORVILLE H	DELAWARE
DOMINICK, MD, THOMAS F	MONTOUR
DOMIT, MD, JOHN	WESTMORELAND
DONAHOE, MD, MICHAEL T	FRANKLIN
DONAHUE, MD, JOHN R	MONTGOMERY
DONALDSON, DO, GORDON R	BERKS
DONALDSON, MD, JAMES B	PHILADELPHIA
DONALDSON, MD, WILLIAM F	ALLEGHENY
DONALDSON III, MD, WILLIAM F	ALLEGHENY
DONAN, MD, ANDERSON W	MERCER
DONATELLI, MD, JOHN M	ALLEGHENY
DONATO, DO, ROBERT A	LYCOMING
DONCASTER, MD, RICHARD M	WESTMORELAND
DONDE, MD, DILIP M	CAMBRIA
DONDE, MD, MRUNALINI D	CAMBRIA
DONEKER, MD, THOMAS G	NORTHAMPTON
DONER, DO, IVAN A	PHILADELPHIA
DONLEY JR, MD, CHARLES M	ALLEGHENY
DONNELLY, MD, BRIAN W	ALLEGHENY
DONNER, MD, WILLIAM T	MONTGOMERY
DONOFRIO, MD, ROBERT J	ALLEGHENY
DONOGHUE, MD, GLENDA D	PHILADELPHIA
DONOVAN, MD, ALTHEA A	CHESTER
DONOVAN, MD, BYRON L	WESTMORELAND
DONOVAN, MD, FRANCIS C	ALLEGHENY
DONOVAN, MD, JOHN J	ALLEGHENY
DONOVAN, MD, MARY E	PHILADELPHIA
DONOVAN, MD, ROBERT J	LACKAWANNA
DONOVAN, MD, ROBERT J	ALLEGHENY
DONOVAN, MD, ROBERT S	BERKS
DONROVICH, MD, PAUL J	CAMBRIA
DONSHIK, JON D	STUDENT
DOO, MD, GERALD K	ADAMS
DOOKHAN, MD, DIANNE B	PHILADELPHIA
DOOLEY, MD, JOHN M	YORK
DOOLEY, MD, THOMAS W	BERKS
DORAZIO, MD, DOMINICK J	LANCASTER
DORAZIO, DO, RONALD J	DELAWARE
DOREY, MD, FRED O	PHILADELPHIA
DORF, DO, STEVEN N	LANCASTER
DORFMAN, MD, ALAN M	MONTGOMERY
DORFMAN, MD, MICHAEL	PHILADELPHIA
DORFMAN, MD, MURRAY L	DELAWARE
DORI, EZRA M	STUDENT
DORIAN, MD, ALAN L	MONTGOMERY
DORION, MD, ROBERT P	MONTOUR
DORKO, MD, CARL J	DAUPHIN
DORMAN, MD, GORDON	PHILADELPHIA
DORMAN, MD, SANFORD A	NORTHAMPTON
DORMANS, MD, JOHN P	PHILADELPHIA
DORNENBURG, MD, JAMES R	ALLEGHENY
DORNFEST, MD, FRANKLYN D	BRADFORD
DORNSTEIN, MD, PERRY I	MONTGOMERY
DORO, MD, LOUIS C	PHILADELPHIA
DORRELL, MD, SEAN G	CHESTER
DORSCH, MD, CAROLE A	YORK
DORSCH, VERONICA C	STUDENT
DORSCH JR, MD, RAYMOND M	LEBANON
DORSEY, DENISE M	STUDENT
DORSEY, MD, JAMES T	LEHIGH
DORSHIMER, MD, GARY W	PHILADELPHIA
DORVAL, MD, JANE	LEHIGH
DORVILLE, MD, FABIO L	NORTHAMPTON
DORWART, MD, BONNIE B	PHILADELPHIA
DOSHI, MD, KIRTI K	PHILADELPHIA
DOSHI, MD, NALINI N	ALLEGHENY
DOSHI, MD, NARENDRA S	ALLEGHENY
DOSHI, NIPA R	STUDENT
DOSTAL, MD, JULIE A	LUZERNE
DOTO JR, MD, JOSEPH B	NORTHAMPTON
DOTSEY, MD, MICHAEL T	CLEARFIELD
DOTTERER, MD, CHRISTINE S	NORTHUMBRLAND
DOTTOR, MD, ALBINKA J	LEHIGH
DOTTS, EXEC SEC, CAROL A	CHESTER
DOTY, JAMES M J	STUDENT
DOUDS, MD, HOWARD N	ALLEGHENY
DOUGHERTY, ELIZABETH A	STUDENT
DOUGHERTY, MD, MALVIN J	PHILADELPHIA
DOUGHERTY, MD, RALPH N	ALLEGHENY
DOUGHERTY III, DO, JOHN E	DAUPHIN
DOUGHTY, DO, PAUL F	JEFFERSON
DOUGLAS, BARBARA S	STUDENT
DOUGLAS, MD, DONALD D	UNION
DOUGLAS, MD, RICHARD A	ALLEGHENY
DOUGLAS, MD, STEVEN D	PHILADELPHIA
DOUGLASS, MD, PAUL H	YORK
DOUGLASS JR, MD, WILLIAM T	DAUPHIN
DOUPE, MD, DAVID W	ERIE
DOURDOUFIS, DO, PETER J	PHILADELPHIA
DOUYON, MD, LISELLE	DELAWARE
DOVNARSKY, MD, JAMES H	PHILADELPHIA
DOVNARSKY, MD, MICHAEL K	LUZERNE
DOVYDAITIS, MD, ROMAS	LACKAWANNA
DOWDELL, MD, PAUL J	MERCER
DOWINSKY, MD, STEVEN K	PHILADELPHIA
DOWLING, MD, JOHN J	PHILADELPHIA
DOWLING, MD, KEITH J	DAUPHIN
DOWLUT, MD, MOHAMMAD N	BLAIR
DOWNES, MD, JOHN J	PHILADELPHIA
DOWNING, MD, MICHAEL J	PHILADELPHIA
DOWNING, MD, TIMOTHY M	CRAWFORD
DOWNS, DO, CAROLYN R	BUCKS
DOWNS JR, LEVI S	STUDENT
DOYLE, MD, ALFRED P	ALLEGHENY
DOYLE, DO, DAVID A	LEHIGH
DOYLE, MD, FAYE R	CHESTER
DOYLE, MD, HARRY A	PHILADELPHIA
DOYLE, MD, HOWARD R	ALLEGHENY
DOYLE, MD, JOHN J	ALLEGHENY
DOYLE, MD, RUSSELL G	CHESTER
DRACOS, MD, FRANK J	MONROE
DRAGANESCU, MD, JOHN M	DELAWARE
DRAGANOSKY, MD, EUGENE A	BUCKS
DRAGUN, MD, JOANNE B	VENANGO
DRAIN, MD, RANDALL T	PHILADELPHIA
DRANOV, MD, JONATHAN	CENTRE
DRAPCHO-FOTI, MD, CONNIE	BUCKS
DRAPER, MD, NELLE E	PHILADELPHIA
DRAPIEWSKI, MD, JOHN F	LUZERNE
DRASS, MD, MICHAEL J	YORK
DRATCH, MD, MICHAEL B	PHILADELPHIA
DRATLER, MD, M BRUCE	CRAWFORD
DRATMAN, MD, CATHY K	PHILADELPHIA
DREER, MD, AARON M	PHILADELPHIA
DREHER, MD, ROBERT H	NORTHAMPTON
DREIBELBIS, MD, WILLIAM H	CENTRE
DREIFUS, MD, LEONARD S	PHILADELPHIA
DRENNEN JR, MD, JAMES K	BUTLER
DRESSEL JR, MD, CHRISTOPHER J	LACKAWANNA
DREW, MD, FRANCES L	ALLEGHENY
DREZNER, MD, MALCOLM E	BUCKS
DREZNIN, MD, STEPHEN	ALLEGHENY
DRINKER, MD, HENRY M	PHILADELPHIA
DRISCOLL, MD, GENEVRA Z	MONTGOMERY
DRIZIN, MD, GARY S	MONTGOMERY
DROOGAN, DO, CHRISTOPHER J	DELAWARE
DROZDIAK, MD, RUSSELL A	INDIANA
DRUBETSKY, MD, NORMAN	PHILADELPHIA
DRUCKMAN, MD, STEPHEN M	LEBANON
DRUFFNER JR, MD, LEWIS C	LACKAWANNA
DRUMMOND, MD, DENIS S	PHILADELPHIA
DRY, MD, FREDERICK A	LEHIGH
DRYE, MD, ROBERT C	VENANGO
DSILVA, MD, HENRY I	BUCKS
DUA, MD, RITA	PHILADELPHIA
DUA, MD, RUP K	ALLEGHENY
DUANE, MD, THOMAS D	NORTHAMPTON
DUBEY, MD, SAROJ K	ERIE
DUBIN, MD, WILLIAM R	PHILADELPHIA
DUBLIN, MD, GEORGE J	PHILADELPHIA
DUBNER, MD, PAUL F	ALLEGHENY
DUBROVSKY, MD, OLGA	ALLEGHENY
DUCA, MARK A	STUDENT
DUCA, MD, PETER R	PHILADELPHIA
DUCH, MD, PETER M	PHILADELPHIA
DUCKETT, MD, JAMES E	DELAWARE
DUCKETT JR, MD, JOHN W	PHILADELPHIA
DUCKO, CHRISTOPHER T	STUDENT
DUDA, MD, ANDREW M	BERKS
DUDA, MD, JOHN R	ERIE
DUDECK, MD, CARL R	BUTLER
DUDEK, MD, ARKADIUSZ Z	DAUPHIN
DUDENHOEFER, MD, CHRISTIAN P	ERIE
DUDENHOEFER, MD, FREDERICK J	ERIE
DUDENHOEFER, MD, KATHLEEN M	ERIE
DUDZINSKI, DO, JOHN E	ERIE
DUE, MD, CHRISTOPHER F	YORK
DUER, MD, NATHAN B	GREENE
DUERKSEN, MD, ROGER L	ALLEGHENY
DUFFIELD, MD, THOMAS E	BUCKS
DUFFY, MD, CLYDE F	ALLEGHENY
DUFFY, MD, RUTH E	CHESTER
DUFFY, MD, SCOTT S	BERKS
DUFFY, MD, TERENCE F	LUZERNE
DUGAN, MD, CHARLES T	WESTMORELAND
DUGAN, LINDY L	STUDENT
DUGAN, MD, THOMAS M	ERIE
DUGAN JR, MD, THOMAS M	BEAVER
DUGGAN, MD, JAMES H	ALLEGHENY
DUGGAN JR, MD, FRANCIS J	DAUPHIN
DUGGER, MD, DOROTHY E	PHILADELPHIA
DUHAIME, MD, ANN-CHRISTINE	PHILADELPHIA
DUKE II, MD, LEE M	LANCASTER
DUKE III, MD, BRUCE E	CAMBRIA
DUKER, MD, DANIEL G	ALLEGHENY
DULA, MD, DAVID J	MONTOUR
DULABON, MD, DAVID A	ERIE
DULANEY, MD, JAIMELA J	ALLEGHENY
DULL, MD, JAMES A	WESTMORELAND
DUMARAN, MD, DELFA G	MONTGOMERY
DUMAS, MD, PETER A	PHILADELPHIA
DUMPE, MD, KEVIN C	BEAVER
DUMPE, MD, PAMELA M	BEAVER
DUNAGIN, MD, WILLIAM G	VENANGO
DUNAY, DO, DARLENE A M	LACKAWANNA
DUNCAN, MD, CARL R	YORK
DUNCAN, MD, JAMES R	ALLEGHENY
DUNCAN, MD, RALPH E	YORK
DUNCAN, MD, THEODORE G	PHILADELPHIA
DUNCOMBE, MD, MICHAEL P	ERIE
DUNHAM, DO, DOUGLAS A	ALLEGHENY
DUNKELBERGER, MD, JOHN A	CENTRE
DUNKLE, MD, DAVID B	DAUPHIN
DUNN, MD, DAVID D	ERIE
DUNN, MD, GEOFFREY P	ERIE
DUNN, MD, JAMES C	PHILADELPHIA
DUNN, MD, JEANETTE C	ALLEGHENY
DUNN, MD, JEFFREY M	PHILADELPHIA
DUNN, MD, JEROME	LEHIGH
DUNN, MD, JOSEPH P	VENANGO
DUNN, MD, LINDA K	PHILADELPHIA
DUNN, DO, LORI	DAUPHIN
DUNN, MD, PHILIP F	HUNTINGDON
DUNNE, MD, GAY D	CENTRE
DUNNE, MD, JAMES H	CENTRE
DUNNING, MD, E RUTH	MONROE
DUNSKY, MD, ELIOT H	PHILADELPHIA
DUPLER, MD, DONALD A	PHILADELPHIA
DUPONT JR, MD, PHILIP J	CLEARFIELD
DUPREE, MD, BETH B	BUCKS
DUPREY, MD, JAMES G	LANCASTER
DURBACK, MD, MARK A	NORTHAMPTON
DURBECK, MD, DONALD C	DAUPHIN
DURBIN, MD, DENNIS R	PHILADELPHIA
DURGIN, MD, BERNICE E	CENTRE
DURHAM, SUSAN R	STUDENT
DURICK, MD, THOMAS W	CRAWFORD
DURISEK, MD, GEORGE S	DAUPHIN
DURKAN JR, MD, GERALD	ALLEGHENY
DURKIN, MD, DAVID J	CENTRE
DURKIN, DO, JANE E	LUZERNE
DURKIN, MD, MAUREEN L	ADAMS
DURKIN, MD, RAYMOND A	LEHIGH
DURNING, MD, ROBERT P	ALLEGHENY
DUROCHER, MD, JOHN R	PHILADELPHIA
DURRWACHTER, MD, KENNETH R	LYCOMING
DURRWACHTER, MD, ROBERT J	LYCOMING
DUSENBERRY, MD, SARAH J	BEAVER
DUTTA, MD, TARIT K	ALLEGHENY
DUTTON, TIMOTHY E	STUDENT
DUZY, DO, MICHAEL J	PHILADELPHIA
DVORCHAK, MD, MATTHEW J	CAMBRIA
DVORIN, MD, DONALD J	PHILADELPHIA
DVORKIN, MD, DANIEL	CHESTER
DWECK, MD, MONICA M	LEHIGH
DWORETZ, MD, APRIL R	ALLEGHENY
DWORKIN, DO, GERALD E	PHILADELPHIA
DWYER, MD, JOHN H	ALLEGHENY
DY, MD, GEORGE R	TIOGA
DY, MD, JACQUELINE G	PHILADELPHIA
DY, MD, JOHNNY R	PHILADELPHIA
DYCKMAN, MD, SHARON	BUCKS
DYE, MD, ROBERT E	DAUPHIN
DYER, MD, BRADLEY J	PHILADELPHIA
DYKYJ JR, MD, ROMAN	PHILADELPHIA
DYNAN, MD, JAMES E	MONTGOMERY
DYREYES, MD, ROBERTO R	LEBANON
DZERA, MD, OLEH	TIOGA
DZIALOWSKI, MD, KENNETH J	WESTMORELAND
DZWONCZYK JR, MD, JOHN	PHILADELPHIA

E

EAGEN, MD, JEREMIAH W	LACKAWANNA
EAGEN, KATHRYN A	STUDENT
EAGER, MD, J MICHAEL	BERKS
EAGLE, MD, PERRY A	YORK
EARLE, MD, LINDA A	PHILADELPHIA
EARLE, MD, MARTIN F	ALLEGHENY
EARLY, MD, CALVIN B	FRANKLIN
EARLY JR, MD, ROBERT F	BERKS
EARLY SR, MD, ROBERT F	LEBANON
EARNEST, MD, TAMAR D	LEHIGH
EASLER, MD, RICHARD E	ALLEGHENY
EASTMAN, MD, LAURA B	ALLEGHENY
EATER JR, MD, CHARLES L	MIFFLIN/JUNI
EATON, AUDREY M	STUDENT
EATON, MD, DAVID A	NORTHAMPTON
EATON, MD, EDWARD H	DAUPHIN
EBBA, MD, CELSUS I	DELAWARE
EBERHART, MD, JOSEPH C	BUCKS
EBERLY, MD, DAVID E	DELAWARE
EBERSOLE, MD, JOHN H	LANCASTER
EBERSOLE, MD, THOMAS M	BERKS
EBERT, MD, KARL H	PHILADELPHIA
EBERZ, MD, DENNIS A	ALLEGHENY
EBNER, MD, STEVEN A	ALLEGHENY
EBY, MD, CARL E	SOMERSET
ECHENBERG, MD, ROBERT J	NORTHAMPTON
ECHIKSON, MD, EDWARD H	MONTGOMERY
ECHTERLING, MD, CHRISTOPHER K	YORK
ECKARD, MD, JOYCE L	WASHINGTON
ECKBERG, MD, JOHN J	ERIE
ECKEL, MD, TIMOTHY B	COLUMBIA
ECKELS, DO, DENNIS L	CAMBRIA
ECKENRODE, MD, JOSEPH L	LANCASTER
ECKER, MD, ANDREW M	MONTGOMERY
ECKER, MD, MALCOLM L	PHILADELPHIA
ECKER JR, MD, HERBERT A	LYCOMING
ECKER SR, MD, HERBERT A	LYCOMING
ECKERT, MD, ROBERT T	BUTLER
ECKHARDT, MD, ARIC J	PHILADELPHIA
ECKL, MD, JOANN L	ALLEGHENY
ECKROTH, MD, RICHARD N	LEBANON
EDDINGER, MD, LEO C	LEHIGH
EDDY, MICHAEL J	STUDENT
EDELMANN, MD, CHRISTINE A	ALLEGHENY
EDELSTEIN, MD, ABE J	CAMBRIA
EDELSTEIN, MD, JOEL K	PHILADELPHIA
EDELSTEIN, MD, NORMAN L	ALLEGHENY
EDER JR, MD, GEORGE E	YORK
EDGE, MD, FRED C	FAYETTE
EDINGER, MD, ANDREW M	UNION
EDINGTON, MD, JOHN M	PHILADELPHIA
EDMISTON, MD, ROBERT B	DAUPHIN
EDMOND-COOPER, MD, DONNA V	PHILADELPHIA
EDMUNDOWICZ, MD, ALPHONSE C	DAUPHIN
EDMUNDS, MD, ELIZABETH H	BERKS
EDWARDS, MD, ALAN E	BEAVER
EDWARDS, MD, ANITA	ALLEGHENY
EDWARDS, MD, CHARMAINE E	PHILADELPHIA
EDWARDS, MD, GEORGE E	DAUPHIN
EDWARDS, MD, MARY D	ALLEGHENY
EDWARDS, MD, TODD D	ALLEGHENY
EDWARDS, MD, WILLIAM M	ALLEGHENY
EDWARDS, MD, WILLIAM P	VENANGO
EELKEMA, MD, ELIZABETH A	ALLEGHENY
EFFAT, MD, MAHMOUD K	CHESTER
EFFINGER, MD, GEROLD J	BUCKS
EFFINGER-KASSOW, MD, ELLIN B	PHILADELPHIA
EGAN, MD, CHRISTINE L	PHILADELPHIA
EGBERT, MD, E WAYNE	DELAWARE
EGGLER, MD, BETSEY A	CENTRE
EGLICK, MD, PAUL G	PHILADELPHIA
EGOVILLE, MD, CHARLES R	PHILADELPHIA
EHGARTNER, DO, GREG R	DAUPHIN
EHLY, MD, GEORGE W	CUMBERLAND
EHRHART, TROY J	STUDENT
EHRLICH, MD, CLIFFORD L	MONTGOMERY
EHRLICH, MD, FRANK	PHILADELPHIA
EHRLICH, MD, GEORGE E	PHILADELPHIA
EHRLICH, MD, LEONARD D	MONTGOMERY
EHYA, MD, HORMOZ	PHILADELPHIA
EIBLING, MD, DAVID E	ALLEGHENY
EICHELBERGER, MD, DWIGHT O	LANCASTER
EICHER, MD, PEGGY S	PHILADELPHIA
EICHER, MD, WENDELL P	BUCKS
EICHLER, MD, GEORGE R	NORTHAMPTON
EICHMILLER, MD, JOHN P	ALLEGHENY
EICHNER, MD, LAMBERT G	DELAWARE
EILER, MD, WILLIAM A	ALLEGHENY
EINHORN, MD, KENNETH H	MONTGOMERY
EINSIG, MD, HAROLD J	BERKS
EISEN, MD, CAROLE L	DELAWARE
EISEN, MD, HOWARD B	ALLEGHENY
EISENBEIS JR, MD, CARL H	ALLEGHENY
EISENBERG, MD, FLOYD P	MONTGOMERY
EISENBERG, DO, MAUREEN E	MONTGOMERY
EISENBERG, MD, RICHARD B	ERIE
EISENBERGER, MD, DEBRA A	PHILADELPHIA
EISENHARDT, DO, BRUCE T	NORTHAMPTON
EISENHOWER, MD, EDWARD A	LANCASTER
EISENHOWER-TURNER, MD, EDITH S	DELAWARE
EISENSTADT, MD, NORMAN	PHILADELPHIA
EISMAN, MD, SYLVAN H	PHILADELPHIA
EISNER, MD, ABRAHAM G	LACKAWANNA
EISNER, MD, JOEL W	CHESTER
EISNER, MD, STEVEN B	LACKAWANNA
EISTER, LOUIS L	LEHIGH
EKBERG, MD, NORMAN L	MONTOUR
EL-ATTAR, SUZANNE M	STUDENT
EL-ATTRACHE, MD, MAMDOUH F	WESTMORELAND
EL-ATTRACHE, MD, SELIM	WESTMORELAND
EL-AWAR, MD, MUNIR Y	ALLEGHENY
EL-BORNO, MD, BASSAM M A	LANCASTER
EL-HILLAL, MD, MOHAMMAD F	WESTMORELAND
EL-MANSOURY, MD, JEYLAN A	PHILADELPHIA
ELATTAR, MD, ANAS A	ALLEGHENY
ELCOCK, MD, CLAUDIUS A	PHILADELPHIA
ELDAIEF, MD, DAISY S	MONTGOMERY
ELDER, MD, E GLENN	NORTHAMPTON
ELDER, MD, JAY E	JEFFERSON
ELEFANT, MD, HOWARD L	PHILADELPHIA
ELENITSAS, MD, ROSALIE	PHILADELPHIA
ELES, DO, GUSTAV R	ALLEGHENY
ELFMAN, MD, LOUIS K	PHILADELPHIA
ELIA, MD, EUGENE A	DELAWARE
ELIADES, MD, WILLIAM	PHILADELPHIA
ELIAS, MD, FARID J	WESTMORELAND
ELIAS, MD, STANTON B	ALLEGHENY
ELIAS, MD, ZEV	BUCKS
ELIGATOR, MD, JULIAN	ALLEGHENY
ELKIN, DO, RICHARD J	LANCASTER
ELKIN, MD, RODNEY M	DELAWARE
ELLEN, MD, STEPHEN J	PHILADELPHIA

ELLENBERGER, MD, PAMELA M	BERKS
ELLENBERGER JR, MD, CARL	LEBANON
ELLER, MD, ANDREW W	ALLEGHENY
ELLIS, MD, CHRISTINA E	CHESTER
ELLIS, MD, DAVID J	DELAWARE
ELLIS, MD, DAVID M	MONTGOMERY
ELLIS, MD, DAVID W	LEBANON
ELLIS, MD, DIANA E	BRADFORD
ELLIS, MD, GEORGE L	ALLEGHENY
ELLIS, MD, HERMAN M	PHILADELPHIA
ELLIS, MD, KATHRYN K	WESTMORELAND
ELLIS, MD, LAWRENCE D	ALLEGHENY
ELLIS, DO, LOUIS D	SCHUYLKILL
ELLIS, MD, PETER G	ALLEGHENY
ELLIS, MD, RICHARD A	PHILADELPHIA
ELLIS, EDD EXEC DIR, U BERKLEY	MONTGOMERY
ELLIS IV, MD, JOHN H	LUZERNE
ELLIS JR, MD, LEANDER T	PHILADELPHIA
ELLISON, MD, JAMES H	YORK
ELLISON, MD, JULIUS	PHILADELPHIA
ELLISON, MD, MARY JANE	ALLEGHENY
ELLISON, MD, NEIL M	MONTOUR
ELLISON, MD, NORIG	MONTGOMERY
ELLISON JR, MD, RICHARD T	MONTGOMERY
ELMALEH, MD, MIRIAM K	PHILADELPHIA
ELMER, MD, EDWARD M	ALLEGHENY
ELMORE, MD, JAMES R	MONTOUR
ELNOUR, MD, MOHAMED F	DAUPHIN
ELOVIC, MD, ELIE P	WASHINGTON
ELSAWY, MD, MAGDY M	ALLEGHENY
ELTON, SCOTT W	STUDENT
ELVIR, MD, RAMON	WARREN
ELYADERANI, MD, MORTEZA K	BEAVER
ELYAN, MD, MOHAMED I	YORK
EMAMI, ELIZABETH R	STUDENT
EMANUEL, MD, ABRAHAM	BEAVER
EMANUEL, MD, E STEPHEN	DELAWARE
EMANUEL, ERIC R	STUDENT
EMANUELSON, MD, RICHARD G	LACKAWANNA
EMERICK, GEORGE J	STUDENT
EMERSON, MD, JOHN A	VENANGO
EMERY, MD, PAUL F	BLAIR
EMKEY, MD, KENNETH D	BERKS
EMKEY, MD, RONALD D	BERKS
EMMOLO, MD, ALFONSE A	VENANGO
EMPER, MD, WILLIAM D	MONTGOMERY
ENANY, MD, ALBERT K	FAYETTE
ENCKE, MD, TED K	ALLEGHENY
ENDERS, MD, JOHN G	FRANKLIN
ENDRES, MD, JAY E	WARREN
ENDRES, MD, WARREN H	LEHIGH
ENG, CATHY	STUDENT
ENG, MD, RENE S M	PHILADELPHIA
ENG, MD, RICARDO	PHILADELPHIA
ENGEL, MD, EDWARD E	ERIE
ENGEL, MD, GREGORY S	ERIE
ENGEL, MD, ROBERT	LUZERNE
ENGLAND, MD, MICHAEL V	BLAIR
ENGLE, MD, DAVID J	ALLEGHENY
ENGLE, MD, EUGENE K	LANCASTER
ENGLE, MD, HAROLD H	LEBANON
ENGLE, MD, JOSEPH H	FRANKLIN
ENGLISH, MD, DENNIS H	ALLEGHENY
ENGLISH, MD, JAMES B	BLAIR
ENGLISH, MD, JOSEPH G	LYCOMING
ENGLISH, MD, O SPURGEON	PHILADELPHIA
ENGLISH, MD, RICHARD B	LUZERNE
ENGLISH, ROBERT F	STUDENT
ENGLISH, MD, ROBERT S	FAYETTE
ENGLISH JR, MD, WALTER E	CLINTON
ENGSTROM, MD, PAUL F	PHILADELPHIA
ENNIS, MD, MICHAEL F	ALLEGHENY
ENNIS, PETER D	STUDENT
ENRIQUEZ, MD, DANILO L	ALLEGHENY
ENTERLINE, MD, HORATIO T	PHILADELPHIA
ENTINE, MD, JOSEPH H	PHILADELPHIA
ENTWISTLE, MD, NELSON L	DAUPHIN
ENYENIHI, MD, HENRY N	LUZERNE
ENZMAN, DO, PATRICIA M	LEHIGH
EPERJESSY, MD, ERNEST Z	CAMBRIA
EPISCOPIO, MD, JOSEPH V	NORTHAMPTON
EPPINGER, MD, MARY ANN	ALLEGHENY
EPPLEY, MD, MATTHEW J	PHILADELPHIA
EPSTEIN, MD, ALAN L	PHILADELPHIA
EPSTEIN, MD, HERMAN	PHILADELPHIA
EPSTEIN, MD, ISADORE S	PHILADELPHIA
EPSTEIN, MD, PAUL E	PHILADELPHIA
EPSTEIN, MD, SCOTT K	PHILADELPHIA
ERB, MD, KATHLEEN M	ERIE
ERBSTEIN, MD, ROBERT A	ALLEGHENY
ERHARD, MD, DANIEL T	MONTGOMERY
ERHARD, MD, MICHAEL J	PHILADELPHIA
ERICKSEN, MD, JEFFERY J	DELAWARE
ERICKSON, MD, ELMER W	ALLEGHENY
ERKES, MD, NEAL	PHILADELPHIA
ERKI, LENKE	STUDENT
ERLANGER, DO, DANIEL B	ALLEGHENY
ERLICHMAN, MD, I FULTON	BUCKS
ERLICHMAN, DO, KATHERINE E	BEDFORD
ERMOLD, MD, DONALD R	BERKS
ERNSTOFF, MD, BRIAN M	ALLEGHENY
ERSNER, MD, ARTHUR R	MONTGOMERY
ERSOZ, MD, CLARA J	ALLEGHENY
ERTEL, MD, D GREGORY	BERKS
ERVIN, MD, LAWRENCE M	BLAIR
ERWAY, MD, PRESTON M	TIOGA
ERWIN, MD, HENRY K	NORTHAMPTON
ERWIN, MD, KATE M	ALLEGHENY
ESAA, MD, DURRIYA S	LYCOMING
ESAA, MD, SHABBIR A	LYCOMING
ESBENSHADE II, MD, JOHN H	LANCASTER
ESCARO, MD, DANILO U	YORK
ESCHBACH, MD, EUGENIE M	BUCKS
ESCHELMAN, MD, DAVID J	PHILADELPHIA
ESCOVITZ, MD, GERALD H	PHILADELPHIA
ESCOWITZ, HAL E	STUDENT
ESHBACH, MD, TED B	DAUPHIN
ESHELMAN, DO, JOSEPH K	ALLEGHENY
ESHELMAN JR, MD, GUY R	LANCASTER
ESHLEMAN, MD, D ROHRER	LANCASTER
ESHLEMAN, MD, JOHN D	LANCASTER
ESHLEMAN, MD, S KENDRICK	LANCASTER
ESKENDRI, MD, NASSER	BEAVER
ESKIN, MD, BERNARD A	PHILADELPHIA
ESKIN, MD, DAVID J	MONTGOMERY
ESKREIS, MD, BEVERLY D	MONTGOMERY
ESKRIDGE, MD, TIMOTHY H	YORK
ESLER JR, MD, JAMES W	LEHIGH
ESMAN, MD, JUDITH H	ALLEGHENY
ESPER, DO, ALAN N	ERIE
ESPER, DO, ERIK O	ERIE
ESPER, DO, GARY F	ERIE
ESPER, DO, JEFFREY J	ERIE
ESPER, DO, ROBERT J	ERIE
ESPER, DO, RONALD A	ERIE
ESPER, DO, STEPHANY F	ERIE
ESPER, DO, WILLIAM A	ERIE
ESPOSITO, MD, FRANCIS A	ALLEGHENY
ESPOSITO, MD, JOHN C	DELAWARE
ESPOSITO, MD, JOSEPH P	DAUPHIN
ESQUENAZI, MD, ALBERTO	PHILADELPHIA
ESSIG, MD, MICHAEL J	ALLEGHENY
ESTOLANO, MD, MARIO G	ALLEGHENY
ESTONILO, MD, RODRIGO M	CHESTER
ESTRADA, MD, FERNANDO P	NORTHAMPTON
ESTRIN, MD, EDWARD H	BEAVER
ETNOYER, MD, JOHN J	LANCASTER
ETTENGER, MD, ALLEN B	HUNTINGDON
ETTENGER, MD, MORRIS S	PHILADELPHIA
ETTER, MD, RUSSEL H	YORK
ETTINGER, MD, JEFFREY B	PHILADELPHIA
ETTINGER, MD, STEVEN M	DAUPHIN
ETTLINGER, MD, ROBERT A	DAUPHIN
ETZEL, MD, KATHLEEN D	ALLEGHENY
EUBANKS, MARCUS J	STUDENT
EULIANO JR, MD, JOHN J	ERIE
EULIANO SR, MD, JOHN J	ERIE
EVANGELISTA, MD, JESUS S	WASHINGTON
EVANGELISTA, MD, SIMPLICIO E	MONTGOMERY
EVANOFF, DO, MARGUERITE J	ERIE
EVANS, MD, AUDREY E	PHILADELPHIA
EVANS, MD, CHARLES M	LANCASTER
EVANS, MD, CYNTHIA K	ALLEGHENY
EVANS, MD, DAVID B	CUMBERLAND
EVANS, MD, DAVID M	CAMBRIA
EVANS, MD, DONALD E	ALLEGHENY
EVANS, MD, HAYDEN O	MONTGOMERY
EVANS, MD, HILARY	CAMBRIA
EVANS, MD, JAMES F	MONTOUR
EVANS, DO, JOHN C	CENTRE
EVANS, MD, JOHN J	CARBON
EVANS, MD, JONATHAN L	BUTLER
EVANS, JOSEPH B	STUDENT
EVANS, MD, JOSEPH B	PHILADELPHIA
EVANS, MD, ROBERT L	YORK
EVANS, MD, TERRY L	WESTMORELAND
EVANS, MD, THOMAS M	ALLEGHENY
EVANS, MD, WILLIAM G	INDIANA
EVANS, EXEC SEC, ROBERT W	DAUPHIN
EVANS II, MD, LEWIS C	BRADFORD
EVARTS, MD, C MCCOLLISTER	DAUPHIN
EVERETT, KRISTIN M	STUDENT
EVERETT, MD, WILLIAM G	ALLEGHENY
EVERHART, MD, CHARLES W	MIFFLIN/JUNI
EVERHART, MD, WILSON C	DAUPHIN
EVERITT, MD, DANIEL E	PHILADELPHIA
EVRARD, MD, HELEN M	UNION
EVRON, MD, WAYNE A	ALLEGHENY
EWING, MD, AGNEW R	CHESTER
EWING, MD, CHARLES H	MONTGOMERY
EWING, MD, JAMES H	PHILADELPHIA
EWING, MD, MADELEINE Q	PHILADELPHIA
EXLEY, MD, WILLIAM B	BUCKS
EYERLY, MD, ROBERT C	MONTOUR
EYLER, MD, J ALBERT	BEDFORD
EYLER, MD, PAUL W	LANCASTER
EYVAZZADEH, MD, CAMILLE	NORTHAMPTON

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FABENS, MD, ELIZABETH L	PHILADELPHIA
FABER, JENNIE	STUDENT
FABER, MD, KALMAN	PHILADELPHIA
FABER, MD, MARK R	CHESTER
FABIAN, MD, ANDREW	NORTHUMBRLAND
FABIANI, MD, JOSEPH A	PHILADELPHIA
FABINYI, MD, GEZA T	BLAIR
FABIUS, MD, RAYMOND J	DELAWARE
FABRIZIO, MD, MICHAEL D	PHILADELPHIA
FACCENDA, MD, DEBORAH R	BUCKS
FACKLER, MD, EMERSON F	DAUPHIN
FACKLER, ERIC G	STUDENT
FADDEN, MD, ROBERT J	BEAVER
FAGAN, DO, LINDA R	STUDENT
FAGAN, LLOYD R	STUDENT
FAGELMAN, MD, KERRY M	DAUPHIN
FAGER, MD, JOSEPH S	DAUPHIN
FAGER, MD, SAMUEL S	PHILADELPHIA
FAGERBURG, MD, RODGER E	LACKAWANNA
FAGIOLETTI, MD, ROBERT J	WASHINGTON
FAHIMY, MD, ANTHONY N	WESTMORELAND
FAHIMY, MD, WASFY F	CHESTER
FAIL, MD, PETER S	PHILADELPHIA
FAILLA, MD, JACK P	ALLEGHENY
FAIRBROTHER, MD, MAUREEN E	DAUPHIN
FAIRBROTHER, MD, PAUL F	DAUPHIN
FAIRCLOTH, VIVIAN C	STUDENT
FAIRFIELD, MD, JAMES C	MONTGOMERY
FAIRWEATHER, MD, JACK L	UNION
FAIX, DENNIS J	STUDENT
FAKHRAEE, MD, MICHAEL B	PHILADELPHIA
FALANGA, MD, NATALE J	MONROE
FALASCA, DO, THOMAS D	ERIE
FALCO, MD, FRANK J E	MONTGOMERY
FALCON, RONALD W	STUDENT
FALCON JR, MD, JOSEPH R	ALLEGHENY
FALCONE, MD, DOMENICO	LEHIGH
FALCONE, MD, PHILIP M	BERKS
FALES, MD, WILLIAM D	MONTOUR
FALK, MD, ARTHUR E	MONTGOMERY
FALK, MD, EDWARD C	MERCER
FALK JR, MD, ROBERT B	LANCASTER
FALKENBERG, MD, THOMAS	BRADFORD
FALKER, MD, JOHN M	MONTGOMERY
FALL, MD, MICHAEL H	BLAIR
FALLAHNEJAD, MD, MANOUCHER	PHILADELPHIA
FALLICK, DO, HARRY A	MONTGOMERY
FALLON III, MD, EDWARD C	BERKS
FALOR, MD, STANLEY E L	GREENE
FALUDI, MD, GEORGINA	PHILADELPHIA
FAN, MD, YOUNG C	VENANGO
FANELLI, DO, ANDREW T	BUCKS
FANELLI, MD, CLAUDE	DAUPHIN
FANELLI, MD, GREGORY C	MONTOUR
FANG, MD, JOHN Y	MONTGOMERY
FANG, MD, PETER J W	FRANKLIN
FANNING, DO, JOHN M	DELAWARE
FANNING, DO, ROBERT J	PHILADELPHIA
FARAGALLA, MD, RAMSES I	FRANKLIN
FARAH, MD, TONY G	ALLEGHENY
FARALLI, MD, VICTOR J	LEBANON
FARANO, MD, PETER J	PHILADELPHIA
FARB, MD, STANLEY N	MONTGOMERY
FARBER, MD, ABIGAIL F	PHILADELPHIA
FARBER, MD, DAVID N	BERKS
FARBER, MD, EMANUEL P	PHILADELPHIA
FARBER, MD, ERIC B	BERKS
FARBER, MD, HAROLD F	PHILADELPHIA
FARBER, MD, HAROLD I	BERKS
FARHI, MD, FARIDEH T	LUZERNE
FARID, MD, LINDA M	PHILADELPHIA
FARIES JR, MD, GEORGE B	DAUPHIN
FARKAS, MD, ANDREW A	JEFFERSON
FARKAS, MD, BARRY L	ALLEGHENY
FARKAS, MD, ROBERT W	YORK
FARMATI, MD, OSCAR	CRAWFORD
FARMER, DO, JOHN E	FRANKLIN
FARMER, MD, JOHN L	LANCASTER
FARMER, MD, LENORE	ALLEGHENY
FARNEY, MD, ESTHER S	ALLEGHENY
FARNON, MD, CHRISTA U	PHILADELPHIA
FARO, MD, ALBERT	ALLEGHENY
FARONE, DO, FRANK G	LAWRENCE
FARR, MD, JAMES	LEHIGH
FARR, MD, RUSSELL M	BEAVER
FARR, MD, STEPHANY D	PHILADELPHIA
FARRAH, DO, VICTOR B	CRAWFORD
FARRAR JR, MD, GEORGE E	PHILADELPHIA
FARRELL, MD, DOROTHY A	LUZERNE
FARRELL, MD, EDWARD L	ALLEGHENY
FARRELL, MD, LEO D	DAUPHIN
FARRELL, MICHAEL J	STUDENT
FARRELL, MD, PETER E	LEHIGH
FARRELL, MD, ROBERT E	LACKAWANNA
FARRELL, MD, TIMOTHY P	DAUPHIN
FARRELL, MD, TIMOTHY P	PHILADELPHIA
FARRELL, MD, WILLIAM J	LACKAWANNA
FASANO, MD, M THERESA	YORK
FASANO, MD, MICHAEL J	YORK
FASCIANA, MD, GUY M	LUZERNE
FASS, MD, BARRY D	BUCKS
FASS, MD, BONNIE L	PHILADELPHIA
FASSL, MD, JOSEPH J	LEHIGH
FAST, MD, WILLIS B	BUCKS
FASULO, MD, GREGG J	LANCASTER
FATULA, MD, GEORGE M	JEFFERSON
FATUR, MD, LEO M	ALLEGHENY
FAUST, MD, DONALD S	BERKS
FAUST, MD, HERBERT A	CHESTER
FAVA, MD, GEORGE E	LEBANON
FAVINI, MD, PETER J	MONROE
FAWCETT, MD, JAMES L	ALLEGHENY
FAYE, MD, ROBYN B	PHILADELPHIA
FAYNBERG, MD, MARK G	PHILADELPHIA
FAYNBERG, MD, NORA	MONTGOMERY
FAZI, MD, BURT	BLAIR
FAZIO, MD, GREGORY P	YORK
FAZIOLI, MD, LAWRENCE A	LAWRENCE
FAZLANI, MD, NAVEED A	CAMBRIA
FEAR, MD, JESSE G	COLUMBIA
FEASTER, MD, MARSHALL M	BERKS
FECZKO, MD, WILLIAM A	ALLEGHENY
FEDDER, MD, STEPHEN L	DELAWARE
FEDELE, MD, CHARLES R	BRADFORD
FEDERICI, MD, VALERIO J	PHILADELPHIA
FEDERLE, MD, MICHAEL P	ALLEGHENY
FEDERMAN, MD, JAY L	DELAWARE
FEDEROFF, MD, SUSAN T	BEAVER
FEDOK, MD, FREDERICK G	DAUPHIN
FEDULLO, MD, LISA M	NORTHAMPTON
FEDUSKA, MD, RICHARD G	ALLEGHENY
FEE, MD, EUGENE A	MONTGOMERY
FEE JR, MD, WILLIAM H	VENANGO
FEEHAN, MD, PATRICK R	LANCASTER
FEERO, W GREGORY	STUDENT
FEES JR, MD, ARCH W	BLAIR
FEGLEY, DO, JANIS E	WASHINGTON
FEHNEL, MD, STEPHEN H	BERKS
FEHRLE, MD, WILFRID M	LEHIGH
FEICK, MD, RALPH H	BERKS
FEIG, MD, STEPHEN A	PHILADELPHIA
FEIN, DO, HOWARD K	MONTGOMERY
FEIN, MD, JOEL A	PHILADELPHIA
FEINBERG, MD, DAVID H	NORTHAMPTON
FEINBERG, MD, HALBERT J	LANCASTER
FEINBERG, MD, KALMEN A	SCHUYLKILL
FEINBERG, MARK W	STUDENT
FEINBERG, MD, STANFORD S	BERKS
FEINER, DO, STEVEN D	ALLEGHENY
FEINSMITH, MD, NORMAN	PHILADELPHIA
FEINSTEIN, MD, ALEX	LANCASTER
FEINSTEIN, MD, PETER A	LUZERNE
FEIST, MD, JOHN H	ALLEGHENY
FEITL, MD, MARIANNE E	MONTOUR
FELDER, MD, HERMAN	ALLEGHENY
FELDMAN, MD, ARTHUR M	PHILADELPHIA
FELDMAN, MD, ELLA S	PHILADELPHIA
FELDMAN, MD, ELLEN K	MONTGOMERY
FELDMAN, MD, JULIAN D	PHILADELPHIA
FELDMAN, MD, MICHAEL S	NORTHAMPTON
FELDMAN, MD, NATHAN I	LACKAWANNA
FELDMAN, DO, NEIL H	LEHIGH
FELDMAN, MD, ROBERT A	PHILADELPHIA
FELDMAN, ROBERT P	STUDENT
FELDMAN, MD, SHERRIE B	DAUPHIN
FELDMAN, MD, STEWART L	ALLEGHENY
FELDMEIER, MD, CURTIS J	BEAVER
FELGAR, MD, RAYMOND E	PHILADELPHIA
FELICE, MD, CIVIE D	ALLEGHENY
FELINS, MD, KELLY J	LACKAWANNA
FELINS, MD, RAYMOND J	LACKAWANNA
FELIX, MD, CAROLYN A	PHILADELPHIA
FELIX, MD, DIONISIO	PHILADELPHIA
FELL, BRADLEY A	STUDENT
FELLERMAN, MD, HERBERT	LUZERNE
FELLIN, MD, CHRIS W	MONTOUR
FELLIN, MD, RUDOLPH S	LUZERNE
FELSHER, MD, JONATHAN C	DELAWARE
FELTWELL JR, MD, PETER M	ALLEGHENY
FENCEL, MD, RICHARD M	DAUPHIN
FENELLO, MD, ANTHONY P	BLAIR
FENLIN JR, MD, JOHN M	PHILADELPHIA
FENN, MD, PATRICIA A	MONTGOMERY
FENNER, MD, HENRY E	LAWRENCE
FENSTEMACHER, MD, PAMELA A	MONTGOMERY
FENTON, MD, WILLIAM M	PHILADELPHIA
FERANCHAK, MD, ANDREW P	ALLEGHENY
FERENCE, ANDREA J	STUDENT
FERENZI, MD, JAMES C	BRADFORD
FERGUSON, MD, BERRYLIN J	ALLEGHENY
FERGUSON, MD, DONALD G	ALLEGHENY
FERGUSON, MD, GARY M	ALLEGHENY
FERGUSON, MONICA O	STUDENT
FERGUSON, MD, ROBERT H	WESTMORELAND
FERGUSON, MD, ROGER J	ALLEGHENY
FERGUSON, DO, STEVEN W	MERCER
FERGUSON, MD, THOMAS G	ALLEGHENY
FERGUSON JR, MD, ALBERT B	ALLEGHENY
FERGUSON JR, MD, GUERRANT H	PHILADELPHIA
FERGUSON JR, MD, THEODORE J	ALLEGHENY
FERNANDEZ, MD, ARMANDO E	YORK
FERNANDEZ, MD, EDUARDO I	LYCOMING
FERNANDEZ, MD, JAVIER	PHILADELPHIA
FERNANDEZ, MD, JOSE R	MIFFLIN/JUNI
FERNANDEZ, MD, OSCAR V	ERIE
FERNANDO, MD, NEVILLE A	ERIE
FEROUZ, MD, ALIYA S	PHILADELPHIA
FERRAN, CLAUDIA M	STUDENT
FERRARA, MD, JOSEPH D	BUCKS
FERRARA, MD, LEONARD P	LEBANON
FERRARA, MD, VINCENT L	PHILADELPHIA
FERRARI, MD, VICTOR A	PHILADELPHIA
FERRARO, MD, FRANCIS T	ALLEGHENY
FERRARO, MD, MICHAEL M	LUZERNE
FERRARO, MD, PATRICK J	LACKAWANNA
FERRARO, MD, ROBERT J	ERIE
FERRARO JR, DAVID N	STUDENT
FERRENTINO, MD, FRANK L	YORK
FERRETTI, DO, SILVIA M	ERIE
FERRIE, MD, PATRICIA M	PHILADELPHIA
FERRIER, MD, MELVIN C	CENTRE
FERRIGNO JR, MD, C JAMES	COLUMBIA
FERRIS, MD, GLENN A	CENTRE
FERRIS, MD, JOSEPH M	ERIE
FERRY, MD, GERALD W	BERKS
FERRY, MD, NICHOLAS J	BUCKS
FESNIAK, MD, HENRY F	MONTOUR
FESSLER, MD, THOMAS J	ERIE
FETCHKO, MD, ALEXANDER M	ALLEGHENY
FETTERMAN, MD, HENRY H	LEHIGH
FETTEROLF, MD, DONALD E	ALLEGHENY
FETTEROLF, MD, MICHAEL L	VENANGO
FETZER, MD, ARTHUR E	LEHIGH
FEUDALE, MD, RICHARD F	SCHUYLKILL
FEUSSNER, MD, JAMES W	PHILADELPHIA
FIALKOV, JONATHAN	STUDENT
FICKE, MD, J RONALD	PHILADELPHIA
FIDELER, MD, RICHARD	DAUPHIN
FIDLER, SUZANNE A	STUDENT
FIEDLER, MD, ERIC P	ALLEGHENY
FIEDLER, MD, JAMES J	PHILADELPHIA
FIEDLER, MD, ROY W	ALLEGHENY
FIEHLER, MD, PAUL C	ALLEGHENY
FIELD, MD, HOWARD L	PHILADELPHIA

FIELD MUNVES, MD, ELLEN M	LEHIGH
FIELDS, MD, DAVID R	LUZERNE
FIELDS, MD, RONALD H	BUCKS
FIENGO, DO, MARK N	PHILADELPHIA
FIEO, MD, ANDREW G	DAUPHIN
FIEO, MD, ANDREW G	DAUPHIN
FIERER, MD, ROBERT R	DAUPHIN
FIERRO, MD, RONALD F	ALLEGHENY
FIERRO, DO, VINCENT S	ERIE
FIFE, WILLIAM C	STUDENT
FIGLIN, DO, JOSHUA M	CENTRE
FIGUEROA, MD, WILLIAM G	PHILADELPHIA
FIGURA, MD, JUDITH H	ALLEGHENY
FILE, MD, JAMES C	MERCER
FILE, PAUL I	STUDENT
FILICKO, MD, JOANNE E	PHILADELPHIA
FILIP, MD, JOHN R	MONTGOMERY
FILIPEK, MD, STEELE W	ALLEGHENY
FILIPEK, MD, WALTER J	NORTHAMPTON
FILIPOWICZ, MD, THOMAS A	BUCKS
FILIPPI, MD, RONALD S	ERIE
FILIPPONE, MD, EDWARD J	PHILADELPHIA
FILKINS, MD, KAREN	ALLEGHENY
FILLER, MD, JOSEPH J	LUZERNE
FILLMAN, MD, JOHN B	HUNTINGDON
FILMYER JR, MD, EDWARD A	PHILADELPHIA
FILOSA, MD, ROBERT J	MONTGOMERY
FINCH, MD, ALBERTA M	MONROE
FINCH, MD, FRANK G	BERKS
FINDER, MD, MARC J	BEDFORD
FINE, ANDREW M	STUDENT
FINE, MD, ARTHUR P	ALLEGHENY
FINE, MD, DANIEL	ALLEGHENY
FINE, MD, ERIC W	PHILADELPHIA
FINE, MD, JAMES R	BRADFORD
FINEBERG, MD, CHARLES	PHILADELPHIA
FINEGOLD, MD, AARON N	ALLEGHENY
FINEGOLD, MD, JOSEPH	ALLEGHENY
FINEGOLD, MD, RICHARD A	ALLEGHENY
FINEGOLD, MD, WILFRED J	ALLEGHENY
FINESTONE, MD, ALBERT J	PHILADELPHIA
FINESTONE, MD, ISRAEL	PHILADELPHIA
FINESTONE, MD, STEPHEN C	ALLEGHENY
FINGERET, MD, ARNOLD E	ALLEGHENY
FINGERUT, MD, JERALD C	MONTGOMERY
FINGO, MD, ALBERT J	MONTGOMERY
FINIKIOTIS, MD, MICHAEL W	ALLEGHENY
FINK, MD, GORDON B	PHILADELPHIA
FINK, MD, JACK W	MONTGOMERY
FINK, MD, PAUL J	PHILADELPHIA
FINK JR, MD, ALBERT H	DELAWARE
FINK JR, MD, HOWARD E	DAUPHIN
FINKELSTEIN, MD, DAVID	PHILADELPHIA
FINKELSTEIN, MD, GARY S	BUCKS
FINKELSTEIN, MD, JEFFREY M	PHILADELPHIA
FINKELSTEIN, DO, LEONARD H	MONTGOMERY
FINKELSTON, MD, MIA B	DAUPHIN
FINKENSTADT, MD, ERIC V	PHILADELPHIA
FINLAY, MD, JAMES W	ALLEGHENY
FINLEY, MD, JOHN G	BUCKS
FINN, DANIEL T	STUDENT
FINN, MD, DAVID R	LYCOMING
FINN, MD, DORON H	WASHINGTON
FINN, MD, JOANNE	ERIE
FINN, MD, JOSEPH L	PHILADELPHIA
FINN, MD, MARTHA J B	LYCOMING
FINNEGAN, MD, WALTER J	LEHIGH
FINO, MD, GREGORY	LUZERNE
FINO, MD, JULIUS A	WARREN
FIOL-SILVA, MD, ZORAIDA M	PHILADELPHIA
FIORELLI, DO, ROBERT L	LUZERNE
FIORICA, MD, VINCENT M	CAMBRIA
FIORINI, MD, CYNTHIA M	ALLEGHENY
FIRPO JR, MD, JOHN J	DELAWARE
FIRST, MD, HOWARD E	PHILADELPHIA
FIRST, MD, STEWART E	PHILADELPHIA
FISCH, MD, JOHN M	ALLEGHENY
FISCHBEIN, MD, RICHARD E	LUZERNE
FISCHER, MD, DAVID H	PHILADELPHIA
FISCHER, MD, EDWARD C	BERKS
FISCHER, MD, EDWARD P	BLAIR
FISCHER, MD, H KEITH	PHILADELPHIA
FISCHER, MICHELLE A	STUDENT
FISCHER, MD, SHARON P	PHILADELPHIA
FISCHER, MD, STEVEN W	DELAWARE
FISCHER JR, MD, CARL R	PHILADELPHIA
FISCHETTI, MD, JOHN L	CHESTER
FISCHL, MD, EDWIN C	ALLEGHENY
FISH, MD, JAMES E	PHILADELPHIA
FISH, MD, LARRY A	ALLEGHENY
FISHER, MD, CURTIS K	ALLEGHENY
FISHER, MD, D MICHAEL	COLUMBIA
FISHER, MD, DON L	ALLEGHENY
FISHER, MD, ELIZABETH M	ALLEGHENY
FISHER, MD, GAIL	ALLEGHENY
FISHER, DO, GARY A	PHILADELPHIA
FISHER, MD, HAROLD	YORK
FISHER, MD, JAY B	NORTHAMPTON
FISHER, MD, JOANNA M	PHILADELPHIA
FISHER, MD, JOHN T	CENTRE
FISHER, MD, JOSEPH S	PHILADELPHIA
FISHER, MD, MARY S	PHILADELPHIA
FISHER, MD, NORMAN J	MONTGOMERY
FISHER, ROBERT J	STUDENT
FISHER, MD, ROBERT M	MONTGOMERY
FISHER, MD, ROBERT B	PHILADELPHIA
FISHER, MD, SARAH M	PHILADELPHIA
FISHER, DO, SCOTT A	PHILADELPHIA
FISHER, MD, SCOTT R	ALLEGHENY
FISHER, MD, SETH M	PHILADELPHIA
FISHER, MD, SETH W	LUZERNE
FISHER, TODD M	STUDENT
FISHER, MD, TODD R	DAUPHIN
FISHER III, MD, GEORGE R	PHILADELPHIA
FISHER JR, MD, JOSEPH W	NORTHAMPTON
FISHMAN, DO, MORRIS A	PHILADELPHIA
FISHMAN, DO, ROBERT F	PHILADELPHIA
FISK, MD, DAVID E	MONTOUR
FISSEL, BRETT S	STUDENT
FISSEL, MD, GEORGE E	LYCOMING
FISTER, MD, FREDERICK D	LEHIGH
FITTING JR, MD, GEORGE M	ALLEGHENY
FITZ, MD, RALPH W	ALLEGHENY
FITZGERALD, MD, JAMES L	LEHIGH
FITZGERALD, DO, JOHN J	MONTGOMERY
FITZGERALD, MD, MARY P	MONTGOMERY
FITZGERALD, MD, RICHARD P	DAUPHIN
FITZMAURICE, MD, JOHN W	DELAWARE
FITZPATRICK, DO, JAMES W	SCHUYLKILL
FITZPATRICK, MD, LUCRETIA A	DELAWARE
FITZPATRICK, MD, MARCIA A	DELAWARE
FITZPATRICK, MD, RUTHANN P	DELAWARE
FIUME, MD, THOMAS J	LACKAWANNA
FIX, MD, THOMAS J	ALLEGHENY
FLACCAVENTO, MD, FREDERICK G	YORK
FLACCO, MD, ALBERT J	BUCKS
FLAGG, MD, ALICE W	PHILADELPHIA
FLAHERTY, MD, MORGAN F	ALLEGHENY
FLAMBERG, MD, IRA W	MERCER
FLAMINI, MD, JOHN A	ERIE
FLAMM, MD, EUGENE S	PHILADELPHIA
FLANAGAN, MD, JOSEPH C	DELAWARE
FLANAGAN, MD, MARGARET M	FRANKLIN
FLANIGAN, MD, ROBERT E	ALLEGHENY
FLANIGAN JR, MD, JOHN L	CARBON
FLANNAGAN, MD, SAMUEL W	WESTMORELAND
FLANNERY, MD, WILBUR E	LAWRENCE
FLASHNER, MD, STEVEN C	BUCKS
FLEAGLE, MD, GENEVRA S	CENTRE
FLEAGLE, MD, SAMUEL B	CENTRE
FLEEGLER, MD, FRANCENE M	PHILADELPHIA
FLEEGLER, MD, SAUL M	WESTMORELAND
FLEEKOP, MD, PHILIP D	MONTGOMERY
FLEISCHER, MD, ALAN N	BERKS
FLEISCHER, JULIE A	STUDENT
FLEISCHER, MD, LEROY B	DELAWARE
FLEISHER, DO, RICHARD D	PHILADELPHIA
FLEISHMAN, MD, MARTIN J	MIFFLIN/JUNI
FLEMENS, NATASHA L	STUDENT
FLEMING, MD, ARTHUR W	ALLEGHENY
FLEMING, MD, BURTON A	PHILADELPHIA
FLEMING, MD, KENNETH D	MONTGOMERY
FLEMING, MD, RICHARD X	DAUPHIN
FLEMMING, MD, MATTHEW A	PHILADELPHIA
FLETCHER, MD, ROBERT H	PHILADELPHIA
FLETCHER, MD, SUZANNE W	PHILADELPHIA
FLETCHER, MD, THOMAS F	DAUPHIN
FLETMAN, DO, HERBERT	PHILADELPHIA
FLICKINGER, MD, FREDERICK W	ADAMS
FLICKINGER, MD, JOHN C	ALLEGHENY
FLIT, MD, FRANK J	ALLEGHENY
FLITTER, MD, MARC A	ERIE
FLOM, MD, DAVID M	ALLEGHENY
FLOM, MD, LYNDA L	ALLEGHENY
FLOOD, MD, JAMES M	BRADFORD
FLOOD, MD, KATHERINE M	ALLEGHENY
FLOOD, MD, MICHAEL S	LANCASTER
FLORA, MD, WILLIAM K	CAMBRIA
FLOREK, MD, FLORIAN F	ERIE
FLORENCE, MD, DAVID W	DAUPHIN
FLORENTIN, MD, HERIBERTO M	WESTMORELAND
FLORES, MD, ALBERTO C	LANCASTER
FLORES, MD, CARLOS I	LAWRENCE
FLORES, MD, EVELYN R	BERKS
FLORES, MD, MARIA L	DELAWARE
FLORES, MD, MAY R	FAYETTE
FLORES JR, MD, EMILIO G	ELK/CAMERON
FLORES-STADLER, MD, ELBIO M	PHILADELPHIA
FLORIAN, MD, FREDERICK M	ALLEGHENY
FLOURAS, MD, KATHY	MONTOUR
FLOWERS, MD, DAVID M	BUCKS
FLOWERS, MD, PETER B	LEBANON
FLOYD, MD, JULIEANN	YORK
FLOYD, MD, SUSAN L	ALLEGHENY
FLURKEY, MD, EMERSON C	DAUPHIN
FLYNN, MD, J DENNIS	BLAIR
FLYNN, MD, RICHARD J	BRADFORD
FLYNN-RODDEN, MD, KARIN	PHILADELPHIA
FOBIA, MD, JOHN B	PHILADELPHIA
FOCHLER, MD, FRANCIS J	BLAIR
FOCHT, MD, CHERYL A	STUDENT
FODERARO, MD, ANTHONY E	BUCKS
FODERARO, MD, JOHN C	PHILADELPHIA
FOGARTY II, MD, KENNETH W	PHILADELPHIA
FOGEL, MD, MARK A	PHILADELPHIA
FOGEL, MD, STEWART R	ALLEGHENY
FOGLEY, MD, ANEES R	LACKAWANNA
FOKSTUEN, MD, TERJE S	MCKEAN
FOLANDER, MD, HAL L	NORTHAMPTON
FOLB, MD, HENRY A	ALLEGHENY
FOLDES, MD, JULIUS	LUZERNE
FOLDES, MD, PETER J	PHILADELPHIA
FOLDES, MD, STEVEN I	MONTOUR
FOLDES-ROTH, MD, ELISABETH	BERKS
FOLEY, CHRISTOPHER A	STUDENT
FOLEY, MD, EDWARD C	ALLEGHENY
FOLEY, MD, T RAYMOND	LANCASTER
FOLEY JR, MD, EDWARD L	WASHINGTON
FOLK, MD, JEFFREY R	LUZERNE
FOLK, DO, MARK E	LANCASTER
FOLLWEILER, MD, BARRY R	LEHIGH
FOLTZ, EXEC SEC, SUSAN	LEBANON
FONG, MD, JAKE	WESTMORELAND
FONG, MD, JOHN K	ALLEGHENY
FONOROFF, MD, DAVID L	ALLEGHENY
FONSECA, DO, MANUEL A	LUZERNE
FONTANA, MD, ARMAND L	ALLEGHENY
FONTANA, MD, FRANK L	ALLEGHENY
FONTANILLA, MD, RODOLFO C	PHILADELPHIA
FOOR, MD, JEFFREY L	BEDFORD
FOOTERMAN, MD, HAROLD	ALLEGHENY
FORAUER, MD, ANDREW R	ALLEGHENY
FORBES, MD, J DEXTER	ALLEGHENY
FORBES, MD, THOMAS W	ALLEGHENY
FORCE, MD, THOMAS B	PHILADELPHIA
FORCEY, MD, LLOYD R	LYCOMING
FORD, MD, ALAN C	MONTOUR
FORD, MD, D PATRICK	PHILADELPHIA
FORD, MD, FRANCIS W	BUCKS
FORD, MD, ROBERT W	ALLEGHENY
FORD, DO, STACEY G	BERKS
FORD, MD, WILLIAM T	LYCOMING
FOREST, MD, JEAN L	PHILADELPHIA
FORGIONE JR, MICHAEL A	STUDENT
FORKER, MD, THOMAS	LEBANON
FORKER, MD, THOMAS S	LYCOMING
FORMAN, MD, BRUCE H	CHESTER
FORMAN, MD, IRWIN H	LANCASTER
FORMAN, MD, JOSEPH E	PHILADELPHIA
FORMAN, MD, KENNETH J	PHILADELPHIA
FORMAN, MD, STANLEY O	BERKS
FORMAN, MD, STEVEN D	ALLEGHENY
FORMANEK, MD, GREGORY A	BLAIR
FORNASIER, MD, LOUIS S	DELAWARE
FORNWALT, MD, GEORGE R	DELAWARE
FORNWALT, MD, HELEN L	PHILADELPHIA
FORREST, MD, LEONARD E	ERIE
FORRY, EXEC SEC, CANDY K	MONROE
FORSTATER, MD, ALAN T	PHILADELPHIA
FORSTEIN, DO, DAVID A	PHILADELPHIA
FORSTER, MD, TERRENCE J	BUCKS
FORSYTHE, DANNY W	STUDENT
FORSYTHE, MD, PATRICK D B	DAUPHIN
FORTI, MD, WILLIAM P	DAUPHIN
FORTIER, MD, GREGORY A	YORK
FORTINO, MD, GREGG L	PHILADELPHIA
FORTNA, MD, SANDRA J	ERIE
FORTUNATO, MD, JAMES J	ALLEGHENY
FOSS, MD, DAVID E	ALLEGHENY
FOSTER, MD, EDWIN N	YORK
FOSTER, MD, HOWARD K	ALLEGHENY
FOSTER, MD, IAN S	MONROE
FOSTER, MD, JOHN S	CHESTER
FOSTER, MD, MARK R	ALLEGHENY
FOSTER, MD, RICHARD G	ALLEGHENY
FOSTER, MD, SYLVIA L	MONTGOMERY
FOSTER, MD, WALTER D	WESTMORELAND
FOSTER JR, MD, JOHN V	DAUPHIN
FOSTER-DRAIN, MD, ROBIN L	PHILADELPHIA
FOULK JR, MD, MORRIS	DELAWARE
FOULSHAM II, MD, CHARLES K	CLINTON
FOURNIER, MD, RAYMOND	LACKAWANNA
FOUST, MD, TILMAN H	DAUPHIN
FOUST, MD, WILSON A	LANCASTER
FOWBLE, MD, BARBARA	PHILADELPHIA
FOWLER, MD, DAVID P	ALLEGHENY
FOWLER, MD, ERIC K	MIFFLIN/JUNI
FOWLER, MD, PAUL B	PHILADELPHIA
FOX, MD, BRADLEY P	ERIE
FOX, COLEEN L	STUDENT
FOX, MD, CRAIG D	WASHINGTON
FOX, MD, DONALD C	BUTLER
FOX, MD, KENNETH L	PHILADELPHIA
FOX, MELISSA B	STUDENT
FOX, MD, MICHAEL L	MONTGOMERY
FOX, MD, ROBERT D	PHILADELPHIA
FOX, MD, ROGER E	DELAWARE
FOX, MD, STEPHEN C	CHESTER
FOX, MD, WILLIAM F	LEHIGH
FOX, MD, WILLIAM W	PHILADELPHIA
FOX IV, MD, JAMES W	PHILADELPHIA
FOXX, MD, WILLIAM F	CHESTER
FRABLE, MD, DEAN G	SCHUYLKILL
FRAC, MD, MICHAEL J	ALLEGHENY
FRAGOLA, MD, JORGE A	ALLEGHENY
FRAKES, MD, SHIRLEY I	PHILADELPHIA
FRALEY, MD, EDITH L	ALLEGHENY
FRALEY, MD, HENRY W	ARMSTRONG
FRAME, MD, DAVID C	WASHINGTON
FRAME, MD, WILLIAM A	NORTHAMPTON
FRANCE, MD, LAURENCE W	LANCASTER
FRANCE, MD, ROBERT O	LYCOMING
FRANCESCANGELI JR, MD, VINCENT	MONROE
FRANCIS, MD, GEORGE J	ALLEGHENY
FRANCIS, MD, LEON R	LUZERNE
FRANCIS, DO, MARLOWE S	CHESTER
FRANCO, MD, ALEXANDER	CENTRE
FRANCO, MD, FRANK A	BERKS
FRANCOIS, MD, MAX B	BERKS
FRANCOS, MD, CHARLES G	LANCASTER
FRANCZYK, MD, DARREN A	STUDENT
FRANGOS, MD, JAMES N	LACKAWANNA
FRANK, MD, BARBARA B	DELAWARE
FRANK, MD, EVAN D	PHILADELPHIA
FRANK, MD, HERBERT L	DAUPHIN
FRANK, MD, JEFFREY B	BERKS
FRANK, MD, LEONARD A	MONTGOMERY
FRANK, MD, LESLIE A	ALLEGHENY
FRANK, MD, MARTIN N	MONTGOMERY
FRANK, MD, PAUL E	MONTGOMERY
FRANK, MD, ROBERT L	MONTGOMERY
FRANK, DO, RONALD B	MONTGOMERY
FRANK, MD, TOBY L	MONTGOMERY
FRANK, MD, WILLIAM O	PHILADELPHIA
FRANKE, MD, FREDERICK R	ALLEGHENY
FRANKEL, MD, ARTHUR M	MONTGOMERY
FRANKEL, MD, CARL A	DAUPHIN
FRANKEL, MD, HARRY A	PHILADELPHIA
FRANKEL, MD, LEON A	PHILADELPHIA
FRANKEL, MD, LESLIE B	MONTGOMERY
FRANKEL, MD, MATTHEW C	PHILADELPHIA
FRANKEL, MD, SHARON R	DAUPHIN
FRANKEL, MD, VICTOR R	PHILADELPHIA
FRANKENFIELD, MD, BRUCE A	LEHIGH
FRANKENSTEIN, MD, HERBERT	ALLEGHENY
FRANKENY II, MD, JOHN R	DAUPHIN
FRANKL, MD, WILLIAM S	PHILADELPHIA
FRANKLIN, MD, DAVID P	MONTOUR
FRANKLIN, MD, IRVIN D	BUCKS
FRANKLIN, MD, JOHN W B	ALLEGHENY
FRANKLIN, MD, JOSEPH W	PHILADELPHIA
FRANKLIN, MD, NORMAN	ERIE
FRANKOVITCH, MD, KARL F	ERIE
FRANTZ, MD, ALFRED S	FRANKLIN
FRANTZ, MD, LINDA S	LACKAWANNA
FRANZ, MD, JOHN P	ALLEGHENY
FRANZ, DO, MARK G	FAYETTE
FRANZ, MD, PAMELA J	PHILADELPHIA
FRANZ, MD, THOMAS A	ALLEGHENY
FRANZONI, MD, GARRETT M	MONTOUR
FRASER III, MD, HUGH E	MONTOUR
FRATTALI, MD, AUGUST	LACKAWANNA
FRATTALI, MD, MARY J	LACKAWANNA
FRAUNFELDER, MD, JOHN A	NORTHAMPTON
FRAYER, MD, WILLIAM C	PHILADELPHIA
FRAZIER, MD, THOMAS G	MONTGOMERY
FRAZIER II, MD, JOHN E	ALLEGHENY
FREDANE, MD, LEWIS M	PHILADELPHIA
FREDERIC, MD, MYRON W	PHILADELPHIA
FREDERICK, MD, PAUL L	ARMSTRONG
FREDERICKS, MD, LILLIAN E	PHILADELPHIA
FREDERICKSON, MD, HOWARD N	YORK
FREDRICKSON, MD, VICTOR J	BUCKS
FREEBERG, MD, JOHN R	MONTGOMERY
FREED, MD, CLARENCE L	BUCKS
FREED, MD, MARTIN I	PHILADELPHIA
FREEDBERG, MD, LAWRENCE E	WESTMORELAND
FREEDMAN, MD, ABRAHAM G	PHILADELPHIA
FREEDMAN, MD, ALLAN P	PHILADELPHIA
FREEDMAN, MD, DONALD B	DAUPHIN
FREEDMAN, MD, E FANNIE	PHILADELPHIA
FREEDMAN, MD, JACOB J	PHILADELPHIA
FREEDMAN, MD, LAWRENCE T	MONTGOMERY
FREEDMAN, MD, LOUIS J	LUZERNE
FREEDMAN, DO, MITCHELL K	PHILADELPHIA
FREEDMAN, DO, SUSAN R	CENTRE
FREELAND, MD, GEORGE R	DELAWARE
FREEMAN, MD, ALBERT W	FRANKLIN
FREEMAN, MD, DANIAL M A	MONTGOMERY
FREEMAN, MD, IAN L	ALLEGHENY
FREEMAN, MD, RICHARD E	POTTER
FREEMAN, MD, WILLIAM A	FRANKLIN
FREENOCK JR, MD, THOMAS F	DELAWARE
FREER, MD, CAROL V	YORK
FREESE, MD, ANDREW	DELAWARE
FREID, MD, JEFFREY D	PHILADELPHIA
FREIFELD, MD, MARTIN L	LUZERNE
FREIMAN, MD, DAVID B	PHILADELPHIA
FREIMUTH, MD, ERICH J	MONTGOMERY
FREITAG, MD, JOEL G	LUZERNE
FREITAG, MD, WARREN B	ALLEGHENY
FREIWALD, MD, MILTON J	PHILADELPHIA
FREMER, MD, ABRAHAM	PHILADELPHIA
FRENCH, MD, ELIZABETH G	CHESTER
FRENCH, MD, GORDON N	CHESTER
FRENCH, SAMUEL W	STUDENT
FRENCH, MD, TRAVIS A	LAWRENCE
FRENCH, MD, WILLIAM M	UNION
FRESHMAN, MD, JOHN R	DAUPHIN
FREUDENBERG, MD, DORIS T	MONTGOMERY
FREY, MD, JACQUELINE M	YORK
FREY, MD, JEFFREY A	YORK
FREYNIK, MD, JOSEPH G	LYCOMING
FRIBERG, MD, THOMAS R	ALLEGHENY
FRICCHIONE, MD, PATRICK J	LACKAWANNA
FRICK JR, EDWARD J	STUDENT
FRIDAY, MD, DANIEL M	BLAIR
FRIDAY, MD, JOHN R	ALLEGHENY
FRIDAY, MD, RUPERT H	ALLEGHENY
FRIDAY JR, MD, GILBERT A	ALLEGHENY
FRIED, DO, GORDON W	MONROE
FRIED, MD, GUY W	PHILADELPHIA
FRIED, MD, JEFFREY A	INDIANA
FRIED, MD, MARTIN B	LUZERNE
FRIED, MD, ROBERT C	CHESTER
FRIEDBERG, MD, ANDREA L	MONTGOMERY
FRIEDBERG, MD, JAY G	BUCKS
FRIEDBERG, MD, MILTON J	LEHIGH
FRIEDENBERG, MD, STEVEN S	NORTHAMPTON
FRIEDENBERG, MD, ZACHARY B	PHILADELPHIA
FRIEDLANDER, MD, MARK S	YORK
FRIEDLANDER, MD, MILTON A	DAUPHIN
FRIEDLANDER, MD, MYRON	ALLEGHENY
FRIEDLANDER, MD, STEVEN M	PHILADELPHIA
FRIEDMAN, MD, ABRAHAM W	ALLEGHENY
FRIEDMAN, MD, ADELE K	PHILADELPHIA
FRIEDMAN, MD, ALAN LEE	PHILADELPHIA
FRIEDMAN, MD, AMY L	PHILADELPHIA
FRIEDMAN, MD, BART J	WESTMORELAND
FRIEDMAN, MD, CARL J	CHESTER
FRIEDMAN, MD, CLAIRE L	PHILADELPHIA
FRIEDMAN, MD, DAVID F	PHILADELPHIA

FRIEDMAN, DO, DAVID S	MONTGOMERY
FRIEDMAN, MD, DONALD	DELAWARE
FRIEDMAN, MD, ELLIS F	BERKS
FRIEDMAN, MD, HENRY B	LUZERNE
FRIEDMAN, MD, JERALD N	NORTHAMPTON
FRIEDMAN, MD, LAWRENCE S	PHILADELPHIA
FRIEDMAN, DO, LOUIS A	PHILADELPHIA
FRIEDMAN, MD, MARK C	DAUPHIN
FRIEDMAN, DO, MARTIN L	PHILADELPHIA
FRIEDMAN, MD, MICHAEL A	PHILADELPHIA
FRIEDMAN, MD, PAUL A	MONTGOMERY
FRIEDMAN, MD, PAUL S	PHILADELPHIA
FRIEDMAN, MD, PHILLIP	BUCKS
FRIEDMAN, MD, RICHARD A	PHILADELPHIA
FRIEDMAN, MD, RONALD H	PHILADELPHIA
FRIEDMAN, MD, SIDNEY	PHILADELPHIA
FRIEDMAN, MD, SUMNER H	DAUPHIN
FRIEDMAN, MD, SUSAN A	PHILADELPHIA
FRIEDMANN, DO, DANIEL V	CHESTER
FRIEDRICH, MD, ROLAND	YORK
FRIEDRICH, MD, TOMAS	YORK
FRIEDSAM, MD, PATRICIA L	WASHINGTON
FRIEL, MD, MARGARET A	PHILADELPHIA
FRIEMAN, MD, BARBARA G	PHILADELPHIA
FRIEND, MD, ARTHUR	LUZERNE
FRIES, MD, ELIZABETH A	ALLEGHENY
FRIES, MD, GENE T	LYCOMING
FRISCH, MD, MARK B	PHILADELPHIA
FRISCH, MD, SANDFORD C	LANCASTER
FRITCHEY JR, MD, JOHN A	DAUPHIN
FRITCHLEY, MD, RODNEY B	CUMBERLAND
FRITER, MD, BARRY S	PHILADELPHIA
FRITZ, MD, LOUISA J	WYOMING
FRITZ, MD, WILLIAM D	VENANGO
FRITZ, MD, WILLIAM T	CAMBRIA
FRITZ JR, MD, KARL J	WARREN
FRIZZI, JAMES D	STUDENT
FROBESE, MD, ALFRED S	PHILADELPHIA
FROEHLICH, MD, A DAVID	DAUPHIN
FROESCHLE, MD, JAMES E	MONROE
FROIX, ANTHONY J	STUDENT
FROMAN, MD, STEPHEN M	BEAVER
FROMME, MD, KENNETH L	DAUPHIN
FRONCZEK JR, MD, WILLIAM M	WASHINGTON
FRONDUTI, MD, LUCIAN J	WESTMORELAND
FRONDUTI, MD, ROBERT L	ALLEGHENY
FROOZAN, MD, HOMAYOON	LACKAWANNA
FROST, MD, ALBERT G	MONTGOMERY
FROST, MD, STEPHEN S	PHILADELPHIA
FROST JR, MD, WILLIAM W	WASHINGTON
FRUMIN, MD, ABRAHAM M	PHILADELPHIA
FRUNCILLO, MD, RICHARD J	PHILADELPHIA
FRY, MD, CHLOE O	DAUPHIN
FRY, MD, ROBERT L	FRANKLIN
FRYCZYNSKI, MD, THADDEUS P	ERIE
FRYE, MD, JOHN W	LUZERNE
FRYE, DO, JOYCE	PHILADELPHIA
FRYE, MD, PAUL E	ALLEGHENY
FRYE, MD, VERYL F	CLINTON
FRYER, MD, THERESA F	ERIE
FU, MD, FREDDIE H	ALLEGHENY
FUCHS, MD, HANS J	ALLEGHENY
FUCHS, LANCE C	STUDENT
FUCHS, MD, PAUL D	ALLEGHENY
FUERST, MD, NICHOLAS E	WASHINGTON
FUGARO, DO, ANTHONY J	MONTGOMERY
FUGATE, MD, JAMES K	JEFFERSON
FUGATE, DO, JEFFREY S	DAUPHIN
FUGATE JR, MD, HOWARD	JEFFERSON
FUGE, MD, L H	ALLEGHENY
FUHRER, MD, RUSSELL S	ALLEGHENY
FUHRMAN, MD, CARL R	ALLEGHENY
FUJIMAGARI, MICHAEL M	STUDENT
FUJIMAGARI, MD, TAK	LAWRENCE
FUKUI, MD, MELANIE B	ALLEGHENY
FUKUI, MD, PAUL T	CHESTER
FULCHIERO, MD, GREGORY J	BLAIR
FULCINITI, MD, ROCCO A	ALLEGHENY
FULD, MD, ROBERT A	LEBANON
FULETRA, MD, GOVINDJI B	NORTHAMPTON
FULLER, SUZANNE J	STUDENT
FULLER JR, MD, LONNIE E	PHILADELPHIA
FULTON, MD, WILLIAM O	YORK
FULTZ, MD, CRAIG W	DAUPHIN
FUNCH, MD, ROSS S	PHILADELPHIA
FUNG, MD, JOHN J	ALLEGHENY
FUNK JR, MD, ELMER H	PHILADELPHIA
FUNK JR, MD, F COLEMAN	LYCOMING
FUNKE, MD, ALVIN H	COLUMBIA
FUNKHOUSER, MD, GEORGE R	MONTOUR
FUNKHOUSER, MD, JAY L	BEAVER
FUNT, MD, LOREN	ALLEGHENY
FUOCO, MD, JOHN J	MIFFLIN/JUNI
FUREY, MD, SANDY A	LACKAWANNA
FUREY JR, MD, CHARLES A	PHILADELPHIA
FURGIUELE, MD, FRANCIS P	MONTGOMERY
FURGIUELE-IRACKI, MD, NATALIE	ALLEGHENY
FURIA, MD, FREDERICK A	DELAWARE
FURIA, MD, ROBERT	DELAWARE
FURIGAY, MD, R L	CAMBRIA
FURMAN, MD, DONALD J	WARREN
FURMAN, MD, FRANK H	CHESTER
FURMAN, MD, JAIME V	PHILADELPHIA
FURMAN, MD, JOSEPH M R	ALLEGHENY
FURNARY, MD, JAMES S	CAMBRIA
FURNER, DO, CARL L	LUZERNE
FURR, MD, CHARLES M	ERIE
FURTADO, MD, FRANCISCO DE A	NORTHMBRLAND
FURUKAWA, MD, SATOSHI	PHILADELPHIA
FUSCO, MD, FRANK	MONROE
FUSCO, MD, ROBERT D	ALLEGHENY
FUSCO-RIPKA, MD, GIOVANNA D	BERKS
FUSIA, MD, JOSEPH F	ALLEGHENY
FUSIA JR, MD, DONALD A	WESTMORELAND
FUST, MD, JOHN A	ERIE
FUTCHER, MD, PALMER H	PHILADELPHIA
FUTRELL, MD, J WILLIAM	ALLEGHENY

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GAARY, MD, ALVIN E	DELAWARE
GABALA, MD, JOHN M	NORTHMBRLAND
GABOS, MD, CHARLES W	ALLEGHENY
GABOS, MD, DENNIS K	ALLEGHENY
GABOS, MD, PAUL	ALLEGHENY
GABRIEL, MD, DANIEL E	WASHINGTON
GABRIEL, MD, JOSUE P	PHILADELPHIA
GABRIEL, MD, LARRY C	LAWRENCE
GABRIEL, MD, LOUIS T	SCHUYLKILL
GABRIEL, MD, PETER	FAYETTE
GABRIEL, MD, STEVEN A	LAWRENCE
GABRIEL, MD, VERONICA	MONTGOMERY
GABRIELE, MD, AUGUST A	YORK
GABROY, MD, ALLEN S	DELAWARE
GABUZDA, MD, THOMAS G	PHILADELPHIA
GADANI, MD, MANU R	CUMBERLAND
GADBOIS, MD, WILLIAM F	NORTHAMPTON
GAFFIELD, JAMES	STUDENT
GAFFNEY, MD, MICHAEL B	ALLEGHENY
GAFFNEY, MD, PAUL C	ALLEGHENY
GAFFORD, MD, GRADY D	TIOGA
GAGIANAS, MD, PETER J	ALLEGHENY
GAGLIARDI, MD, MICHAEL D	ALLEGHENY
GAGNE, MD, DANIEL J	ALLEGHENY
GAIA, MD, JUAN D	LUZERNE
GAIN, MD, THOMAS B	PHILADELPHIA
GAINOR, MD, PATRICIA A	FAYETTE
GAISFORD, MD, JOHN C	ALLEGHENY
GAITHER, MD, HERBERT	DAUPHIN
GAJDOWSKI, MD, RICHARD J	ERIE
GAJULA, MD, L NARAYAN	CARBON
GALANTE, MD, LISA	PHILADELPHIA
GALASSI JR, MD, JOSEPH W	MONTGOMERY
GALASSO, MD, GWENDOLYN M	LUZERNE
GALASSO III, DO, JAMES W	LUZERNE
GALATI, MD, VICTOR G	DELAWARE
GALBRAITH, DAVID W	STUDENT
GALDUN, MD, JOHN P	ALLEGHENY
GALELLA, MD, NANCY M	MONTGOMERY
GALENA IV, MD, EDWARD C	PHILADELPHIA
GALGON, MD, JOHN P	LEHIGH
GALIB, MD, SAMUEL H	CHESTER
GALIETTA, MD, MARYANN C	BUCKS
GALLAGER, MD, JAMES G	MONTOUR
GALLAGHER, MD, BRYAN J	DAUPHIN
GALLAGHER, ERIC L	STUDENT
GALLAGHER, MD, HENRY G	LUZERNE
GALLAGHER, MD, JOHN E	ARMSTRONG
GALLAGHER, DO, JOHN M	ERIE
GALLAGHER, MD, JOHN T	BUCKS
GALLAGHER, KIMBERLY M	STUDENT
GALLAGHER, MD, MICHAEL D	YORK
GALLAGHER, MD, MICHAEL J	LACKAWANNA
GALLAGHER, MD, PHILIP E	ERIE
GALLAGHER-SHRIFT, MD, KATHERINE A	DAUPHIN
GALLEN, MD, JOHN H	BERKS
GALLETTA, MD, ANTHONY S	WASHINGTON
GALLIA, MD, FRANCIS J	DAUPHIN
GALLIS, MD, CHRISTINE M	ALLEGHENY
GALLOWAY, MD, GLORIA M	ALLEGHENY
GALOS, MD, RICHARD S	ALLEGHENY
GALPERIN, MD, ZHANNA V	PHILADELPHIA
GALTMAN, MD, LAWRENCE M	LEHIGH
GALUCKI, MD, SHIRLEY V	NORTHAMPTON
GAMBERINO, WILLIAM C	STUDENT
GAMBETTA, MD, ESMERALDA	PHILADELPHIA
GANDHI, MD, ANANT J	ALLEGHENY
GANDHI, MD, HARSH	LUZERNE
GANDY, DO, DANIEL R	LYCOMING
GANIBAN, MD, JUSTINIANO S	PHILADELPHIA
GANIME, MD, PETER D	MONTGOMERY
GANNON, MD, MARK P	ALLEGHENY
GANNON, MD, MICHAEL J	YORK
GANNON, MD, REYNALDO T	CAMBRIA
GANNON, MD, ROBERT P	ALLEGHENY
GANOTT, MD, MARIE A	ALLEGHENY
GANSMAN, MD, DAVID H	PHILADELPHIA
GANSNER, MD, ROBYN K	BERKS
GANTER, DO, GERARD C	PHILADELPHIA
GANTI, MD, MURTY S	ALLEGHENY
GANZ, MD, ERIC M	PHILADELPHIA
GARBAK, MD, FRANK	PHILADELPHIA
GARBARINO, MD, JOSEPH L	NORTHAMPTON
GARBER, MD, EDWARD H	YORK
GARCIA, MD, ALFREDO J	BUTLER
GARCIA, MD, ANTONIO S	BERKS
GARCIA, MD, CELSO R	PHILADELPHIA
GARCIA, MD, DIOSDADO A	ALLEGHENY
GARCIA, MD, DOMINADOR I	CHESTER
GARCIA, MD, DOMINGO A	FRANKLIN
GARCIA, MD, GERALD D	ERIE
GARCIA, MD, GUILLERMO	DAUPHIN
GARCIA, MD, JOSE A	DAUPHIN
GARCIA, MD, JOSE R	LEHIGH
GARCIA, MD, LAUREANO P	PHILADELPHIA
GARCIA, MARIA M	STUDENT
GARCIA, MD, MARIAN	CENTRE
GARCIA, MD, MARK J	ALLEGHENY
GARCIA, MD, MICHAEL J	NORTHAMPTON
GARDEN, MD, JACK L	PHILADELPHIA
GARDEN, MD, MARC DAVID	PHILADELPHIA
GARDENER, MD, RALPH	ALLEGHENY
GARDINER JR, MD, GEOFFREY A	PHILADELPHIA
GARDNER, MD, ALAN M	CHESTER
GARDNER, DO, BONNIE J	PHILADELPHIA
GARDNER, MD, GEORGE E	YORK
GARDNER, MD, JOHN C	WYOMING
GARDNER, DO, MARSHALL K	PHILADELPHIA
GARDNER, MD, MORRIS Z	ALLEGHENY
GARDNER, MD, ROBERT S	ALLEGHENY
GARDNER, MD, STUART A	LAWRENCE
GARDNER JR, MD, JAMES L	LAWRENCE
GARDNER SR, MD, JAMES L	LAWRENCE
GARDYASZ, MD, MIROSLAW D	DAUPHIN
GAREIS, MD, JOHN W	LANCASTER
GAREY, MD, HERMAN S	LACKAWANNA
GARFINKEL, MD, MARC E	ALLEGHENY
GARFINKLE, MD, WILLIAM B	PHILADELPHIA
GARG, ANJU	STUDENT
GARG, MD, MONIKA	DAUPHIN
GARIBIAN, MD, GARO S	PHILADELPHIA
GARLAND, MD, JEFFREY L	ALLEGHENY
GARMAN, MD, RAY F	BRADFORD
GARNER, MD, BLAINE R	BUCKS
GARNER, MD, WILLIAM J	ALLEGHENY
GARNET, MD, JAMES D	PHILADELPHIA
GARNICA, WILLIAM	STUDENT
GAROFALO, MD, CARL A	FAYETTE
GAROFOLA, MD, JOHN H	LANCASTER
GAROFOLI, MD, CAESAR A	ALLEGHENY
GARONE, MD, MARLENE	ALLEGHENY
GARREN, MD, WENDELL B	ALLEGHENY
GARRETT, MD, JEFFREY S	ALLEGHENY
GARRETT, MD, KEVIN O	ALLEGHENY
GARRETT JR, MD, WILLIAM S	ALLEGHENY
GARRIDO, MD, EDDY	LANCASTER
GARRIGAN, DO, DIANE M	NORTHAMPTON
GARRIOTT, MD, JOHN C	MERCER
GARROTT, MD, JOHN W	ARMSTRONG
GARSON, MD, WARFIELD	ALLEGHENY
GARTLAND, DO, CHARLES J A	DELAWARE
GARTLAND, MD, JOHN J	PHILADELPHIA
GARTNER, MD, SETH H	ALLEGHENY
GARTNER, MD, WILLIAM S	DELAWARE
GARTNER JR, MD, WILLIAM S	DELAWARE
GARVER, MD, JAMES J	ALLEGHENY
GARVER, MD, KENNETH L	ALLEGHENY
GARVEY, MD, EDMUND P	LANCASTER
GARVEY, MD, WILLIAM P	ERIE
GARY, MD, ROBERT J	LEHIGH
GASCON, MD, PERLA G	PHILADELPHIA
GASH, MD, ARNOLD K	PHILADELPHIA
GASH, MD, RICHARD M	PHILADELPHIA
GASKINS, MD, ALBERT L	PHILADELPHIA
GASOWSKI, MD, GARY L	YORK
GASPAR, MD, VICENTA C	PHILADELPHIA
GASPAR, MD, VICTORIA S	PHILADELPHIA
GASPARI, MD, RAYMOND J	YORK
GASTALDO, MD, JOHN A	LANCASTER
GASTINEAU, MD, ROBERT M	ALLEGHENY
GASTON, DO, JERRY G	PHILADELPHIA
GASTON, MD, NOREEM M	BUCKS
GASULL JR, MD, H ROBERT	PERRY
GATSKI, MD, ROBERT L	MONTOUR
GATTI, MD, DOMINIC L	MONTGOMERY
GATTI, MD, JOSEPH W	INDIANA
GATTUSO JR, MD, JOSEPH W	BLAIR
GAUDIO, MD, JOHN C	LUZERNE
GAUDIO JR, MD, RALPH	ALLEGHENY
GAUGLER, DO, MICHAEL F	HUNTINGDON
GAUL, MD, JAMES J	BUCKS
GAUL, MD, LAWRENCE W	DAUPHIN
GAULIN, MD, J CLAUDE	NORTHAMPTON
GAULT, MD, JAMES H	LANCASTER
GAUNTNER, MD, WALLACE C	ALLEGHENY
GAUS, MD, VICTORIA M	ALLEGHENY
GAUSE, MD, PAUL E	LANCASTER
GAUSE, MD, TRENTON M	ALLEGHENY
GAUSLING, MD, SHARON C	LEHIGH
GAUSS, MD, WILLIAM F	ALLEGHENY
GAVAI, MD, MEDHA A	BUCKS
GAVIN, MD, GEORGE M	WESTMORELAND
GAVIN, MD, LAURENCE J	PHILADELPHIA
GAVIN JR, MD, J ROBERT	LACKAWANNA
GAW, MD, MIRANDA P	CAMBRIA
GAWLAS, DO, MICHAEL R	DAUPHIN
GAY, MD, THOMAS C	ALLEGHENY
GAYDOS, MD, JOHN D	BEAVER
GAYDOS, MARIA A	STUDENT
GAYDOS, MD, THOMAS L	NORTHAMPTON
GAYLOR, MD, DONALD H	LEHIGH
GAYNER, MD, ROBERT S	NORTHAMPTON
GAYNOR, MD, WILLIAM B	LANCASTER
GAZDER, MD, AFTAB A	NORTHMBRLAND
GAZDICK, MD, MARY ANNE	MONTGOMERY
GAZEK, MD, FRANCISCO A	LUZERNE
GAZOWSKI, MD, THOMAS E	LUZERNE
GEADAH, MD, FOUAD A	DAUPHIN
GEARHART, MD, LYSTER M	LEHIGH
GEDDES, MD, GISELLE J	CHESTER
GEE, MD, WILLIAM	LEHIGH
GEER, MD, FRANK D	LAWRENCE
GEGWICH, MD, FRANK	COLUMBIA
GEGWICH, MD, JOSEPH F	COLUMBIA
GEHL, MD, LEONARD G	ALLEGHENY
GEHL, MD, RICHARD S	ALLEGHENY
GEHMAN, MD, JOHN W	MIFFLIN/JUNI
GEHMAN, MD, M JACK	BERKS
GEHMAN, MICHAEL J	STUDENT
GEHRING, MD, DAVID A	VENANGO
GEHRIS, MD, JAMES C	NORTHMBRLAND
GEHRIS, MD, LEROY A	BERKS
GEHRMANN, ROBIN M	STUDENT
GEHRON JR, MD, WILLIAM H	LYCOMING
GEIB, ELIZABETH H	STUDENT
GEIGER, MD, LEONARD R	MONTGOMERY
GEIGLE, MD, CARL F	ERIE
GEISE, DO, STEVEN W	CLINTON
GEISELMAN, MD, DOUGLAS L	YORK
GEIST, MD, AUDREY A	PHILADELPHIA
GELACEK, MD, PHILIP A	ARMSTRONG
GELBLUM, DAPHNA Y	STUDENT
GELEHRTER, MD, JOSEPH	PHILADELPHIA
GELET, MD, THEODORE R	ALLEGHENY
GELETKA, MD, SUSAN M	ALLEGHENY
GELFAND, MD, DAVID	PHILADELPHIA
GELFAND, MD, JONATHAN L	PHILADELPHIA
GELFAND, MD, STEVEN B	VENANGO
GELLER, MD, JOSEPH	PHILADELPHIA
GELLER, MD, MARK J	ALLEGHENY
GELMAN, MD, BRUCE P	PHILADELPHIA
GELMAN, KENNETH J	STUDENT
GELMAN, MD, RICARDO	PHILADELPHIA
GELMAN, MD, SCOTT F	PHILADELPHIA
GELOVICH, STEPHEN P	STUDENT
GEMIL, MD, CORAZON G	CHESTER
GEMIL-CORRAL, MD, ANGELITA G	CHESTER
GEMMILL, MD, REGINALD B	YORK
GENDELL, MD, HOWARD M	ALLEGHENY
GENERALOVICH, MD, THOMAS	ALLEGHENY
GENERETTE, MD, WILLIAM O	ALLEGHENY
GENNARELLI, MD, THOMAS A	PHILADELPHIA
GENNARIA, MD, C REED	NORTHMBRLAND
GENNAULA, MD, CHARLES P	ALLEGHENY
GENOVESE, MD, FRANK N	ARMSTRONG
GENT, MD, DONALD H	YORK
GENTER, MD, BRUCE E	PHILADELPHIA
GENTILCORE, MD, THOMAS B	STUDENT
GENTILE, MD, ANTHONY F	ALLEGHENY
GENTILE, MD, ANTHONY J	LACKAWANNA
GENTILE, MD, VICTOR G	PHILADELPHIA
GENTILEZZA, MD, KENNETH W	LACKAWANNA
GENTZLER II, MD, RICHARD D	LANCASTER
GEORGE, MD, ANDREW	CAMBRIA
GEORGE, MD, GARY R	WASHINGTON
GEORGE, MD, JACOB	ERIE
GEORGE, MD, JOHN J	ALLEGHENY
GEORGE, MD, JOHN M	ALLEGHENY
GEORGE, MD, ROBERT A	ALLEGHENY
GEORGE, MD, ROBERT B	FRANKLIN
GEORGE, MD, ROBERT N	ALLEGHENY
GEORGETSON, MD, MICHAEL J	BRADFORD
GEORGEVICH, MD, PHILIP G	ALLEGHENY
GEORGY, MD, FAROUK M	LYCOMING
GERACI, MD, GASPERE C	DAUPHIN
GERARD, MD, JOSEPH A	ALLEGHENY
GERBER, MD, HARRIS S	PHILADELPHIA
GERBER, DO, MELVIN D	LANCASTER
GERBER, MD, MICHAEL L	ALLEGHENY
GERBER, MD, PAUL	PHILADELPHIA
GERBER, MD, WALTER L	PHILADELPHIA
GERBERT, MD, KATHLEEN H	LANCASTER
GERCHMAN, MD, LEROY B	LEHIGH
GERDES, MD, JEFFREY S	PHILADELPHIA
GERGER, MD, JOSEPH P	WESTMORELAND
GERHARD, MD, WILHELM	DELAWARE
GERHART, MD, GEORGE R	BERKS
GERHART, MD, GUY H	JEFFERSON
GERHART, MD, WILLIS C	MONTGOMERY
GERIG, MD, JOHN S	MONTOUR
GERLACH, MD, DETLEF H	YORK
GERLACH IV, MD, CHARLES D	DAUPHIN
GERMAN, MD, ANTONIO I	ERIE
GERMAN, MD, TERRY M	MONTGOMERY
GERNETH, MD, GEORGE J	ALLEGHENY
GERONIMO, MD, LAURO S	NORTHAMPTON
GERSH, MD, RICHARD N	PHILADELPHIA
GERSHENSON, MD, STEPHEN R	MONTGOMERY
GERSHKOFF, MD, ARTHUR M	PHILADELPHIA
GERSON, MD, ANDREW G	MONTGOMERY
GERSON, MD, BENJAMIN	CHESTER
GERSON, MD, IRVIN M	CHESTER
GERSTLEY III, MD, LOUIS	PHILADELPHIA
GERSZTEN, MD, PETER C	ALLEGHENY
GERTNER, MD, ERIC J	PHILADELPHIA
GESKEY, JOSEPH M	STUDENT
GESSNER, MD, THOMAS P	WESTMORELAND
GESSNER, MD, VICTORIA A	PHILADELPHIA
GETTE, MD, MICHAEL T	NORTHAMPTON
GETZ, MD, WILLIAM B	PHILADELPHIA
GETZOFF, MD, NATALIE B	PHILADELPHIA
GEVER, CLAUDIA K	STUDENT
GEVIRTZ, MD, JEFFREY L	LEHIGH
GEVJIAN, MD, ARMEN H	DELAWARE
GEYER, MD, DAVID W	BERKS
GHABRA, MD, MAYSOUN	PHILADELPHIA
GHAHRAMANI, MD, MAHMOOD	BUCKS
GHASSEMI, MD, REX	PHILADELPHIA
GHATAK, MD, PETER K	NORTHAMPTON
GHATE, MD, SHARAD B	INDIANA
GHATNEKAR, MD, JAI V	ALLEGHENY
GHATNEKAR, MD, REVATI JAI	ALLEGHENY
GHELFI, MD, SAVINA	PHILADELPHIA
GHIA, MD, PRADEEP S	NORTHAMPTON
GHOSH, MD, BIJOY K	PHILADELPHIA
GHOSH, MD, SURESH C	PHILADELPHIA
GHOSH, MD, TARIT K	MONTOUR
GHOSHHAJRA, MD, KALYANMAY	ALLEGHENY
GIACCIA, MD, AMATO	BERKS
GIACOBBE, ROSAMARY	STUDENT
GIACOBBO, MD, JOHN N	PHILADELPHIA
GIACOBBO, DO, KENNETH V	PHILADELPHIA

GIAMBER, MD, SAMUEL R	NORTHAMPTON
GIAMMANCO, DO, PETER P	MONTGOMERY
GIAMMATTEI, MD, FRANK P	DELAWARE
GIAMPOLO, MD, ANTHONY J	SOMERSET
GIANFAGNA, MD, WILLIAM J	SCHUYLKILL
GIANGIULIO, MD, DENNIS J	LEHIGH
GIANNASIO, MD, CHARLES V	PHILADELPHIA
GIANNI, MD, PAMELA I	BEAVER
GIANNOPOULOS, MD, PETER H	CHESTER
GIANNOTTI, MD, BRADLEY F	MONTOUR
GIANNOTTO, MD, RICHARD P	WESTMORELAND
GIARDINO, MD, ANGELO P	PHILADELPHIA
GIBBLE, MD, JOAN W	YORK
GIBBLE, MD, LEON W	YORK
GIBBONS, MD, JACQUELYN H	DELAWARE
GIBBONS, MD, MICHAEL J	PHILADELPHIA
GIBBONS, MD, RICHARD E	PHILADELPHIA
GIBBONS, MD, ROBERT J	LUZERNE
GIBBONS, MD, WILLIAM P	BLAIR
GIBBS, MD, MICHAEL A	ALLEGHENY
GIBBS, MD, WINFIELD S	NORTHUMBRLAND
GIBNEY, SANDRA M	STUDENT
GIBSON, MD, BARBARA B	PHILADELPHIA
GIBSON, MD, F CLAY	WESTMORELAND
GIBSON, MD, JOSEPH M	LANCASTER
GIBSON, MD, KEITH	MONTOUR
GIBSON, MD, WILLIAM B	DELAWARE
GIBSON, MD, WILLIAM S	ALLEGHENY
GIBSON, MD, WILLIAM S	MONTOUR
GIBSON JR, MD, ROY L	ALLEGHENY
GICK, MD, STEPHEN A	PHILADELPHIA
GIDDINGS, MD, NEIL A	MONTOUR
GIERING, MD, JOHN F	LUZERNE
GIERINGER, MD, ROBERTA L	BERKS
GIESECKE, MD, SUSAN B	BERKS
GIESZCZYKIEWICZ, MD, TADEUSZ A	ALLEGHENY
GIGA, MD, JUDITH P	ALLEGHENY
GILARSKY, MD, BRUCE P	YORK
GILBERT, MD, BETTYJANE	MONTGOMERY
GILBERT, MD, CHRISTIAN L	MONTOUR
GILBERT, DO, MAX	PHILADELPHIA
GILBERT, MD, ROBERT P	PHILADELPHIA
GILBERT, MD, STEVEN L	PHILADELPHIA
GILBERTI, MD, FRANK F	ALLEGHENY
GILBERTI, MD, MICHAEL V	ALLEGHENY
GILDAY, MD, FRANK J	PHILADELPHIA
GILDEA, MD, JAMES E	DAUPHIN
GILFILLAN III, MD, A GEORGE	BERKS
GILFORD, MD, LAWRENCE M	CLARION
GILGORE, MD, GARY S	PHILADELPHIA
GILHOOLEY, MD, MICHAEL G	LACKAWANNA
GILL, MD, DONALD J	PHILADELPHIA
GILL, MD, FRANCES M	PHILADELPHIA
GILL, MD, ROBERT J	PHILADELPHIA
GILL, MD, ROY A	MONTGOMERY
GILLEN, MD, GEORGE P	NORTHAMPTON
GILLEN, MD, JAMES P	MONTOUR
GILLESPIE, THOMAS L	STUDENT
GILLICK, MD, ALAN P	LACKAWANNA
GILLIGAN, MD, FRANK P	DELAWARE
GILLIO, MD, ROBERT G	LANCASTER
GILLIS, MD, ANGUS T	DELAWARE
GILLIS, MD, VICTORIA A	INDIANA
GILLOTT, MD, ANTHONY R	BRADFORD
GILLUM, MD, DAVID F	TIOGA
GILLUM, MD, DIANE R	PHILADELPHIA
GILMAN, MD, EDWARD	ALLEGHENY
GILMAN, MD, PAUL B	PHILADELPHIA
GILMORE, MD, DOROTHEA M	CLEARFIELD
GILMORE, MD, FREDERICK R	CLEARFIELD
GILMORE, MD, GEORGE H	ALLEGHENY
GILMORE, MD, JAMES	ALLEGHENY
GILMOUR, MD, CAROL H	ALLEGHENY
GILOT, MD, JEAN M	BLAIR
GILROY, MD, ROBERT C	DAUPHIN
GINCHEREAU, MD, EUGENE H	ALLEGHENY
GINGRICH, MD, KERRY H	LEBANON
GINGRICH JR, MD, RUSSELL L	LEBANON
GINIECZKI, MD, CHESTER J	PHILADELPHIA
GINSBERG, MD, DAVID K	PHILADELPHIA
GINSBERG, MD, GENE H	LEHIGH
GINSBERG, DO, PHILLIP C	PHILADELPHIA
GINSBURG, MD, ABRAHAM	PHILADELPHIA
GINSBURG, MD, DAVID S	DELAWARE
GINSBURG, MD, HOWARD H	PHILADELPHIA
GINSBURG, MD, JOHN L	UNION
GINSBURG, MD, LEONARD H	DELAWARE
GINSBURG, MD, MICHAEL J	ALLEGHENY
GINSBURG, MD, NATHAN N	LAWRENCE
GINSBURG, DO, RICHARD E	PHILADELPHIA
GINSBURG, MD, SILAS	MONTGOMERY
GINSBURG, DO, STEVEN M	NORTHAMPTON
GINTER JR, MD, GEORGE C	LYCOMING
GIORDANO, MD, JOSEPH A	MERCER
GIORDANO, MD, NICHOLAS D	LUZERNE
GIORGIO, MD, QUENTIN M	DELAWARE
GIRARD, MD, MEREDITH D	YORK
GIRARDO, MD, SALVATORE P	PHILADELPHIA
GIRDANY, MD, BERTRAM R	ALLEGHENY
GIRDANY, MD, DAVID S	ALLEGHENY
GIRDHAR, MD, RABINDRA	ALLEGHENY
GIRGIS, MD, HANY I	PHILADELPHIA
GIRMSCHEID, MD, LESLIE A	ALLEGHENY
GIRONE, MD, JOSEPH A C	BUCKS
GIRONE, MD, JOSEPH F	PHILADELPHIA
GIRSH, MD, LEONARD S	PHILADELPHIA
GIRTON, MD, KEITH E	CLINTON
GISH, MD, ROBIN D	LANCASTER
GISLASON, MD, G JOHN	PHILADELPHIA
GITLOW, MD, STUART	ALLEGHENY
GITTELMAN, MICHAEL A	STUDENT
GITTINGS, MD, PAUL E	ALLEGHENY
GITTLEMAN, MD, MARK A	LEHIGH
GITTLEMAN, MD, STANTON C	PHILADELPHIA
GITTLEN, MD, STANFORD D	BUCKS
GIUDICE, MD, VIRGINIO J	PHILADELPHIA
GIUGLIANO, MD, FRANK J	COLUMBIA
GIULIAN, MD, BERTRAND B	DAUPHIN
GIUNTOLI, MD, ROBERT L	PHILADELPHIA
GIURGIU, MD, DAN I N	PHILADELPHIA
GIVEN, MD, KENNETH M	PHILADELPHIA
GIVENS, MD, KERRY T	LANCASTER
GIVERTZ, ALAN R	STUDENT
GLAD, MD, LAWRENCE J	ALLEGHENY
GLADE, KIMBERLY	STUDENT
GLADSTONE, ADAM D	STUDENT
GLADSTONE, MD, JULIAN L	DELAWARE
GLAH, DO, JAMES J	BEDFORD
GLAH JR, MD, HENRY J	LANCASTER
GLANTZ, MD, ANDREW I	NORTHAMPTON
GLANZBERG, MD, PAULINE	MONTGOMERY
GLASER, MD, ALAN L	ERIE
GLASER, MD, BARRY L	MONTGOMERY
GLASER, JEFFREY B	STUDENT
GLASGOW, MD, STEVEN G	PHILADELPHIA
GLASS, MD, GREGORY L	BEAVER
GLASS, MD, PHILLIP	PHILADELPHIA
GLASS, MD, SAMUEL L	CAMBRIA
GLASSBURN, MD, EDWARD M	ALLEGHENY
GLASSBURN, MD, JOHN R	PHILADELPHIA
GLASSER, MD, STUART A	WESTMORELAND
GLASSMAN, MD, JOEL M	PHILADELPHIA
GLASSO, MD, LOUIS C	ALLEGHENY
GLAUSER, MD, ELINOR M	PHILADELPHIA
GLAUSER, MD, TERRY A	MONTGOMERY
GLAZER, MD, ROBERT M	PHILADELPHIA
GLAZERMAN, MD, LARRY R	LEHIGH
GLEASON, MD, JAMES A	ALLEGHENY
GLEDITSCH, MD, SCOTT D	ALLEGHENY
GLEESON, MD, GEORGE H	ALLEGHENY
GLEESON, MD, GEORGE L	DAUPHIN
GLEESON, MD, MICHAEL F	LACKAWANNA
GLEESON, MD, SEAN P	STUDENT
GLENNEY, MD, ROBERT J	POTTER
GLICINI, MD, ROBERT L	LUZERNE
GLICK, MD, ABRAHAM	PHILADELPHIA
GLICK, MD, HAROLD M	ALLEGHENY
GLICK, MD, KENNETH A	ALLEGHENY
GLICK, MD, MARK R	DAUPHIN
GLICK, MD, RONALD M	ALLEGHENY
GLIELMI, DO, VINCENT D	LANCASTER
GLIKMAN, MD, NADEZHDA	PHILADELPHIA
GLORIOSO, MD, ROBERT C	YORK
GLOSSER, MD, WILLIAM E	BERKS
GLOVER, MD, DONNA J	PHILADELPHIA
GLOWACKI, MD, FRANCIS L	VENANGO
GLUCKMAN, MD, ROBERT J	ALLEGHENY
GLUNK, MD, DANIEL J	LYCOMING
GLUNK, MD, RICHARD P	MONTGOMERY
GMUER, MD, PAUL J	ERIE
GNEGY, MD, RICHARD	ALLEGHENY
GO, MD, ALFONZO H L	LYCOMING
GO, MD, JOSEPHINE L	DELAWARE
GO, MD, WELLES P	PHILADELPHIA
GO JR, MD, WILLIAM C	CAMBRIA
GOBEL, MD, REGINALD T	YORK
GOBERN, CARMITA A	STUDENT
GOCHOCO, MD, JACINTO J	YORK
GOCIAL, MD, BENJAMIN	PHILADELPHIA
GODBOUT, MD, BRETT P	NORTHAMPTON
GODDARD JR, MD, JAMES E	LANCASTER
GODFREY, DO, CRAIG R	CRAWFORD
GODFREY, MD, DAVID K	MCKEAN
GODINEZ, MD, RODOLFO I	PHILADELPHIA
GODLA, MD, GREGORY J	ALLEGHENY
GODLEY, MD, JOANNE	PHILADELPHIA
GODSHALL, MD, RICHARD W	BUCKS
GODSHALL, MD, STANLEY M	LANCASTER
GOEBERT, MD, HERBERT W	CHESTER
GOEDECKE, MD, JOHN B	DAUPHIN
GOEHRING, MD, DONALD E	BUTLER
GOEHRING, MD, WALTER O	ALLEGHENY
GOESER, MD, EUGENE	DELAWARE
GOESSLER, MD, MARY C	ALLEGHENY
GOETZ, MD, KATHARINE M	ALLEGHENY
GOFF, MD, ELIZABETH	LEHIGH
GOFF, MD, SHARON E	CAMBRIA
GOGLIN, MD, BRETT W	FRANKLIN
GOKHALE, MD, SUDHIR B	ERIE
GOLANI, MD, UMESH A	ALLEGHENY
GOLD, MD, ALLAN	PHILADELPHIA
GOLD, MD, BARBARA W	PHILADELPHIA
GOLD, MD, HENRY J	PHILADELPHIA
GOLD, MD, HERMAN	DELAWARE
GOLD, MD, JACK	ERIE
GOLD, MD, JONATHAN	BUCKS
GOLD, MD, MORRIE G	CHESTER
GOLDBACHER, MD, LAWRENCE R	PHILADELPHIA
GOLDBERG, MD, ANDREW L	ALLEGHENY
GOLDBERG, MD, BARRY B	PHILADELPHIA
GOLDBERG, MD, GARY	PHILADELPHIA
GOLDBERG, MD, HARRY	PHILADELPHIA
GOLDBERG, MD, HARVEY E	BUCKS
GOLDBERG, MD, HOWARD E	PHILADELPHIA
GOLDBERG, KAREN A	STUDENT
GOLDBERG, MD, LARRY H	PHILADELPHIA
GOLDBERG, MD, LEE R	PHILADELPHIA
GOLDBERG, MD, LISA A	ALLEGHENY
GOLDBERG, MD, LOUIS	MONTGOMERY
GOLDBERG, MD, MICHAEL E	BUCKS
GOLDBERG, DO, RICHARD A	MONTGOMERY
GOLDBERG, MD, RICHARD E	PHILADELPHIA
GOLDBERG, MD, RICHARD M	MONTOUR
GOLDBERG, MD, SHELDON	PHILADELPHIA
GOLDBERG, MD, STEVEN P	PHILADELPHIA
GOLDBERG, MD, TODD H	PHILADELPHIA
GOLDBERGER, MD, ARNOLD	PHILADELPHIA
GOLDBLATT, CURTIS S	STUDENT
GOLDBLATT, MD, SIDNEY A	CAMBRIA
GOLDBLUM, MD, ABRAHAM D	ALLEGHENY
GOLDBLUM, MD, KENNETH D	CHESTER
GOLDBLUM, MD, LEE J	ALLEGHENY
GOLDBLUM, MD, ORIN M	ALLEGHENY
GOLDBLUM, MD, RAYMOND W	ALLEGHENY
GOLDBURGH, MD, WARREN P	PHILADELPHIA
GOLDEN, MD, MANO R	MONTGOMERY
GOLDEN, MD, MICHAEL A	PHILADELPHIA
GOLDEN, MD, MICHAEL F	CHESTER
GOLDENER, MD, JOHN F	MONTGOMERY
GOLDFARB, MD, DANIEL D	LEHIGH
GOLDFARB, MD, HAROLD J	LEHIGH
GOLDFARB, MD, I WILLIAM	ALLEGHENY
GOLDFARB, MD, RICHARD M	BUCKS
GOLDFEDER, MD, WARREN J	WAYNE/PIKE
GOLDFINE, MD, ALAN	CHESTER
GOLDIN, MD, RALPH J	LANCASTER
GOLDING, MD, DANIEL M	PHILADELPHIA
GOLDING, MD, IRVIN M	ALLEGHENY
GOLDMAN, MD, ARTHUR	DELAWARE
GOLDMAN, MD, GARY L	LANCASTER
GOLDMAN, MD, H WARREN	PHILADELPHIA
GOLDMAN, MD, IRVING S	ALLEGHENY
GOLDMAN, MICHAEL S	STUDENT
GOLDMAN, MD, RICHARD J	DELAWARE
GOLDMAN, MD, ROBERT F	FRANKLIN
GOLDMAN, MD, RUSSEL W	BEAVER
GOLDMAN, MD, SCOTT M	PHILADELPHIA
GOLDMAN, MD, STANLEY R	DAUPHIN
GOLDMAN, MD, STEPHEN M	PHILADELPHIA
GOLDMAN, STEVEN A	STUDENT
GOLDMAN, SUSAN G	STUDENT
GOLDMUNTZ, MD, ELIZABETH	PHILADELPHIA
GOLDNER, MD, DAVID B	LEHIGH
GOLDNER, DO, JONATHAN A	MONROE
GOLDSCHMIDT, MD, HERBERT	MONTGOMERY
GOLDSCHMIDT, MD, PAULINE	BLAIR
GOLDSCHMIDT JR, MD, JOSEPH C	DELAWARE
GOLDSMITH, MD, CHARLES P	LEHIGH
GOLDSMITH, MD, JOYCE	PHILADELPHIA
GOLDSMITH, MD, KATHLEEN M	CHESTER
GOLDSTEIN, AMY C	STUDENT
GOLDSTEIN, MD, ARNOLD L	BUCKS
GOLDSTEIN, MD, ARTHUR M	PHILADELPHIA
GOLDSTEIN, MD, BERNARD	PHILADELPHIA
GOLDSTEIN, MD, DAVID M	ALLEGHENY
GOLDSTEIN, MD, ERROLL J	LUZERNE
GOLDSTEIN, MD, FRANZ	PHILADELPHIA
GOLDSTEIN, MD, HEIDI J	PHILADELPHIA
GOLDSTEIN, MD, JACOB	PHILADELPHIA
GOLDSTEIN, MD, JEROME	PHILADELPHIA
GOLDSTEIN, MD, LARRY E	PHILADELPHIA
GOLDSTEIN, MD, MARC F	PHILADELPHIA
GOLDSTEIN, MD, MARK R	DELAWARE
GOLDSTEIN, MD, MORTON L	ALLEGHENY
GOLDSTEIN, MD, NEIL H	CHESTER
GOLDSTEIN, MD, NORMAN A	CHESTER
GOLDSTEIN, MD, PHILIP D	MONTGOMERY
GOLDSTEIN, MD, RICHARD S	BUCKS
GOLDSTEIN, MD, ROBERT C	PHILADELPHIA
GOLDSTEIN, MD, SCOTT D	PHILADELPHIA
GOLDSTEIN, DO, STEVEN H	PHILADELPHIA
GOLDSTONE, MD, SHELDON B	LACKAWANNA
GOLDSTROHM, MD, GREGG L	WESTMORELAND
GOLDSTROHM, MD, ROBERT G	INDIANA
GOLDWEIN, MD, MANFRED I	PHILADELPHIA
GOLESTANIAN, MD, ELLIE	PHILADELPHIA
GOLIO, MD, ANTHONY G	WESTMORELAND
GOLLA, MD, SARASWATHI K	ALLEGHENY
GOLLATZ, MD, JOHN W	ALLEGHENY
GOLLOMP, MD, STEPHEN M	DELAWARE
GOMAR, MD, ALFONSO A	LACKAWANNA
GOMBAR, MD, EDWARD F	LACKAWANNA
GOMBERG, BRUCE F C	STUDENT
GOMBERG, MD, JACK A	PHILADELPHIA
GOMEZ, MD, ANSELMO R	INDIANA
GOMEZ, MD, ELLIS E	ERIE
GOMEZ, MD, LUIS L	CRAWFORD
GOMEZ, MD, SOPHIE	ALLEGHENY
GONGLOFF, MARIANNE	INDIANA
GONICK, MD, PAUL	PHILADELPHIA
GONNELLA, MD, JOSEPH S	PHILADELPHIA
GONSKY, DO, MARK A	LUZERNE
GONZALES, MD, ALBERT	BUCKS
GONZALES, MD, JERRY M	PHILADELPHIA
GONZALEZ, MD, CARLOS F	PHILADELPHIA
GONZALEZ, MD, DIEGO J	YORK
GONZALEZ, MD, JOSE L	SCHUYLKILL
GONZALEZ, MD, MELCHOR E	MONTGOMERY
GONZALEZ, MD, RENE M	ALLEGHENY
GONZALEZ-FLORIN, MD, RUBEN A	BLAIR
GONZALEZ-IBRAHIM, DO, ELAINE	PHILADELPHIA
GONZALEZ-MASO, MD, GUILLERONO E	PHILADELPHIA
GONZE, MD, MARK D	ALLEGHENY
GOOD, MD, DANIEL C	LANCASTER
GOOD, GARTH M	STUDENT
GOOD, MD, GARY R	DAUPHIN
GOOD, MD, HARRY S	LEHIGH
GOOD, MD, MILTON S	LANCASTER
GOOD, MD, PHILIP K	CENTRE
GOOD, MD, ROBERT P	MONTGOMERY
GOOD, MD, VANCE A	BRADFORD
GOODALE, MD, SUSAN C	DAUPHIN
GOODE JR, MD, JOHN G	PHILADELPHIA
GOODENOW, MD, ELIZABETH L	LYCOMING
GOODISON, SOPHIA M	STUDENT
GOODKIN, MD, MICHAEL B	DELAWARE
GOODMAN, MD, BRUCE	DAUPHIN
GOODMAN, MD, BRUCE A	BUCKS
GOODMAN, MD, CARL R	MONTGOMERY
GOODMAN, MD, DAVID A	YORK
GOODMAN, MD, DAVID A	MONTGOMERY
GOODMAN, MD, DAVID B	FAYETTE
GOODMAN, MD, GEORGE B	ALLEGHENY
GOODMAN, JAY D	STUDENT
GOODMAN, MD, LOWELL I	DELAWARE
GOODMAN, MD, MARK A	ALLEGHENY
GOODMAN, MATTHEW A	STUDENT
GOODMAN, MD, MICHAEL S	BUCKS
GOODMAN, MD, RICHARD A	ALLEGHENY
GOODMAN, MD, SANFORD M	MONTGOMERY
GOODMAN, MD, STEVEN I	PHILADELPHIA
GOODNER, MD, DAVID M	PHILADELPHIA
GOODREAU, MD, JAMES J	LEHIGH
GOODRICH, MD, DAVID C	NORTHAMPTON
GOODRICH, MD, JACK K	ERIE
GOODSON, MD, BRUCE M	BERKS
GOODSTEIN, MD, MICHAEL H	PHILADELPHIA
GOODWIN, MD, MEREDITH A	MONTOUR
GOODWIN, MD, RICHARD L	ALLEGHENY
GOODWORTH, MD, JOHN H	ALLEGHENY
GOONEWARDENE, SHANTH A	STUDENT
GOPAL, MD, KRISHNAN A	ALLEGHENY
GOPAL, MD, T A	LEHIGH
GOPALANI, MD, AZIZ A	ALLEGHENY
GOPALANI, MD, USHA	ALLEGHENY
GOPLERUD, MD, ELIZABETH J	CARBON
GOPPELT, MD, JOHN W	MONTGOMERY
GORALCZYK JR, MD, EDWARD J	ALLEGHENY
GORCHESKY, MD, MARK S	BLAIR
GORDEUK, MD, DANIEL S	CENTRE
GORDIN, MD, STEPHEN J	PHILADELPHIA
GORDON, ADAM J	STUDENT
GORDON, MD, ALAN D	MIFFLIN/JUNI
GORDON, ALEXIA L	STUDENT
GORDON, MD, ANDREW J	ALLEGHENY
GORDON, MD, ARTHUR E	MONTGOMERY
GORDON, MD, CHARLES A	LEHIGH
GORDON, DO, DANIEL S	JEFFERSON
GORDON, MD, DAVID A	LEHIGH
GORDON, MD, DUDLEY R	DAUPHIN
GORDON, MD, ELIZABETH H	ALLEGHENY
GORDON, MD, GARY V	MONTGOMERY
GORDON, MD, GERALD	MONTOUR
GORDON, MD, GREGORY R	BUCKS
GORDON, MD, HAROLD E	WESTMORELAND
GORDON, MD, HAROLD M	DELAWARE
GORDON, MD, ISADORE	CHESTER
GORDON, MD, JAMES K	BEDFORD
GORDON, MD, JEROLD S	ALLEGHENY
GORDON, MD, JOSEPH S	DELAWARE
GORDON, MD, LEONARD F	MONTGOMERY
GORDON, MD, MICHAEL E	BERKS
GORDON, MD, MICHAEL H	PHILADELPHIA
GORDON, MD, MICHAEL J	LEHIGH
GORDON, MD, MICHAEL S	PHILADELPHIA
GORDON, MD, MILTON S	WESTMORELAND
GORDON, MD, MURIEL M	PHILADELPHIA
GORDON, MD, MURRAY B	ALLEGHENY
GORDON, NANCY D	STUDENT
GORDON, MD, RICHARD D	BUCKS
GORDON, MD, ROBERT A	DAUPHIN
GORDON, MD, ROBERT H	PHILADELPHIA
GORDON, DO, SANFORD A	WASHINGTON
GORDON, MD, SUSAN J	PHILADELPHIA
GORDON, MD, TOM J	ALLEGHENY
GORDON, MD, WILLIAM S	DAUPHIN
GORDON JR, MD, KENNETH H	MONTGOMERY
GORELICK, MD, MARC H	PHILADELPHIA
GOREN, MD, ELIHU N	MONTGOMERY
GOREN, MD, ROBERT A	PHILADELPHIA
GOREN, MD, RONALD C	PHILADELPHIA
GOREN, MD, STANLEY E	PHILADELPHIA
GORIN, MD, MICHAEL B	ALLEGHENY
GORMAN, MD, ROBERT C	PHILADELPHIA
GORMAN, MD, SEAN J	STUDENT
GORMAN, MD, TIMBER H	BUCKS
GORMAN-CATTON, MD, JOHANNA H	CHESTER
GORMLEY, MD, ROBERT A	ALLEGHENY
GORTI, MD, SUBBARAO	PHILADELPHIA
GORTON, MD, CHRISTOPHER P	DAUPHIN
GOSAI, MD, KAMLESH B	WASHINGTON
GOSFIELD JR, MD, EDWARD	PHILADELPHIA
GOSLING, MD, AMY A	ALLEGHENY
GOSSAT, MD, DAVID M	ALLEGHENY
GOSZTONYI JR, MD, RUDOLPH E	NORTHAMPTON
GOTCHEL, MD, MARK P	MONROE
GOTH, MD, JOSEPH H	ALLEGHENY
GOTKIEWICZ, MD, EDWARD M	ALLEGHENY
GOTLIEB, MD, JERRY	MONTGOMERY
GOTTHEIL, MD, EDWARD	PHILADELPHIA
GOTTLIEB, MD, HARRY	PHILADELPHIA
GOTTLIEB, MD, JEROME I	LANCASTER
GOTTLIEB, MD, MICHAEL A	ALLEGHENY
GOTTLIEB, MD, PHILIP M	PHILADELPHIA
GOTTLIEB, MD, ROBERT J	LANCASTER
GOTTLIEB, MD, RONALD S	PHILADELPHIA
GOTTLIEB, MD, STANLEY	PHILADELPHIA
GOTTSHALL, MD, SAMUEL C	LACKAWANNA
GOULD, DAVID A	STUDENT
GOULD, MD, RICHARD B	PHILADELPHIA
GOULDIN, MD, JUDITH A	LYCOMING

GOULEY, MD, BENJAMIN A	PHILADELPHIA
GOURASH, MD, LEONA	ALLEGHENY
GOUW, MD, CHRISTOPHER B	CARBON
GOWDEY, MD, M AGNES	PHILADELPHIA
GOWEN, MD, GEORGE F	PHILADELPHIA
GOWING, MD, JEAN	PHILADELPHIA
GOYAL, MD, AJAY K	BERKS
GOYAL, MD, MAHEEP K	PHILADELPHIA
GOYAL, MD, VINOD K	PHILADELPHIA
GOYNE, MD, RUTH G	DELAWARE
GOZUM, MD, CARMEN Z	NORTHAMPTON
GRAB, MD, EDMUNDO M	BLAIR
GRABAR, MD, JOYCE M	PHILADELPHIA
GRABELSKY, MD, STEPHEN A	PHILADELPHIA
GRABIAK, MD, GREGORY D	WESTMORELAND
GRABIAS, MD, STANLEY L	BERKS
GRABOWSKI, MD, MARIE A	LUZERNE
GRACE, MD, HELEN K	PHILADELPHIA
GRACE, MD, JAMES J	SUSQUEHANNA
GRACEY, MD, JACK G	YORK
GRAD, MD, CHARLES T	LACKAWANNA
GRAD, MD, L CHRISTINE	PHILADELPHIA
GRADY, MD, CHRISTOPHER K	STUDENT
GRADY, MD, PATRICK J	LACKAWANNA
GRADY, MD, THOMAS A	PHILADELPHIA
GRAEFFE, MD, ESTELLA F	MONTGOMERY
GRAF, MD, KENNETH W	DAUPHIN
GRAFF, MD, DANIEL M	ALLEGHENY
GRAFF, MD, HAROLD A	MONTGOMERY
GRAHAM, MD, BARRY E	BERKS
GRAHAM, CAMILLA S	STUDENT
GRAHAM, DO, E JOAN	LUZERNE
GRAHAM, MD, MARK G	PHILADELPHIA
GRAHAM, MD, NATHANIEL L	MCKEAN
GRAHAM, MD, STEPHEN J	STUDENT
GRAHAM, MD, THOMAS H	CHESTER
GRAHAM, MD, THOMAS R	ALLEGHENY
GRAHAM, MD, TIMOTHY S	LAWRENCE
GRAHAM III, MD, WILLIAM P	CUMBERLAND
GRAMMES, MD, CHARLES F	MONTOUR
GRANA, MD, PHILIP C	BEDFORD
GRANA, MD, VICENTE P	PHILADELPHIA
GRANADOS, MD, NICANOR G	BERKS
GRANADOS, MD, SUZITA N	BERKS
GRANATO, MD, JEROME E	ALLEGHENY
GRANDON, MD, RAYMOND C	DAUPHIN
GRANET, MD, DAVID B	PHILADELPHIA
GRANETT, MD, JEFFREY R	DELAWARE
GRANICK, MD, MARK S	PHILADELPHIA
GRANITO, MD, CHARLES D	DAUPHIN
GRANSON, MD, MARC A	NORTHAMPTON
GRANT, MD, ALISTAIR M	LANCASTER
GRANT, MD, B DAVID	DELAWARE
GRANT, MD, HOWARD R	CHESTER
GRANT, MD, KATHLEEN J	ALLEGHENY
GRASSI, MD, JOSEPH J	LEHIGH
GRATCH, MD, MICHAEL J	MONTGOMERY
GRATZ, DO, IRWIN	PHILADELPHIA
GRATZ, MD, RICHARD E	LACKAWANNA
GRAUEL JR, MD, THEODORE A	LAWRENCE
GRAVES, MD, LYNDA C S	SCHUYLKILL
GRAVES, MD, MARK C	ERIE
GRAVES, MD, SALINA D	PHILADELPHIA
GRAVES, MD, VAUGHAN C	PHILADELPHIA
GRAVES JR, MD, BEVERLY	PHILADELPHIA
GRAY, BRADFORD C	STUDENT
GRAY, MD, CYNTHIA A	ALLEGHENY
GRAY, MD, DAVID W	UNION
GRAY, MD, DENNIS C	PHILADELPHIA
GRAY, MD, FRIEDA G	PHILADELPHIA
GRAY, MD, HERBERT M	BEAVER
GRAY, MD, JERRY L	CAMBRIA
GRAY, DO, JOHN M	NORTHAMPTON
GRAY, MD, LOUIS P	LANCASTER
GRAY, MD, ROBERT T	FRANKLIN
GRAY III, MD, SAMUEL	ALLEGHENY
GRAY JR, MD, FRANK D	PHILADELPHIA
GRAY JR, MD, GEORGE H	ALLEGHENY
GRAYUM, MD, BRADLEY P	DELAWARE
GRAZIANI, MD, VIRGINIA	PHILADELPHIA
GRAZIANO, MD, LINDA M	BUCKS
GREALISH, MD, ROBERT J	ALLEGHENY
GREALLY, MD, JOHN M	ALLEGHENY
GREATHOUSE, MD, MARK K	ALLEGHENY
GRECO, MD, FRANK D	ALLEGHENY
GRECO, MD, JEFFREY M	NORTHUMBERLAND
GRECO, MD, JONATHAN P	DELAWARE
GRECO, MD, RICHARD J	ALLEGHENY
GRECO, MD, ROBERT M	SCHUYLKILL
GRECO, MD, TIMOTHY M	PHILADELPHIA
GRECO, MD, TOBY A	PHILADELPHIA
GRECO, MD, VICTOR F	LUZERNE
GREEN, ADRIENNE L	STUDENT
GREEN, DO, ALFRED I	PHILADELPHIA
GREEN, MD, BARRY P	MONTGOMERY
GREEN, MD, BRADFORD	BUCKS
GREEN, CANDACE C	STUDENT
GREEN, MD, CHARLES	SCHUYLKILL
GREEN, MD, GEORGE R	MONTGOMERY
GREEN, MD, JOSEPH E	CUMBERLAND
GREEN, JOSHUA T	STUDENT
GREEN, MD, LAWRENCE	DELAWARE
GREEN, MD, LELAND J	MONTGOMERY
GREEN, MD, M EDWIN	DAUPHIN
GREEN, MD, MAYER A	ALLEGHENY
GREEN, MD, RICHARD L	ALLEGHENY
GREEN, DO, ROBERT L	DAUPHIN
GREEN, MD, ROBERT M	ALLEGHENY
GREEN, MD, ROY	SCHUYLKILL
GREEN, MD, THOMAS J	CUMBERLAND
GREEN, MD, TRACEY D	BLAIR
GREEN, MD, WILLIAM	PHILADELPHIA
GREEN, MD, WILLIAM H	DELAWARE
GREEN III, MD, JOSEPH E	CUMBERLAND
GREEN JR, MD, WILLIAM T	ALLEGHENY
GREENACRE, MD, JUDITH K	PHILADELPHIA
GREENAWALD, MD, HENRY A	DAUPHIN
GREENBARG, MD, JEFFREY B	PHILADELPHIA
GREENBAUM, MD, ARTHUR M	WARREN
GREENBAUM, MD, CHARLES H	PHILADELPHIA
GREENBAUM, MD, JAMES K	ARMSTRONG
GREENBAUM, MD, MARVIN H	MONTGOMERY
GREENBAUM, MD, ROY L	BUCKS
GREENBERG, MD, BRAM	MONTGOMERY
GREENBERG, MD, HOWARD E	MONTGOMERY
GREENBERG, MD, JACK O	PHILADELPHIA
GREENBERG, MD, LEONARD F	PHILADELPHIA
GREENBERG, DO, MARNA RAYL	LEHIGH
GREENBERG, MD, MICHAEL J	MONROE
GREENBERG, MD, MICHAEL R	CLINTON
GREENBERG, MD, RICHARD E	MONTGOMERY
GREENBERG, MD, RICHARD M	PHILADELPHIA
GREENBERG, MD, ROBERT N	BERKS
GREENBERG, MD, STEVEN M	PHILADELPHIA
GREENBERG, MD, STEVEN M	JEFFERSON
GREENBERG, MD, WAYNE V	ALLEGHENY
GREENBERGER, MD, JOEL S	ALLEGHENY
GREENBLATT, MD, DAVID L	ALLEGHENY
GREENE, MD, DONALD H	LYCOMING
GREENE, GLENN J	STUDENT
GREENE, MD, JEFFREY M	MONTGOMERY
GREENE, MD, JOSEPH S	MONTOUR
GREENE, MD, LUCILLE T	BERKS
GREENE, MD, NEIL A	LANCASTER
GREENE, MD, RICHARD J	BERKS
GREENE, MD, ROBERT F	ALLEGHENY
GREENE, MD, RONALD B	PHILADELPHIA
GREENE, MD, THOMAS E	MONTGOMERY
GREENFIELD, MD, LAWRENCE S	MONTOUR
GREENFIELD, DO, MARK A	YORK
GREENFIELD, MD, VAL S	PHILADELPHIA
GREENLEE, MD, DANIEL P	GREENE
GREENLER, MD, DANIEL P	ALLEGHENY
GREENSMITH, MD, J ERIC	DAUPHIN
GREENSPAN, MD, AARON B	ALLEGHENY
GREENSPAN, MD, ALLAN M	PHILADELPHIA
GREENSPAN, MD, BRUCE M	NORTHAMPTON
GREENSPAN, MD, HERBERT S	MONTGOMERY
GREENSPAN, MD, MITCHELL M	BUCKS
GREENSPON, MD, SAMUEL E	MONTGOMERY
GREENSTEIN, DO, MARC S	PHILADELPHIA
GREENWALD, MD, DAVID W	LUZERNE
GREER III, MD, ROBERT B	DAUPHIN
GREGG, MD, CHARLES E	PHILADELPHIA
GREGG, MD, GRACE S	ALLEGHENY
GREGG, MD, JOHN R	PHILADELPHIA
GREGG, MD, JOHN S	ALLEGHENY
GREGORY, MD, GEORGE W	BERKS
GREGORY, MD, ROBERT E	ALLEGHENY
GREIFER, JONATHAN R	STUDENT
GREIM, MD, CHARLES C	ALLEGHENY
GREINER, MD, ANN S	DAUPHIN
GRESS, MD, FRANCIS A	NORTHAMPTON
GRESS, MD, GORDON A	CAMBRIA
GRESS, MD, JEFFREY P	BUCKS
GRESS, MD, ROBERT E	LANCASTER
GRESS, MD, WILLIAM W	CAMBRIA
GRETH, MD, WARREN E	BERKS
GREYBUSH, MD, JOSEPH N	LEHIGH
GRIBB, MD, JOHN J	BUCKS
GRIBB, MD, JOSEPH C	DAUPHIN
GRIBIK, MD, MICHAEL	ALLEGHENY
GRIEBEL, STEPHEN R	STUDENT
GRIECO, MD, ROBERT L	BEAVER
GRIECO, MD, WILLIAM M	PHILADELPHIA
GRIESMER, MD, PAUL D	LUZERNE
GRIFF, MD, LEONARD C	DAUPHIN
GRIFF, MD, ROBERTA E	DAUPHIN
GRIFFEN, MD, HELEN S	VENANGO
GRIFFEN, MD, R HOWARD	VENANGO
GRIFFEN JR, MD, WARD O	PHILADELPHIA
GRIFFIN, MD, DAVID C	DAUPHIN
GRIFFIN, MD, STEVEN P	INDIANA
GRIFFIN, MD, THOMAS D	PHILADELPHIA
GRIFFIN JR, DO, ROBERT M	NORTHAMPTON
GRIFFITH, MD, ANNETTE Y	BUCKS
GRIFFITH, MD, CHARLES Q	PHILADELPHIA
GRIFFITH, MD, GLENN G	CAMBRIA
GRIFFITH, MD, JOHN R	PHILADELPHIA
GRIFFITH, MD, MARK D	ALLEGHENY
GRIFFITH, MD, SCOTT A	ALLEGHENY
GRIFFITHS, JON D	STUDENT
GRILL, MD, HOWARD P	ALLEGHENY
GRILL, DO, MICHAEL G	BERKS
GRILL, MD, WINFRED E	JEFFERSON
GRIM, MD, TRACEY P	YORK
GRIMES, MD, CLARENCE W	GREENE
GRIMM, MD, JAMES T	ALLEGHENY
GRIMM, MARK W	STUDENT
GRINO, MD, BENJAMIN J	PHILADELPHIA
GRIPP, MD, KAREN	PHILADELPHIA
GROFF, MD, HENRY C	ALLEGHENY
GROFF, DO, JAMES A	DAUPHIN
GROGAN, MD, WENDELL A	PHILADELPHIA
GROH, MD, JOHN R	LEBANON
GROHSMAN, MD, JONATHAN M	MONTGOMERY
GROLEAU, MD, GEORGE E	LANCASTER
GROLMAN, MD, DENNIS M	YORK
GROSH, MD, JOHN L	LANCASTER
GROSH, MD, JOSEPH W	LANCASTER
GROSH, MD, PAUL R	LANCASTER
GROSH, MD, WILLIAM B	LANCASTER
GROSH, MD, WILLIAM K	LANCASTER
GROSKY, MD, MURRAY B	LEBANON
GROSS, MD, BENJAMIN A	PHILADELPHIA
GROSS, MD, LAWRENCE S	BERKS
GROSS, MD, MITCHELL J	LUZERNE
GROSS, MD, PAUL	ALLEGHENY
GROSS, MD, PAUL R	PHILADELPHIA
GROSS, MD, ROBERT	PHILADELPHIA
GROSSBERG, MD, MICHAEL F	FRANKLIN
GROSSINGER, DO, BRUCE H	DELAWARE
GROSSMAN, MD, GILBERT	PHILADELPHIA
GROSSMAN, MD, I WILLIAM	FAYETTE
GROSSMAN, MD, IRA C	LUZERNE
GROSSMAN, LINDA B	STUDENT
GROSSMAN, MD, PERRY	CHESTER
GROSSMAN, MD, RONALD M	DAUPHIN
GROSSMAN, MD, SHEILA S	MONTGOMERY
GROSSMAN, MD, STANLEY J	ALLEGHENY
GROTZINGER, MD, MARGARET L	DAUPHIN
GROTZINGER, MD, PAUL J	PHILADELPHIA
GROVE, MD, BRUCE A	YORK
GROVE, MD, GLENN P	YORK
GROVE, MD, RUSSELL E	YORK
GROVE, MD, WILLIAM K	YORK
GROVE JR, MD, DALE A	NORTHAMPTON
GROVER, MD, JOSEPH G	PHILADELPHIA
GROVER, MD, SUKHDEV S	ALLEGHENY
GRUBB, MD, WILLARD Y	BERKS
GRUBBS, MD, ROBERT M	ALLEGHENY
GRUBER, MD, JOHN W	BERKS
GRUEN, MD, GARY S	ALLEGHENY
GRUENBERG, MD, ALAN M	PHILADELPHIA
GRUENER, MD, DANIEL M	PHILADELPHIA
GRUESEN, DO, MICHAEL J	STUDENT
GRUMET, MD, BERNARD A	ALLEGHENY
GRUNBERG, MD, ROBERT W	NORTHAMPTON
GRUNEWALD, MD, KARL E	PHILADELPHIA
GRUNSTEIN, MD, MICHAEL M	PHILADELPHIA
GRUNT, MD, RICHARD F	PHILADELPHIA
GRUNWALD, MD, JUAN E	PHILADELPHIA
GRUNWALD, MD, ZVI	PHILADELPHIA
GRZESZCZAK, MD, MAREK J	DAUPHIN
GSCHWEND III, MD, PAUL	LANCASTER
GUADAGNO, MD, ROBERT C	BEAVER
GUAGLIARDO, DO, JOSEPH P	BUCKS
GUANZON, MD, DANILO L	CRAWFORD
GUARINI, MD, PASQUALE B	DELAWARE
GUARINO, MD, EDWARD F	LEHIGH
GUARINO, MD, JAMES C	PHILADELPHIA
GUARINO, MD, JULIUS M	DELAWARE
GUARNIERI, MD, DAVID M	PHILADELPHIA
GUARNIERI, MD, KATHLEEN M	PHILADELPHIA
GUASTAVINO, MD, THOMAS D	SCHUYLKILL
GUAY JR, MD, ROBERT C	BERKS
GUEHL JR, DO, JOHN J	ALLEGHENY
GUEHL SR, MD, JOHN J	ALLEGHENY
GUELBENZU, MD, NELSON O	CAMBRIA
GUELCHER, MD, ROBERT T	ERIE
GUELIG, MD, EDMUND P	TIOGA
GUENTER, MD, FRITZ E	MCKEAN
GUERGAWI, MARK F	STUDENT
GUERRA, MD, CORAZON A	NORTHAMPTON
GUERRA, MD, REYNALDO C	NORTHAMPTON
GUERRINI, MD, JAMES G	BEAVER
GUESON, MD, EMERITA T	PHILADELPHIA
GUEST, DO, DENNIS M	PHILADELPHIA
GUIDONE, PAUL L	STUDENT
GUILLARD, MD, FRANK	CENTRE
GUINTO, MD, JOSE C	ALLEGHENY
GUIRGUIS, MD, MORRIS F	DELAWARE
GUIRNALDA-CASTRO, MD, NEMESIA G	MONTGOMERY
GUISER, MD, LYNN G	MIFFLIN/JUNI
GUISTWITE, MD, KENNETH R	CUMBERLAND
GULATI, MD, AMAR N	MONTGOMERY
GULATI, MD, NEERA	ALLEGHENY
GULICK, MD, THOMAS H	MONROE
GULLOTTI, MD, MICHAEL J	PHILADELPHIA
GULOTTA, MD, PAUL	LEHIGH
GUMEINER, MD, STEVEN C	PHILADELPHIA
GUMERMAN, MD, LEWIS W	ALLEGHENY
GUMINA, MD, THOMAS F	DELAWARE
GUMM, MD, EDWARD A	WESTMORELAND
GUMNIT, MD, ROBERT Y	PHILADELPHIA
GUMP, MD, ROBERT B	ALLEGHENY
GUNDER, MD, SCOTT A	DAUPHIN
GUNDERSON, MD, ROBERT L	LUZERNE
GUNDUZ, MD, METIN	ERIE
GUNDUZ, MD, PAULA A	ERIE
GUNNERSON, MD, HELENA B	ALLEGHENY
GUNNING, MD, MARY LISA	CHESTER
GUNSTER, MD, GERALD D	LUZERNE
GUNTHER, DAVID M	STUDENT
GUP, MD, DANIEL I	ALLEGHENY
GUPTA, MD, ALOK K	DAUPHIN
GUPTA, MD, CHITRA L	PHILADELPHIA
GUPTA, MD, DOLLY	PHILADELPHIA
GUPTA, MD, GIRIWARLAL	MONROE
GUPTA, MD, KRISHNA G	WESTMORELAND
GUPTA, MD, MANJU	CRAWFORD
GUPTA, MD, NAND K	BUCKS
GUPTA, MD, PRAMILA P	NORTHAMPTON
GUPTA, MD, RANJAN	PHILADELPHIA
GUPTA, MD, VED P	PHILADELPHIA
GURGUN, MD, MELIH	ALLEGHENY
GURLAND, IRA A	STUDENT
GURMAN, MD, ANDREW W	BLAIR
GURSON, MD, HELEN W	ALLEGHENY
GUSTAFSON JR, CRAIG S	STUDENT
GUSTAVSON, MD, ROGER B	DAUPHIN
GUSTILO, M CATHERINE	STUDENT
GUSTIN, MD, THOMAS A	ERIE
GUTEKUNST, MD, PAUL E	PHILADELPHIA
GUTHLEBEN, MD, JOHN G	ERIE
GUTHRIE, MD, DAVID A	FRANKLIN
ONZALEZ, MD, ALEJANDRO R	ALLEGHENY
GUTHRIE, MD, WILLIAM J	MONTGOMERY
GUTIERREZ, MD, FELIX	DAUPHIN
GUTIERREZ, MD, GUILLERMO	LACKAWANNA
GUTKNECHT, MD, DAVID R	MONTOUR
GUTMANN, MD, LAURIE	ERIE
GUTTERMAN, MD, PAUL	LUZERNE
GUTTIN, MD, ENRIQUE	PHILADELPHIA
GUTTMAN, MD, MICHAEL	BUCKS
GUTTMANN, MD, GAD G	PHILADELPHIA
GUTTMANN, MD, HARVEY	MONTGOMERY
GUTTMANN, MD, MARLANE C	PHILADELPHIA
GUTTUSO, MD, LISA	PHILADELPHIA
GUY, MD, EDWARD B	PHILADELPHIA
GUY IV, T SLOANE	STUDENT
GUYER, MD, SAMUEL	MONTGOMERY
GUZEK, MD, JOHN R	LACKAWANNA
GUZZARDO, MD, MICHAEL N	ERIE
GUZZO, MD, JOSEPH C	LEHIGH
GVOZDEN, MD, ROBERT	CAMBRIA
GWAL, MD, ANITA	PHILADELPHIA
GWIRTZMAN, WENDY G	STUDENT

H

HAACK, MD, SUSAN M	LYCOMING
HAAS, MD, CHARLES M	BLAIR
HAAS, MD, DAVID R	DAUPHIN
HAAS, MD, DONALD D	WESTMORELAND
HAAS, DO, GLENN E	BUCKS
HAAS, MD, KENT S	PHILADELPHIA
HAASE, MD, GUNTER R	PHILADELPHIA
HAAZ, MD, WILLIAM S	PHILADELPHIA
HABECKER, MD, ELIZABETH T	LEBANON
HABER, MD, ARTHUR S	LUZERNE
HABER, MD, BARBARA A	PHILADELPHIA
HABER, MD, MICHELE A	PHILADELPHIA
HABER, MD, SHERYL A	STUDENT
HADDAD, MD, ROBERT M	MONTOUR
HADDON JR, MD, HARRY H	FRANKLIN
HADFIELD JR, MD, WILLIAM A	DELAWARE
HADRA, MD, ELLINOR S	MONTGOMERY
HAEBERLE, MD, WILLIAM A	PHILADELPHIA
HAEGELE, MD, LINDA A	PHILADELPHIA
HAEUSSNER, MD, CHARLES F	ALLEGHENY
HAFT, MD, HAROLD	PHILADELPHIA
HAGAN JR, MD, EUGENE P	PHILADELPHIA
HAGARTY, MD, JOHN J	MONTGOMERY
HAGBERG, MD, MARGARET M	ALLEGHENY
HAGBERG, MD, WILLIAM C	ALLEGHENY
HAGERTY, MD, FRED D	YORK
HAGES, MD, FOSTER	BEAVER
HAGEY, DO, DEBORAH A	LANCASTER
HAGGARD, MD, ROBERT A	LEBANON
HAGGERTY, MD, ROBERT W	DELAWARE
HAGGERTY, MD, SALLY M	NORTHAMPTON
HAGSTROM, MD, NATHAN	PHILADELPHIA
HAHM, MD, JEE HO	PHILADELPHIA
HAHN, MD, ADAM W	ALLEGHENY
HAHN, MD, JEANNINE R	CHESTER
HAHN, MD, JONATHAN F	UNION
HAHN, MD, KON S	LACKAWANNA
HAHN, MD, KURT R	BRADFORD
HAHN, MD, RICHARD M	WASHINGTON
HAIBACH, MD, RAYMOND A	ERIE
HAIDAR, MD, AHMAD A	DAUPHIN
HAIDER, MD, SYED H	PHILADELPHIA
HAIDET, MD, KEITH R	DAUPHIN
HAIGHT, MD, JOEL B	CENTRE
HAILS, MD, KEVIN C	PHILADELPHIA
HAIMOWITZ, MD, DANIEL	BUCKS
HAIMOWITZ, MD, SAMUEL I	PHILADELPHIA
HAIN, MD, HOWARD L	NORTHAMPTON
HAINES, MD, TRACY A	ALLEGHENY
HAIRSTON JR, MD, JOHN C	ALLEGHENY
HAITH JR, MD, LINWOOD R	DELAWARE
HAJDENBERG, MD, JULIO J	PHILADELPHIA
HAKALA, MD, THOMAS R	ALLEGHENY
HAKAS, MD, JOSEPH F	ALLEGHENY
HAKE, MD, JEAN H	DAUPHIN
HAKIM, MD, CHRISTIANE M	ALLEGHENY
HALASZYNSKI, MD, LORI M	ALLEGHENY
HALBERT, MD, DAVID R	DAUPHIN
HALCOVAGE, DO, JONATHAN P	LEBANON
HALE, MD, DANIEL E	PHILADELPHIA
HALE, MD, EDWARD H	ALLEGHENY
HALE, DO, RICHARD C	BRADFORD
HALE, MD, ROBERT G	MONTGOMERY
HALE, MD, ROBERT H	BUCKS
HALE, MD, THOMAS K	SCHUYLKILL
HALE JR, MD, RAYMOND M	ADAMS
HALENDA, MD, GREGORY	ALLEGHENY
HALL, MD, BRADLEY	ALLEGHENY
HALL, MD, DANIEL A	PHILADELPHIA
HALL, MD, DAVID G	ALLEGHENY
HALL, DONALD T	STUDENT
HALL, MD, EDGAR M	CHESTER
HALL, MD, I MACDONALD	MONTGOMERY
HALL, MD, JAMES P	BLAIR
HALL, MD, JOHN H	PHILADELPHIA
HALL, MD, NEAL E	MONTGOMERY
HALL, MD, RICHARD N	ERIE
HALL, MD, ROBERT H	PHILADELPHIA
HALL, MD, ROBERT L	CENTRE
HALL, MD, ROBERT L	DELAWARE
HALL, MD, ROBERT M	CENTRE
HALL, MD, SUSAN M	PHILADELPHIA
HALL II, MD, ROBERT F	CUMBERLAND
HALL JR, MD, JOHN H	WASHINGTON
HALLAHAN, MD, WILLIAM F	LEBANON
HALLERMEIER JR, MD, ROBERT G	DELAWARE

HALLETT, MD, JOSEPH W	PHILADELPHIA
HALLMARK, MD, KAREN H	ALLEGHENY
HALLOCK, MD, GEOFFREY	LEHIGH
HALLOCK, MD, MARGARET E	DAUPHIN
HALLOCK, MD, RICHARD H	DAUPHIN
HALMI, MD, BILL H	MONTGOMERY
HALPERIN, MD, MEYER A	MONROE
HALPERN, MD, BARRY R	PHILADELPHIA
HALPERN, MD, BARTON L	LANCASTER
HALPERN, MD, JANIS S	BUCKS
HAM, MD, JAMES W	VENANGO
HAM, MD, TONG H	MERCER
HAMADANI, MD, HOUSHANG G	LEHIGH
HAMANN, MD, JOSE G	PHILADELPHIA
HAMATY, MD, RONALD M	CAMBRIA
HAMBURG, MD, ALLEN E	MONTGOMERY
HAMEED, MD, SHAHID	BRADFORD
HAMIDI, MD, JAFAR A	MCKEAN
HAMILTON, CLIO A	STUDENT
HAMILTON, MD, GERALDINE E	DELAWARE
HAMILTON, MD, RALPH W	PHILADELPHIA
HAMILTON, MD, ROBERT W	DAUPHIN
HAMILTON, MD, ROBERT W	ALLEGHENY
HAMILTON, MD, WILLIAM C	PHILADELPHIA
HAMILTON, MD, WILLIAM L	PHILADELPHIA
HAMM, MD, CHARLES R	ALLEGHENY
HAMM, MD, GLENN G	VENANGO
HAMM, MD, WILLIAM G	LYCOMING
HAMME, MD, ELMER G	YORK
HAMMELL, MD, EUGENE J	ALLEGHENY
HAMMER, MD, WILLIAM J	MONTGOMERY
HAMMETT, MD, JAMES H	ADAMS
HAMMOND, MD, CHARLES P	LANCASTER
HAMMOND III, MD, N LEROY	MONTGOMERY
HAMOY, MD, ALICE G	LYCOMING
HAMOY, MD, GEORGE L	LYCOMING
HAMPE, MD, WARREN W	MONTGOMERY
HAMPEL, MD, AVRAHAM	PHILADELPHIA
HAMPERS, MD, LOUIS C	PHILADELPHIA
HAMPSEY, MD, JOHN A	NORTHAMPTON
HAMPTON, MD, JANET A	PHILADELPHIA
HAMPTON, MD, LOUIS J	YORK
HAMSHER, MD, JAMES R	DAUPHIN
HAMZAVI, MD, SIAMAK	LACKAWANNA
HAN, MD, AARON C	PHILADELPHIA
HAN, MD, DALSOO	ALLEGHENY
HAN, MD, PAUL K J	ALLEGHENY
HAN, MD, SAMUEL I	BUTLER
HAN, MD, SUM K	ALLEGHENY
HAN, MD, SUN TAK	LACKAWANNA
HAN, WON K	STUDENT
HAN, MD, YOONG O	ALLEGHENY
HANAU, MD, CHERYL A	PHILADELPHIA
HANAWAY, MD, ANDREA S	PHILADELPHIA
HANBY JR, MD, W FORWOOD E	MONTGOMERY
HANCHETT, MD, JAMES E	ALLEGHENY
HANCOCK, MD, REGINALD A	ALLEGHENY
HAND, MD, ROY H	MONTGOMERY
HANDELSMAN, MD, GORDON L	ALLEGHENY
HANDELSMAN, MD, OLIVER	ALLEGHENY
HANDFORD, MD, H ALLEN	DAUPHIN
HANDLER, MD, HARLAN B	ALLEGHENY
HANDLER, MD, IRA S	BUTLER
HANDLER, MD, LAWRENCE F	PHILADELPHIA
HANDLER, MD, STEVEN D	PHILADELPHIA
HANES, MD, DAVID J	PHILADELPHIA
HANES, MD, MARYANN	STUDENT
HANES, MD, ROBERT B	DELAWARE
HANGEN, MD, NORMAN M	BERKS
HANHAUSEN JR, MD, EDWARD H	MONTGOMERY
HANISEK, MD, WILLIAM F	NORTHAMPTON
HANJANI, MD, PARVIZ	PHILADELPHIA
HANKEY, MD, JOHN C	ALLEGHENY
HANKINS, MD, ALTHEA	PHILADELPHIA
HANKS, MD, GERALD E	PHILADELPHIA
HANLEY, DO, PATRICK J	LEHIGH
HANLON, MD, JAMES T	ALLEGHENY
HANLON, MD, PAUL A	LUZERNE
HANLON, MD, THOMAS W	LUZERNE
HANNA, MD, ANTONIOUS H	WESTMORELAND
HANNA, MD, DWIGHT C	ALLEGHENY
HANNA, MD, EZZAT A	BERKS
HANNA, MD, HERBERT L	INDIANA
HANNA, DO, MARK J	ALLEGHENY
HANNA, MD, ROBERT H	CHESTER
HANNA, MD, SALAH G	WESTMORELAND
HANNA, MD, TONY A	WYOMING
HANNO, MD, PHILIP M	PHILADELPHIA
HANNUSH, MD, SADEER B	BUCKS
HANRAHAN, MD, JAMES B	ALLEGHENY
HANSEN, MD, CARL A	BUCKS
HANSEN, HILARY A	STUDENT
HANSPAL, MD, NAVJOT S	CHESTER
HANSPAL, MD, REENA K	CHESTER
HANSROTE, MD, LOUIS W	LEHIGH
HANZEL, MD, GEORGE D	CAMBRIA
HAPPEL, MD, JOHN L	ALLEGHENY
HAPPEL JR, MD, JOHN L	ALLEGHENY
HARADA, MD, WILLIAM A	NORTHAMPTON
HARADIN, MD, ANTHONY R	ALLEGHENY
HARALDSTED, MD, K ALEXANDER	LEHIGH
HARASYM, MD, E LAWRENCE	COLUMBIA
HARASYM, MD, EUGENE D	LACKAWANNA
HARBACH, MD, HARRISON F	ADAMS
HARBERGER, MD, JAMES H	YORK
HARBISON, MD, MARGARET S	PHILADELPHIA
HARBISON, MD, SEAN P	PHILADELPHIA
HARCHELROAD JR, MD, FRED P	ALLEGHENY
HARDAWAY, MD, ALFRED E	LYCOMING
HARDEE-CUTHBERT, MD, KAY	MONTGOMERY
HARDEN III, MD, WESLEY R	YORK
HARDESTY, MD, JAMES L	HUNTINGDON
HARDY, MD, CHARLES A	BUCKS
HARDY, MD, HEIDRUN D	ERIE
HARDY, MD, JOHN C	LEBANON
HARDY, SUSAN E	STUDENT
HARE, MD, JEFFREY D	NORTHAMPTON
HARE, MD, JEFFREY L	PHILADELPHIA
HAREN, MD, WILLIAM E	FRANKLIN
HARGLEROAD II, MD, JOHN A	CENTRE
HARGRAVE, MD, HUGH J	LANCASTER
HARGROVE III, MD, WALTER C	PHILADELPHIA
HARINSTEIN, MD, DAVID A	ALLEGHENY
HARKAVY, MD, SANDRA E	DELAWARE
HARKER, MD, RICHARD C	LANCASTER
HARKER, EXEC SEC, MARJORIE E	BLAIR
HARKINS, GERALD J	STUDENT
HARKINS, MD, HERBERT P	PHILADELPHIA
HARKINS, MD, PATRICIA M	ALLEGHENY
HARKINS, MD, ROBERT S	SCHUYLKILL
HARKNESS, MD, MICHAEL J	CHESTER
HARLAN, MD, WILLIAM K	NORTHAMPTON
HARLEY, MD, BARBARA M	ALLEGHENY
HARLEY, MD, JOHN B	CAMBRIA
HARLIN, MD, STEPHEN L	PHILADELPHIA
HARM JR, MD, KENNETH R	DAUPHIN
HARMANCI, MD, M CEM	MIFFLIN/JUNI
HARMATZ, MD, ALEXANDER J	PHILADELPHIA
HARMON, MD, CARROLL M	PHILADELPHIA
HARMON, MD, ELI B	MONTGOMERY
HARMON-WEISS, MD, SANDRA	MONTGOMERY
HARNED, MD, E MICHAEL	PHILADELPHIA
HARNER, MD, CHRISTOPHER D	ALLEGHENY
HARNER, MD, JEFFREY D	YORK
HARNISH, MD, DAVID M	LANCASTER
HARNIST, MD, KIMBERLY S	ALLEGHENY
HARP, MD, JAMES R	PHILADELPHIA
HARPER, DEIRDRE W	STUDENT
HARPER, MD, JOHN B	MONTGOMERY
HARPER, MD, JOHN J	ALLEGHENY
HARPER, MD, STEVEN G	MONTGOMERY
HARR, DENISE F	STUDENT
HARR, MD, DOUGLAS P	BUCKS
HARRER JR, MD, WILLIAM J	MERCER
HARRIGER, MD, MILES D	LANCASTER
HARRING, MD, MAYNARD	SCHUYLKILL
HARRINGTON, MD, THOMAS M	MONTOUR
HARRINGTON JR, ROBERT W	STUDENT
HARRIS, MD, ALBIN W	FRANKLIN
HARRIS, MD, ARTHUR D	PHILADELPHIA
HARRIS, MD, BARRY C	ALLEGHENY
HARRIS, MD, BERNADETTE G	ALLEGHENY
HARRIS, MD, BRIAN W	DAUPHIN
HARRIS, MD, DAVID T	PHILADELPHIA
HARRIS, MD, ESTHER R	PHILADELPHIA
HARRIS, HUGH R	STUDENT
HARRIS, MD, JAMES S	PHILADELPHIA
HARRIS, MD, KATHLEEN M	ALLEGHENY
HARRIS, MD, KENNETH H	PHILADELPHIA
HARRIS, MD, KEVIN R	MONTGOMERY
HARRIS, MD, LAWRENCE K	BERKS
HARRIS, MD, MALCOLM S	ALLEGHENY
HARRIS, MD, MARY C	PHILADELPHIA
HARRIS, MD, MERLEEN	PHILADELPHIA
HARRIS, MD, RICHARD N	ALLEGHENY
HARRIS, MD, RONALD I	LUZERNE
HARRIS, MD, STANLEY R	LEHIGH
HARRIS, MD, STEVEN P	ALLEGHENY
HARRISON, MD, ANTHONY M	ALLEGHENY
HARRISON, MD, BERNARD M	BUCKS
HARRISON, MD, BRETT M	BUCKS
HARRISON, MD, C SCOTT	DAUPHIN
HARRISON, MD, DIANE D	BERKS
HARRISON, MD, DREW S	LEHIGH
HARRISON, MD, FRANK D	WESTMORELAND
HARRISON, DO, KEITH W	MONTGOMERY
HARRISON JR, MD, JOSEPH	MONTGOMERY
HARROP, MD, DONALD E	CHESTER
HARRY, MD, EUDENE K	PHILADELPHIA
HARRY, MD, HARRIET M	CENTRE
HARSTER, MD, GERALD A	WESTMORELAND
HART, MD, ALEX D	NORTHAMPTON
HART, MD, GEORGE R	LAWRENCE
HART, MD, JAMES C	DAUPHIN
HART, MD, NEIL J	ALLEGHENY
HART, MD, PHILIP L	FAYETTE
HART, DO, WILLIAM J	DELAWARE
HART JR, MD, RICHARD B	ALLEGHENY
HARTENBAUM, MD, DAVID	BUCKS
HARTENBAUM, MD, NATALIE T	BUCKS
HARTER, SCOTT C	STUDENT
HARTLE, MD, JOHN E	BEDFORD
HARTLEY, MD, PAUL A	FAYETTE
HARTMAN, MD, CHARLES E	YORK
HARTMAN, MD, DANIEL G	MONTGOMERY
HARTMAN, MD, DENISE L	MONTGOMERY
HARTMAN, MD, DOROTHY I S	LEHIGH
HARTMAN, MD, H KING	WESTMORELAND
HARTMAN, MD, OWEN W	FRANKLIN
HARTMAN, DO, STUART A	LEBANON
HARTMAN, MD, WILLIAM F	LANCASTER
HARTMAN II, MD, SAMUEL A	LEBANON
HARTMAN JR, MD, H KING	ALLEGHENY
HARTMANN, MD, DAVID B	ALLEGHENY
HARTNETT, MD, ROBERT W	CAMBRIA
HARTSELL, THERESA L	STUDENT
HARTSOCK, MD, ROBERT J	ALLEGHENY
HARTZ, MD, LEO M	LYCOMING
HARTZ, MD, WILLIAM H	PHILADELPHIA
HARTZ-SOLOFF, MD, CYNTHIA H	ALLEGHENY
HARTZELL, MD, DAVID L	CUMBERLAND
HARTZELL JR, MD, GEORGE W	LEHIGH
HARVEY, DO, CHARLES J	BLAIR
HARVEY, MD, EDITH E	PHILADELPHIA
HARVEY, MD, GREGORY D	DELAWARE
HARVEY, MD, JAMES S	CENTRE
HARVEY, MD, JOSEPH M	ERIE
HARVEY, MD, KENNETH L	LEHIGH
HARVEY, ROBERT T	STUDENT
HARVEY, MD, WILLIAM D	CLEARFIELD
HARVEY, MD, WILLIAM J	ALLEGHENY
HARVEY JR, MD, BENSON	LEBANON
HARWICK, MD, JEAN C	ALLEGHENY
HARWICK, MD, JOHN D	LEHIGH
HARWICK, MD, ROBERT D	PHILADELPHIA
HASABNIS, MD, SUHAS P	BLAIR
HASAN, MD, KAMAL S I	JEFFERSON
HASAN, MD, MOHAMMAD A	SCHUYLKILL
HASBACH, MD, THOMAS J	ALLEGHENY
HASELHUHN, MD, DONALD H	DAUPHIN
HASER, MD, HEYWOOD A	ALLEGHENY
HASH JR, MD, VOLNEY W	FRANKLIN
HASHIDA, MD, YOSHIE	ALLEGHENY
HASHIMIE, MD, JAFFREY	ALLEGHENY
HASHMI, MD, MAJID A	ALLEGHENY
HASIUK, MD, AARON S	BUCKS
HASKIN, MD, MYRA R	MONTGOMERY
HASLEY, MD, STEPHEN K	ALLEGHENY
HASSAN, MD, JOSEPH R	BERKS
HASSEL, MD, JEFFREY L	BERKS
HASSEL, MD, MARK H	LANCASTER
HASSEL JR, MD, CARL W	LANCASTER
HASSEY, MD, JOSEPH A	PHILADELPHIA
HASSINGER, MD, KATHRYN K	YORK
HASSLACHER, MD, ELISABETH A	PHILADELPHIA
HASSLER, MD, CARL W	BERKS
HASSOURI, MD, HASSAN	ALLEGHENY
HASTINGS JR, MD, LEO J	LEHIGH
HASZ, MD, RICHARD D	DAUPHIN
HATCHER, MD, KIM A	INDIANA
HATFIELD, MD, MARK E	ALLEGHENY
HATLEBERG, MD, STEVEN L	CUMBERLAND
HATTI, MD, SHIVKUMAR S	DELAWARE
HATTON, MD, DUNCAN S	DELAWARE
HATTOUM, MD, PITTAGORE	WESTMORELAND
HAUBER, MD, LOUIS K	ARMSTRONG
HAUER, MD, MARLIN L	LEBANON
HAUGEN, CHRISTINE	STUDENT
HAUGER, MD, HAROLD N	WESTMORELAND
HAUGER, MD, WILLIAM D	CAMBRIA
HAUN, MD, JOHN P	LANCASTER
HAUPT, MD, DONALD N	MONTGOMERY
HAUPT, MD, GEORGE J	PHILADELPHIA
HAUPT, MD, HELEN M	PHILADELPHIA
HAUPT, MD, RICHARD M	DELAWARE
HAUS, MD, MARY M	WESTMORELAND
HAUS, MD, WILLIAM	ALLEGHENY
HAUSER, MD, ADAM C	DELAWARE
HAUSER, MD, JOHN R	WASHINGTON
HAUSER, MD, NORMAN	MONTGOMERY
HAUSER, MD, RAYMOND J	BERKS
HAUT, ELLIOTT R	STUDENT
HAUT, MD, MICHAEL J	PHILADELPHIA
HAUT, MD, MITCHELL	ALLEGHENY
HAVA, MD, MILOS	DELAWARE
HAVER, MD, PAUL M	BEAVER
HAVERSTICK, MD, C DAVID	DAUPHIN
HAVKO, MD, FREDERICK C	YORK
HAVRILLA, MD, THOMAS R	ALLEGHENY
HAWK, MD, BRAINARD O	ALLEGHENY
HAWK, MD, DAVID L	YORK
HAWKE, MD, WILLIAM	BERKS
HAWKINS, MD, JAMES G	ALLEGHENY
HAWKINS, MD, ROGER A	MERCER
HAWLEY, MD, RICHARD C	SCHUYLKILL
HAWN, MD, MARGARET M	DAUPHIN
HAWORTH, MD, CHARLES S	ALLEGHENY
HAWRYLUK, MD, OREST	PHILADELPHIA
HAWTOF, JEFFREY E	STUDENT
HAY, MD, HAROLD S	SOMERSET
HAYASHI, MD, T TERRY	ALLEGHENY
HAYDEN, MD, JAMES B	HUNTINGDON
HAYES, MD, ANNE B	LANCASTER
HAYES, MD, BRIAN L	PHILADELPHIA
HAYES, CARA L	STUDENT
HAYES, MD, JAMES C	ALLEGHENY
HAYES, MD, MERRILL B	DELAWARE
HAYES, MD, TERESA M	PHILADELPHIA
HAYES, MD, WARREN H	LYCOMING
HAYES SR, MD, PHILLIP W	PHILADELPHIA
HAYMAN, MD, HARRIS R	CHESTER
HAYMAN, MD, HARRY B	BUCKS
HAYNICZ, MD, PETER	MONROE
HAYTHORNTHWAITE, MD, B MARY	MONTGOMERY
HAYWOOD, MICHELE T	STUDENT
HAZLETT, MD, NANCY S	ALLEGHENY
HAZLETT, MD, WILLIAM H	LUZERNE
HAZLETT JR, MD, WALTER S	WESTMORELAND
HAZZOURI, MD, MICHELE A	LACKAWANNA
HEADLEY, MD, CHAUNCEY R	WASHINGTON
HEANEY, MD, STEVEN J	CRAWFORD
HEAPS, MD, KENNETH P	YORK
HEASLETT, MD, ANN M	PHILADELPHIA
HEATH, KIMBERLY A	STUDENT
HEBDA, MD, WILLIAM B	ARMSTRONG
HEBEL, MD, JEANETTE L	STUDENT
HEBRANK, MD, GREGORY T	WESTMORELAND
HECHT, TODD E	STUDENT
HECHT, MD, WARREN B	MONTGOMERY
HECK, MD, ALBERT W	DAUPHIN
HECK, MD, HARRY J	ALLEGHENY
HECK III, MD, HARRY J	ALLEGHENY
HECKLER, MD, FREDERICK R	ALLEGHENY
HEDRICK, MD, G WINFIELD	BUCKS
HEDRICK, MD, THOMAS A	CAMBRIA
HEERE, MD, BARBARA A	LYCOMING
HEFFERN, MD, JAMES E	LANCASTER
HEFFERNAN, MD, ANDREW H	LEHIGH
HEFFERNAN, MD, J MICHAEL	BERKS
HEFFLER, MD, KAREN F	PHILADELPHIA
HEFFLEY, MD, WILLIAM M	DAUPHIN
HEFFLIN, MD, BROCKTON	ALLEGHENY
HEFFLIN, MD, CHARLES M	ALLEGHENY
HEFFNER JR, MD, GEORGE W	SCHUYLKILL
HEFLIN, MD, DANIEL W	LYCOMING
HEFNER, MD, JAYNE E	ALLEGHENY
HEGARTY, MD, FRANCIS A	ALLEGHENY
HEGDE, MD, SUNIL K	ALLEGHENY
HEID, MD, CHARLES E	UNION
HEIDEMAN, MD, ALAN J	ALLEGHENY
HEIDEN, MD, RICHARD A	BERKS
HEIDENREICH, MD, FRED P	ALLEGHENY
HEIDENREICH, MD, H VINCENT	ALLEGHENY
HEIDERSCHEIDT, BENEDICT G	STUDENT
HEIL, BRIAN V	STUDENT
HEILBRUNN, MD, STEVEN M	ALLEGHENY
HEILIGMAN, MD, NATHAN H	LEHIGH
HEILMAN, MD, J DANIEL	ALLEGHENY
HEILMANN, MD, TIMOTHY M	LYCOMING
HEIM, MD, WILLIAM J	LACKAWANNA
HEIMBACH, MD, GEORGE Z	NORTHAMPTON
HEIMBACH, MD, JAMES A	BLAIR
HEIMER, MD, JEFFREY L	CENTRE
HEIN, MD, EDWARD W	BERKS
HEIN, MD, JEFFREY P	ERIE
HEINBACH, MD, ROBERT A	NORTHMBRLAND
HEINE, MD, MARILYN J	BUCKS
HEINE, DO, MARTIN K	FRANKLIN
HEINE, MD, WILLIAM I	PHILADELPHIA
HEINECKE-CHAFIN, SHERRI	STUDENT
HEINLE JR, MD, EDWARD W	BEAVER
HEINLE JR, MD, FREDERICK J	LANCASTER
HEINLY, MD, MARK N	DAUPHIN
HEINTZ, MD, JAMES J	LUZERNE
HEISE, MD, MICHAEL J	ALLEGHENY
HEISER, MD, MARK S	PHILADELPHIA
HEISEY, MD, JOHN C	BERKS
HEISEY, MD, ROBERT G	LEBANON
HEISTAND, MD, LANDIS C	SCHUYLKILL
HEISTERKAMP III, MD, CHARLES A	LANCASTER
HEITMANN, DEBRA W	STUDENT
HEKLER, MD, EMILIAN M	BERKS
HELFFRICH, MD, RICHARD S	BLAIR
HELINEK, MD, GERARD L	BERKS
HELLER, MD, ALVIN G	MONTGOMERY
HELLER, MD, FREDERICKA S M	BERKS
HELLER, MD, MELVIN S	PHILADELPHIA
HELLMAN, MD, ARTHUR A	PHILADELPHIA
HELM, MD, ROBERT C	LANCASTER
HELM JR, MD, JOHN D	LANCASTER
HELMICK, MD, NATHANIEL D	MONROE
HELMICK, MD, WAYNE W	BEAVER
HELSING, MD, WALTER J	BEAVER
HELWIG JR, MD, JOHN	PHILADELPHIA
HELY, MD, DANIEL P	CUMBERLAND
HELZNER, MD, EILEEN C	BUCKS
HEMLER, MD, PAUL M	DAUPHIN
HEMLEY, MD, SUSAN R	NORTHAMPTON
HEMMERLY, MD, WILLIAM C	NORTHAMPTON
HEMPHILL, MD, RICHARD W	ALLEGHENY
HENDERSON, MD, K WAYNE	LYCOMING
HENDERSON, DO, MARYANNE J	ALLEGHENY
HENDERSON, MD, RUGH A	LEBANON
HENDLER, MD, BARRY H	PHILADELPHIA
HENDREN, MD, WILLIAM G	PHILADELPHIA
HENDRICKS, MD, ROBERT T	CRAWFORD
HENDRICKS, STEPHANIE L	STUDENT
HENDRICKS JR, MD, GILBERT L	CENTRE
HENDRICKSON, MD, CLIFFORD D	MONTGOMERY
HENDRICKSON, MD, DONALD C	FRANKLIN
HENDRICKSON, MD, JAY A	DELAWARE
HENDRICKSON, MD, STEVEN C	PHILADELPHIA
HENDRZAK, ANDREA J	STUDENT
HENNESSEY, MD, DAVID H	ALLEGHENY
HENNESSEY, MD, JOSEPH F	MONTGOMERY
HENNESSEY, MD, MICHAEL S	ERIE
HENNIGAN, SHAWN P	STUDENT
HENNING III, MD, GEORGE F	SUSQUEHANNA
HENNINGER, MD, WILLIAM H	BERKS
HENNON, MD, DON L	ALLEGHENY
HENRICKS, MD, CAROL L	PHILADELPHIA
HENRIKSEN, MD, DANIEL S	YORK
HENRIKSEN, MD, SUSAN A	YORK
HENRIQUES, MD, ERROL D	CAMBRIA
HENRIQUEZ, MD, JACK A	LEHIGH
HENRIQUEZ, MD, LILIANA C	LEHIGH
HENRY, MD, JOHN M	PHILADELPHIA
HENRY, MD, LELAND T	ARMSTRONG
HENRY, MD, MARK R	YORK
HENRY, MD, SCOTT P	ERIE
HENRY, MD, STEPHEN J	DELAWARE
HENRY, MD, WALTER J	MCKEAN
HENRY JR, MD, EDGAR S	ALLEGHENY
HENRY JR, MD, LELAND T	ALLEGHENY
HENSCHEL, KENNETH A	STUDENT
HENSLEY, MD, FREDERICK A	DAUPHIN
HENTOSH, MD, JOHN P	LEHIGH
HENWOOD, DO, CAROL L	CHESTER
HEPLER-SMITH, MD, MICHAEL	ALLEGHENY
HEPPNER, MD, BRADLEY T	ALLEGHENY
HEPPNER, MD, RICHARD L	ALLEGHENY
HERALD, MD, GEOFFREY R	BEAVER

HERB, DO, RONALD K	BERKS
HERBERG, MD, JAMES P	BLAIR
HERBERT, DO, REX A	DAUPHIN
HERBERT, MD, VICKI L	ALLEGHENY
HERBERT, DO, WILLIAM J	MERCER
HERBICK, MD, WILLIAM T	CAMBRIA
HERBISON, MD, GERALD J	PHILADELPHIA
HERBST, MD, ALLISON B	PHILADELPHIA
HERBST, MD, BERNADETTE A	PHILADELPHIA
HERBST, MD, CHARLES G	ERIE
HERCEG, MD, STEPHEN J	DAUPHIN
HERGAN, ROBERT R	STUDENT
HERLICH, MD, ANDREW	ALLEGHENY
HERLING, MD, PATTI J	MONTGOMERY
HERMAN, MD, CARL D	PHILADELPHIA
HERMAN, MD, DENNIS	PHILADELPHIA
HERMAN, MD, HAROLD	PHILADELPHIA
HERMAN, MD, JAMES M	DAUPHIN
HERMAN, MD, JAY B	ALLEGHENY
HERMAN, MD, JERRY H	PHILADELPHIA
HERMAN, MD, LEONARD Y	PHILADELPHIA
HERMAN, MD, ROMAN K	NORTHAMPTON
HERMAN, MD, RONALD J	YORK
HERMAN, MD, RUTH F	PHILADELPHIA
HERMAN, MD, WALTER M	PHILADELPHIA
HERMANN, MD, CHRISTOPHER P	BUCKS
HERMANN, MD, MARY E	COLUMBIA
HERMANOVICH JR, MD, JOHN	BERKS
HERMANY, DO, DEBRA K	SCHUYLKILL
HERNANDEZ, MD, ENRIQUE	PHILADELPHIA
HERNANDEZ, MARISOL	STUDENT
HERNANDEZ, MD, WILBERT E	LUZERNE
HERNDON, MD, JAMES H	ALLEGHENY
HERNZ, MD, WILLIAM J	CHESTER
HEROLD, MD, SANFORD L	PHILADELPHIA
HEROLD JR, MD, CRESTON C	DAUPHIN
HEROMIN, MD, THOMAS J	NORTHUMBRLAND
HERR, MD, VICTORIA A	PHILADELPHIA
HERRERA, MD, ANIBAL F	DELAWARE
HERRERO, MD, CARMELO	PHILADELPHIA
HERRICK, MD, WAYNE C	YORK
HERRING, MD, ALLEN B	PHILADELPHIA
HERRING, MD, CHRISTINA S	PHILADELPHIA
HERRING, GIOLA M	STUDENT
HERRING, MD, WILLIAM	PHILADELPHIA
HERRINGTON, MD, PAMELA J	LYCOMING
HERROLD, MD, LEWIS C	YORK
HERROLD, MD, WARREN C	YORK
HERSCHAFT, MD, RICHARD J	LANCASTER
HERSHENSON, MD, LEE M	ALLEGHENY
HERSHEY, MD, RICHARD E	ALLEGHENY
HERSHOCK, MD, BRUCE A	WESTMORELAND
HERSHOCK, MD, DIANE M	STUDENT
HERSPERGER, MD, WEBB S	CUMBERLAND
HERTLE, MD, RICHARD W	PHILADELPHIA
HERTZ, MD, BARRY C	CHESTER
HERTZ, MD, CHARLES S	LEHIGH
HERTZ, MD, JONATHAN	LEHIGH
HERTZOG, MD, JAMES E	ALLEGHENY
HERZEL JR, MD, FRANK B	DAUPHIN
HESKEL, MD, MILTON M	PHILADELPHIA
HESS, MD, EDWARD R	TIOGA
HESS, MD, FLOYD M	NORTHAMPTON
HESS, MD, IVAN W	MONTGOMERY
HESS, MD, J CLAIR	LANCASTER
HESS, MD, JOSEPH B	LANCASTER
HESS, MD, PAUL G	LANCASTER
HESS, PHILIP E	STUDENT
HESS, DO, RUSSELL C	YORK
HESS, MD, STEVEN G	PHILADELPHIA
HESS, MD, WILLIAM F	MONTOUR
HESSEN, MD, MARGARET T	DELAWARE
HESTER, MD, CHRISTOPHER E	STUDENT
HESTER, MD, GLORIA E	CHESTER
HETRICK, MD, WILLIAM D	ALLEGHENY
HEUERMANN, MD, ROBERT P	SCHUYLKILL
HEVEY, MATTHEW P	STUDENT
HEWLETT, MD, TODD F	DAUPHIN
HEWSON, MD, WILLIAM C	CHESTER
HEY JR, MD, E BERRY	BERKS
HEYL, MD, LOUIS W	ALLEGHENY
HEYMACH III, MD, GEORGE J	ALLEGHENY
HEYMAN, MD, DAVID C	LYCOMING
HEYRICH, MD, GEORGE P	PHILADELPHIA
HEYWOOD, MD, SUSAN E	CENTRE
HIBBERD, MD, ALAN E	DELAWARE
HICKEY, MD, ANDREW E	YORK
HICKS, MD, EDWARD L	PHILADELPHIA
HIDALGO, MD, HORACIO A	BUCKS
HIDALGO JR, MD, HORACIO A	BUCKS
HIEHLE, MD, J FREDERICK	BERKS
HIEHLE JR, MD, JOHN F	PHILADELPHIA
HIGGINS, MD, DAVID E	BLAIR
HIGGINS, DO, KENNETH R	YORK
HIGH, MD, BERTRAND J	BERKS
HIGH, MD, KATHERINE A	PHILADELPHIA
HIGH, MD, PAMELA C	PHILADELPHIA
HIGHTOWER, MD, MARTIN C	BUCKS
HIJAZI, MD, SAADEDDINE A	LACKAWANNA
HILAL, MD, ELIAS Y	ALLEGHENY
HILBERG, MD, ROBERT W	ALLEGHENY
HILDEBRANDT, MD, CARL A	ALLEGHENY
HILEMAN, MD, JAMES D	ERIE
HILES, MD, DAVID A	ALLEGHENY
HILL, MD, CYNTHIA A	PHILADELPHIA
HILL, MD, DANIEL E	LYCOMING
HILL, MD, E MERTON	LEHIGH
HILL, MD, EDWARD B	CAMBRIA
HILL, MD, JOHN B	ALLEGHENY
HILL, MD, ROBERT J	BLAIR
HILL, MD, THOMAS J	ALLEGHENY
HILLER JR, MD, WALTER W	ALLEGHENY
HILLMAN, MD, ALAN L	MONTGOMERY
HILLS, MD, EVERETT C	DELAWARE
HILLS, JAMES R	STUDENT
HILLYER, MD, PETER N	CHESTER
HILTON, MD, ALEXANDER E	ALLEGHENY
HIMELFARB, MD, HILLARD M	FRANKLIN
HIMES JR, MD, RALPH F	BLAIR
HIMMELREICH III, MD, LESTER L	CUMBERLAND
HIMMELSTEIN, MD, EUGENE	DELAWARE
HIMOT, MD, LINDA J	ALLEGHENY
HINCHBERGER, MD, PAUL A	BUTLER
HINCHLIFFE, MD, JOSEPH G	ALLEGHENY
HINDI, MD, MUSA A	LUZERNE
HINEMAN, MD, MARQUIS W	BEAVER
HINES, MD, JANET M	ALLEGHENY
HINES, MD, RODERICK E	LANCASTER
HINKENS, MD, GEORGE F	ALLEGHENY
HINKLE, DO, RICHARD S	COLUMBIA
HINSMAN JR, MD, JOHN A	BRADFORD
HINTERBERGER, MD, JOSEPH W	LANCASTER
HIPP, MD, THOMAS J	BUCKS
HIPPENSTEAL, MD, ALAN R	ALLEGHENY
HIPPLE, MD, RANDALL F	LYCOMING
HIPPS, MD, JOHN G	TIOGA
HIRSCH, MD, ANDREW C	PHILADELPHIA
HIRSCH, MD, BARRY E	ALLEGHENY
HIRSCH, MD, BERNARD	BEAVER
HIRSCH, MD, IRVIN H	PHILADELPHIA
HIRSCH, MD, MICHAEL A	MONTGOMERY
HIRSCH, MD, STANLEY A	ALLEGHENY
HIRSCH, MD, STUART E	BUCKS
HIRSCH, DO, WILLIAM S	BUCKS
HIRSCHFELD, MD, SONDRA L	PHILADELPHIA
HIRSH, MD, BERNARD C	PHILADELPHIA
HIRSH, MD, LEONARD F	DELAWARE
HIRSH, MD, ROBERT A	PHILADELPHIA
HIRSH, MD, S JAY	DELAWARE
HIRTH, MD, JOANN S	PHILADELPHIA
HISRICH, MD, GLENN D	WASHINGTON
HISSOM JR, MD, BYRON R	BLAIR
HITCHCOCK, MD, JOHN	ALLEGHENY
HITCHNER, MD, LEWIS C	DELAWARE
HLAVAC, MD, CHERYL A	CHESTER
HLAVAC, JULIEANNE M	STUDENT
HLAVAC, MARK A	STUDENT
HNELESKI JR, MD, IGNATIUS S	CHESTER
HO, MD, CLEMENT T	YORK
HO, MD, SZE-KEY	ERIE
HO, MD, YEE C	ALLEGHENY
HOBART, MD, JOHN H	NORTHAMPTON
HOBBS, MD, JAN D	UNION
HOBBS, MD, JOSEPH H	SCHUYLKILL
HOBBS, MD, ROBERT E	SCHUYLKILL
HOBBS, MD, THOMAS R	DAUPHIN
HOBERMAN, MD, EDWARD	CLINTON
HOBERMAN, MD, MAURY	CHESTER
HOBSON, MD, SCOTT R	ALLEGHENY
HOCA, MD, RENATA D	ALLEGHENY
HOCH, MD, BRADLEY R	ADAMS
HOCH, MD, CARL W	ALLEGHENY
HOCH, MD, JOHN J	NORTHAMPTON
HOCH, MD, WILLIS S	BERKS
HOCHBERG, MD, ROBERT D	PHILADELPHIA
HOCHREITER, DO, GEORGE C	ERIE
HOCKENBERRY, SHERRY L	STUDENT
HOCKFIELD, MD, HAL S	MONTGOMERY
HODES, MD, PHILIP J	PHILADELPHIA
HODESS, MD, ARTHUR B	CHESTER
HODGE, MD, ARTHUR J	DAUPHIN
HODGES, MD, JOHN H	PHILADELPHIA
HODGES, MD, LEROY W	CAMBRIA
HODGSON, MD, JOHN P	ALLEGHENY
HODI, MD, FRANK S	PHILADELPHIA
HOELLEIN, MD, DEBORAH E	PHILADELPHIA
HOERNER, MD, GEORGE H	YORK
HOERNER, MD, RALPH W	PHILADELPHIA
HOESSLY, MD, MICHEL C	MONTGOMERY
HOFF, MD, JEANNE	ALLEGHENY
HOFF, MD, WILLIAM S	CHESTER
HOFFER, MD, RICHARD S	MONTOUR
HOFFMAN, ANDREA K	STUDENT
HOFFMAN, MD, ANDREW P	NORTHAMPTON
HOFFMAN, MD, ARTHUR D	LEHIGH
HOFFMAN, MD, BRUCE I	PHILADELPHIA
HOFFMAN, MD, CARL J	MONTGOMERY
HOFFMAN, MD, CHAUNCEY	CAMBRIA
HOFFMAN, MD, DAVID A	BERKS
HOFFMAN, MD, DAVID E	NORTHAMPTON
HOFFMAN, MD, DAVID J	YORK
HOFFMAN, MD, FRANKLIN D	ALLEGHENY
HOFFMAN, MD, GLENN H	LEBANON
HOFFMAN, MD, HOLLY C	CUMBERLAND
HOFFMAN, MD, HOWARD L	FRANKLIN
HOFFMAN, MD, J DAVID	PHILADELPHIA
HOFFMAN, MD, J LYNN	CUMBERLAND
HOFFMAN, MD, JAMES P	MONTGOMERY
HOFFMAN, MD, JOHN E	NORTHAMPTON
HOFFMAN, MD, JOHN P	PHILADELPHIA
HOFFMAN, DO, MARC E	ALLEGHENY
HOFFMAN, MD, MARK A	PHILADELPHIA
HOFFMAN, MD, NEIL A	BERKS
HOFFMAN, MD, SALEE L	BLAIR
HOFFMAN, STUART M	STUDENT
HOFFMAN, MD, WILLIAM J	WESTMORELAND
HOFFMAN, MD, WILLIAM W	LEHIGH
HOFFMAN JR, MD, GEORGE L	PHILADELPHIA
HOFFMAN JR, MD, RICHARD R	LEBANON
HOFFMAN-TERRY, MD, MARGARET L	LEHIGH
HOFFMANN, MD, RON	MONTGOMERY
HOFFMEIER, MD, CHARLES L	PHILADELPHIA
HOFMAN, MD, WALTER I	MONTGOMERY
HOFMANN, MD, DOUGLAS J	YORK
HOFMANN, MD, JAMES W	YORK
HOFMANN, MD, JO	PHILADELPHIA
HOFMANN, MD, MARY T	PHILADELPHIA
HOFMEISTER, JOSEPH K	STUDENT
HOFSTETTER, MD, ALEXANDER M	ALLEGHENY
HOFSTETTER, MD, MARK	ALLEGHENY
HOFSTROM, MD, GLEN T	LYCOMING
HOGAN, MD, RICHARD C	ALLEGHENY
HOGAN, MD, W MICHAEL	MONTGOMERY
HOGAN, MD, WILLIAM R	STUDENT
HOGG, MD, JEFFERY P	ALLEGHENY
HOHING, MD, CHARLES C	ALLEGHENY
HOKE JR, MD, HUGH H	LANCASTER
HOLDER, MD, ARTHUR J	LANCASTER
HOLENCIK, DO, MARK P	DAUPHIN
HOLFELNER, MD, EDWARD D	PHILADELPHIA
HOLL, MD, PAUL F	ALLEGHENY
HOLLA, MD, P SHRIPATHI	LACKAWANNA
HOLLAND, MD, CLARENCE A	LEHIGH
HOLLAND, MD, EDWARD F	YORK
HOLLAND, MD, MARK P	SCHUYLKILL
HOLLAND, MD, RUTH S	PHILADELPHIA
HOLLAND, MD, SANFORD J	LACKAWANNA
HOLLAND JR, MD, CLARENCE A	LEHIGH
HOLLAND-HULL, MD, NORMAN E	BUCKS
HOLLANDER, ALEXIS C	STUDENT
HOLLANDER, MD, BENTLEY A	PHILADELPHIA
HOLLANDER, MD, GEORGE	PHILADELPHIA
HOLLANDER, MD, IRWIN J	BUCKS
HOLLANDER, MD, JOSEPH L	PHILADELPHIA
HOLLANDS, MD, CELESTE M	PHILADELPHIA
HOLLEN, MD, ROBERT A	CUMBERLAND
HOLLERAN, MD, BERNARD L	LUZERNE
HOLLIMAN, MD, CECIL J	DAUPHIN
HOLM, MD, ERIC K	BERKS
HOLM, MD, WILLIAM W	MONTGOMERY
HOLMAN, DAWN M	STUDENT
HOLMAN, MD, INGRID A	ALLEGHENY
HOLMBERG, MD, DONALD E	MONTGOMERY
HOLMES, MD, JOHN J	LACKAWANNA
HOLMS, DO, BARRY C	DELAWARE
HOLSINGER, MD, DAVID F	CAMBRIA
HOLST, MD, HAZEL I	DELAWARE
HOLSTEIN, MD, JAMES J	DELAWARE
HOLT, MD, ALLEN H	MERCER
HOLT, DO, SARAH W	LANCASTER
HOLTZMAN, MD, HENRY B	BUCKS
HOLZINGER, MD, ELMER J	ALLEGHENY
HOMAN, MD, MAL R	BRADFORD
HONEBRINK, MD, ANN L	PHILADELPHIA
HONET, MD, JAMES E	PHILADELPHIA
HONG, MD, KAB S	MONTGOMERY
HONG, MD, KEUMSOON	PHILADELPHIA
HONG, MD, SOO W	LYCOMING
HONG, MD, SUNG H	BEAVER
HONGBARCO, MD, PABLO	ALLEGHENY
HONIG, MD, PAUL J	PHILADELPHIA
HONIGMAN, MD, FREDERIC H	PHILADELPHIA
HONKALA, MD, TIMOTHY K	ALLEGHENY
HOOBLER, MD, RANDALL J	ERIE
HOOD, MD, HENRY L	MONTOUR
HOOD, MD, JOHN M	ERIE
HOOD, THOMAS J	STUDENT
HOOKER, MD, HENRY C	PHILADELPHIA
HOON, MD, WILLIAM L	ALLEGHENY
HOOTMAN, MD, BARRY D	BUTLER
HOOVER, MD, ALAN D	ALLEGHENY
HOOVER, MD, CARL H	LANCASTER
HOOVER, MD, DARREN L	ALLEGHENY
HOOVER, MD, DEAN S	YORK
HOOVER, MD, PAUL M	MERCER
HOOVER, MD, PHILIP A	YORK
HOOVER II, MD, BENJAMIN A	YORK
HOOVLER, MD, PHILIP W	BLAIR
HOPE, MD, ALEXANDRA M	ALLEGHENY
HOPKINS, TIM B	STUDENT
HOPPENFELD, BRAD M	STUDENT
HOPPER, MD, BRUCE D	MONTGOMERY
HORAN, MD, CHARLES A	PHILADELPHIA
HORAN, MD, GERALD W	PHILADELPHIA
HORAN, MD, PARIS B	BRADFORD
HORCHOS, MD, DONALD D	LACKAWANNA
HORMELL, MD, JOHNSON G	BLAIR
HORN, MD, RICHARD H	ALLEGHENY
HORN, MD, THOMAS L	ALLEGHENY
HORN III, MD, FRANK W	YORK
HORNER, MD, TIMOTHY H	WASHINGTON
HORNER JR, MD, DANIEL W	MONTGOMERY
HORNICEK SR, MD, FRANCIS J	ALLEGHENY
HORNICK, MD, ANTHONY M	LANCASTER
HORNSTEIN, MD, LUCY E	CHESTER
HOROWITZ, MD, CAROLYN J	PHILADELPHIA
HOROWITZ, MD, ELISABETH W	DELAWARE
HOROWITZ, DO, GARY R	PHILADELPHIA
HOROWITZ, MD, GLENN D	PHILADELPHIA
HOROWITZ, MD, MICHAEL B	ALLEGHENY
HORROW, MD, JAN C	PHILADELPHIA
HORSLEY, MD, ROSS A	MCKEAN
HORST, MD, ELMER L	BERKS
HORSTMAN, MD, ROSEMARY	PHILADELPHIA
HORT, KURTIS R	STUDENT
HORTH, DO, DANIEL J	WASHINGTON
HORTH, ROBERT M	STUDENT
HORTON, MD, DAVID J	BERKS
HORTON, MD, JOSEPH A	ALLEGHENY
HORVAT, MD, BOZIDAR	PHILADELPHIA
HORVAT, CRAIG P	STUDENT
HORVATH, MD, DAVID A	ALLEGHENY
HORWIN, MD, SAMUEL	CAMBRIA
HORWITZ, MD, BRETT R	MONTGOMERY
HORWITZ, MD, MILTON R	BUCKS
HOSPODAR, MD, MARK E	ALLEGHENY
HOSSAIN, MD, AYESHA	WESTMORELAND
HOSSAIN, MD, KASHFIA D	PHILADELPHIA
HOSSEINI, LEILA D	STUDENT
HOST, MD, WILLIAM R	WYOMING
HOSTEN, MD, EDWARD B	PHILADELPHIA
HOSTETTER, MD, ABRAM M	LEBANON
HOTMER, MD, DIANNE D	CHESTER
HOTTENSTEIN, MD, DANIEL W	DAUPHIN
HOTTENSTEIN, MD, JONATHAN E	ALLEGHENY
HOU, MD, CHING W	ERIE
HOUGAARD, MD, JOHN P	BUCKS
HOUGH, MD, RODNEY K	CUMBERLAND
HOUIDES, MD, ATHANASIOS C	LEHIGH
HOUSER, MD, JAMES J	VENANGO
HOUSER, STEPHEN A	STUDENT
HOUSER, EXEC SEC, JUNE L	CLINTON
HOUSHMAND, MD, CYRUS	CARBON
HOUSMAN, MD, JOHN H	LANCASTER
HOUSTON, MD, DARRYL L	ALLEGHENY
HOUSTON, MD, JOHN B	MONTOUR
HOUSTON, MD, R ROSS	LAWRENCE
HOUSTON JR, MD, ROBERT R	LAWRENCE
HOVENDEN, MD, ANTHONY L	ALLEGHENY
HOVSEPIAN, MD, DAVID M	PHILADELPHIA
HOWANITZ, MD, EMIL P	LUZERNE
HOWARD, MD, THOMAS K	YORK
HOWE, MD, FRANCIS R C	DAUPHIN
HOWE, MD, J DALE	NORTHAMPTON
HOWELL, MD, JOHN T	BUCKS
HOWELL JR, MD, DAVID D	ERIE
HOWER, MD, ROBERT D	ALLEGHENY
HOWLAND, MD, ROBERT H	ALLEGHENY
HOWSE, MD, ROBERT M	LEBANON
HOY, DAVID S	STUDENT
HOYER, MD, JOHN R	PHILADELPHIA
HOYLE, MD, J PRESTON	UNION
HOYNIAK, MD, ANN L	BERKS
HOYSON, MD, GREGORY M	ALLEGHENY
HOYT, DO, BERNARD S	MERCER
HOYT, DO, DAVID G	MERCER
HOYT, MD, JOHN W	ALLEGHENY
HOYT, MD, RALPH C	BERKS
HOZACK, MD, WILLIAM J	PHILADELPHIA
HRATKO, MD, JOHN R	NORTHAMPTON
HRICISAK, DO, PAULINE M	DAUPHIN
HRINDA, MD, JOHN G	ERIE
HRIVNAK, PATTI L	STUDENT
HRYSHKO, MD, FRANK G	ALLEGHENY
HSIEH, DENNIS S	STUDENT
HSU, GOETHE I	STUDENT
HSU, SENZAN	STUDENT
HSU, MD, SHIEN S	WASHINGTON
HSU, MD, WEI T	DELAWARE
HU, MD, CHARLENE H	PHILADELPHIA
HU, MD, KANG-NING	ALLEGHENY
HU, MD, WEI-TZER	SCHUYLKILL
HUANG, MD, ABBY I	PHILADELPHIA
HUANG, MD, CHAU FE	LACKAWANNA
HUBBARD, MD, RAYMOND J	BERKS
HUBER, MD, DONALD J	ALLEGHENY
HUBER, MD, KENNETH C	ALLEGHENY
HUBER, STEPHEN J	STUDENT
HUBSHER, MD, JAY W	DELAWARE
HUDAK, MD, MARY J	YORK
HUDOCK, MD, JUDE A	PHILADELPHIA
HUDOCK, MD, MICHAEL J	BRADFORD
HUDOCK JR, MD, GEORGE E	LUZERNE
HUDSON, MD, ANITA M	YORK
HUDSON, MD, HOWARD L	ERIE
HUDSON, MD, MARK E	ALLEGHENY
HUDSON JR, MD, HOWARD E	LEHIGH
HUDZICKI, MARIE E	STUDENT
HUDZINSKI, MD, MARTIN	FRANKLIN
HUEBNER, MD, DENISE L	DELAWARE
HUFF, MD, DENISE	ALLEGHENY
HUFFARD, MD, ROBERT S	CENTRE
HUFFER, MD, DONALD H	YORK
HUFFMAN, MD, PAMELA A	PHILADELPHIA
HUFFNAGLE, MD, HENRY W	LANCASTER
HUGHES, MD, DAVID C	INDIANA
HUGHES, MD, DAVID P	LANCASTER
HUGHES, DO, ELIZABETH B	PHILADELPHIA
HUGHES, MD, GEORGE V	ALLEGHENY
HUGHES, MD, HOWARD G	MONTOUR
HUGHES, MD, JAMES M	ALLEGHENY
HUGHES, MD, JANE S	PHILADELPHIA
HUGHES, DO, PARIS D	PHILADELPHIA
HUGHES, MD, PATRICK H	ALLEGHENY
HUGHES, MD, PAUL J	LUZERNE
HUGHES, MD, SUSAN M	PHILADELPHIA
HUGHES, MD, WILLIAM M	WESTMORELAND
HUGHEY, MD, JAMES R	WASHINGTON
HUGO, KRISTINE E	STUDENT
HUGO, MD, MARYANNE	ALLEGHENY
HUHTA, MD, JAMES C	PHILADELPHIA
HULL III, MD, DONALD F	LYCOMING
HULLEY JR, MD, WILLIAM C	ALLEGHENY
HUME, MD, ERIC L	PHILADELPHIA
HUMES, MD, ALEXANDER B	ALLEGHENY
HUMMEL, JAMES P	STUDENT
HUMMER III, MD, CHARLES D	DELAWARE
HUMMER JR, MD, CHARLES D	DELAWARE
HUMPHREY, MD, DAVID M	PHILADELPHIA
HUMPHREYS, MD, EARL A	ALLEGHENY
HUNDLEY, MD, J WARREN	PHILADELPHIA
HUNG, MD, LYNN L Y	ALLEGHENY
HUNSBERGER, MD, CHARLES L	CAMBRIA

HUNSBERGER, MD, JOSEPH L	MONTGOMERY
HUNSICKER, MD, LLEWELLYN W	MONROE
HUNSICKER, MD, ROBERT C	NORTHAMPTON
HUNT, MD, EUGENE H	BUCKS
HUNT, MD, JOSIAH A	YORK
HUNT, MD, PATRICK J	PHILADELPHIA
HUNT, MD, ROBERT E	BUTLER
HUNT JR, MD, WILLIAM T	PHILADELPHIA
HUNTER, MD, CAROL A	LEHIGH
HUNTER, MD, DORIS M	ALLEGHENY
HUNTER, MD, FRANCES C	PHILADELPHIA
HUNTER, MD, GEORGE R	WESTMORELAND
HUNTER, MD, JAMES M	PHILADELPHIA
HUNTER, MD, JOHN S	BERKS
HUNTER, LINDA L	STUDENT
HUNTER, MD, MARVIN T	BUCKS
HUNTER, MD, ROBERT G	COLUMBIA
HUNTER, MD, ROBERT J	CENTRE
HUNTER, MD, TIMOTHY M	ALLEGHENY
HUNTLEY, MD, ARTHUR C	PHILADELPHIA
HUOT, MD, DAVID A	ALLEGHENY
HURH, MD, RYON	ALLEGHENY
HURITE, MD, FRANCIS G	ALLEGHENY
HURLEY, MD, HARRY J	DELAWARE
HURLEY, MD, JOHN N	PHILADELPHIA
HURLEY II, MD, JAMES E	FRANKLIN
HURLOCK, MD, JOAN E	PHILADELPHIA
HUROWITZ, DO, MARC P	PHILADELPHIA
HURSH, MD, DALE K	LANCASTER
HURST, MD, JOHN W	BLAIR
HURST, MD, KENNETH L	LANCASTER
HURWITZ, DO, CHARLES	PHILADELPHIA
HURWITZ, MD, DENNIS J	ALLEGHENY
HURWITZ, MD, LARRY E	ALLEGHENY
HURWITZ, MARK D	STUDENT
HUSAIN, MD, SALEEM	PHILADELPHIA
HUSAIN, MD, ZAHID	LUZERNE
HUSAINI, MD, SYED N	ALLEGHENY
HUSHION, MD, WILLIAM F	DELAWARE
HUSKEY, MD, RICHARD E	PHILADELPHIA
HUSSAINI, MD, SYED R	ALLEGHENY
HUSSON, MD, MICHAEL A	PHILADELPHIA
HUST, MD, FREDERICK S	BUTLER
HUSTED, MD, JAMES W	DELAWARE
HUSTON, MD, CHARLES C	CLARION
HUTCHINGS, MD, DIANA M	BUCKS
HUTCHINSON, MD, THOMAS A	LEHIGH
HUTCHINSON III, DO, HARRY J	CHESTER
HUTCHISON, MD, JAMES C	MONTGOMERY
HUTSON, DO, JODY W	COLUMBIA
HUTT, MD, GORDON H	LANCASTER
HUTTON, MD, JOHN E	YORK
HUWE JR, MD, JOSEPH E	ALLEGHENY
HUXSTER, MD, ROBERT H	CHESTER
HWAN, MD, JUNG J	LACKAWANNA
HYATT, MD, FLOYD R	ERIE
HYATT, MD, GLENN A	MONTGOMERY
HYATT, MD, ROBERT W	PHILADELPHIA
HYDE, MD, BRUCE I	ALLEGHENY
HYDOCK, NICOLE A	STUDENT
HYKES, MD, JAMES I	MONTGOMERY
HYLAND, MD, JULIA K	BUCKS
HYLAND, LAWRENCE J	STUDENT
HYLBERT JR, MD, KENNETH W	CENTRE
HYMAN, MD, DAVID S	NORTHAMPTON
HYMAN, MD, HAROLD L	PHILADELPHIA
HYMAN, MD, HERBERT L	LEHIGH
HYNES, MD, ELIZABETH T	DAUPHIN
HYNES, LISA R	STUDENT
HYUN, MD, ROBERT	PHILADELPHIA
HYZINSKI, MD, MARTIN B	LACKAWANNA

I

IALEGGIO, MD, JOHN J	NORTHAMPTON
IAMS, MD, WILLIAM B	DAUPHIN
IANCU, MD, ALBERT L	ALLEGHENY
IANNACONE, MD, WILLIAM M	PHILADELPHIA
IANNAMORELLI, MD, ANTHONY S	FAYETTE
IANNARONE, MD, LORENZ N	MONTGOMERY
IANNUZZI, MD, C CHARLES	ALLEGHENY
IBANEZ, MD, MELCHISEDEC	MCKEAN
IBARRA, MD, JOSELUIS	LANCASTER
ICHIKAWA, MD, DIANE C L	ALLEGHENY
ICHTER, MD, JOSEPH T	LUZERNE
ICKLER, MD, JOHN L	MONTGOMERY
IDDENDEN, MD, DAVID A	PHILADELPHIA
IDICULLA, MD, ANNE A	PHILADELPHIA
IDREES, MD, MOHAMMAD	ALLEGHENY
IERARDI, MD, RALPH P	PHILADELPHIA
IGIDBASHIAN, DO, VARTAN N	DELAWARE
IGLESIAS, MD, MANUEL	LANCASTER
IGNACIO JR, MD, GLICERIO V	CAMBRIA
IGNATIUS, MD, PAUL F	WARREN
IGNOCHECK, MD, ANTHONY R	ERIE
IIDA, ERIC S	STUDENT
IJELU, MD, GORDON	PHILADELPHIA
ILGREN, MD, EDWARD B	MONTGOMERY
ILKHANIPOUR, KAMYAR	STUDENT
ILKHANIPOUR, MD, VALEH	ALLEGHENY
ILKHANIPOUR, MD, ZAHRA S	ALLEGHENY
ILLINGWORTH, DO, WILLIAM A	BEDFORD
ILSON, MD, BERNARD E	PHILADELPHIA
IMAIZUMI, MD, SHOTARO	DELAWARE
IMBER, MD, IRVING	BERKS
IMBRIGLIA JR, MD, JOSEPH E	ALLEGHENY
IMBRIGLIA SR, MD, JOSEPH E	LUZERNE
IMBROGNO, MD, MICHAEL S	LUZERNE
IMMERMAN, MD, MARC	BRADFORD
IMPERIALE, MD, SALVATORE M	LUZERNE
IMPINK, MD, ROBERT R	BERKS
INCORVATI, DO, DENNIS L	ALLEGHENY
INCORVATI, DO, ROBERT L	ALLEGHENY
INDECK, MD, MATTHEW C	MONTOUR
INDORATO, MD, LEROY S	ALLEGHENY
INGAGLIO, MD, PHILIP E	PHILADELPHIA
INGERMAN, MD, MARK J	PHILADELPHIA
INGERSOLL, MD, CHARLES J	PHILADELPHIA
INGLESE, MD, ROBERTO	BEAVER
INGRAHAM, MD, HERBERT J	MONTOUR
INGRAM, MD, ROBERT C	PHILADELPHIA
INGUI, MD, JOHN	PHILADELPHIA
INNIS, MD, PATRICIA A	BERKS
INOUYE, MD, LISA S	ALLEGHENY
INSCO, RICHARD A	STUDENT
INSERRA, MD, DIANE W	ALLEGHENY
INSLEY JR, MD, MARION C	DAUPHIN
INZERILLO, MD, JOHN J	DAUPHIN
IOBST, MD, WILLIAM F	LUZERNE
IOCONO, MD, JOSEPH A	STUDENT
IORIO, MD, LOUIS J	MCKEAN
IQBAL, MD, NADEEM	BEAVER
IQBAL, MD, SARWAT A	PHILADELPHIA
IQBAL, SYMA	STUDENT
IQBAL, MD, ZAFAR	ALLEGHENY
IRANI, MD, MAHAKHURSHID	NORTHAMPTON
IRANI, MD, MAHATAB	NORTHAMPTON
IRANI, MD, ROSHEN N	PHILADELPHIA
IRBY, MD, SUSAN K	ALLEGHENY
IREY JR, MD, PHILIP M	COLUMBIA
IRIZARRY, MD, CARMEN P	PHILADELPHIA
IRVING, MD, THOMAS H	ALLEGHENY
IRVIS, MD, KENNETH M	ALLEGHENY
IRWIN, MD, JOHN T	BUCKS
IRWIN JR, MD, GLENN E	ERIE
ISAACS, MD, CHARLES T	DAUPHIN
ISAACS, MD, GILBERT H	ALLEGHENY
ISAACSON, MD, HOWARD	PHILADELPHIA
ISARD, MD, HAROLD J	PHILADELPHIA
ISARIYAWONGSE, MD, PRAKORB	FAYETTE
ISCHIROPOULOS, DO, PATRICIA N	PHILADELPHIA
ISDANER, MD, NEIL L	PHILADELPHIA
ISENBERG, MD, CHESTER L	HUNTINGDON
ISHII, MASARU	STUDENT
ISHLER, MD, H RICHARD	CENTRE
ISIDRO, MD, ENRIQUE A	ERIE
ISIDRO, MD, EUGENIO G	LAWRENCE
ISLAMOFF, MD, IGOR I	CAMBRIA
ISMAEL, MD, MOHAMED M	ALLEGHENY
ISMAIL-BEIGI, MD, FARHAD	ALLEGHENY
ISRAEL, MD, HAROLD L	PHILADELPHIA
ISRAEL, MD, HOWARD A	LEHIGH
ISRAEL, MD, MICHAEL	ALLEGHENY
ITALIA, MD, PETER J	PHILADELPHIA
ITSKOWITZ, MD, ALAN L	ALLEGHENY
ITSKOWITZ, MD, HARVEY Z	PHILADELPHIA
ITZKOFF, MD, JEROME M	ALLEGHENY
IULIANO, MD, PHILIP J	DAUPHIN
IVANOFF, MD, JOHN G	PHILADELPHIA
IVES, CHARLENE A	STUDENT
IVILL, MD, DENNIS W	DELAWARE
IVINS, MD, JOSEPH L	DELAWARE
IVINS, MD, SAMUEL P	DELAWARE
IVKER, MD, MORRIS	MONTGOMERY
IYER, MD, MANNY S	NORTHAMPTON
IZES, DO, PAUL M	PHILADELPHIA
IZZO, MD, DOMENIC C	BERKS
IZZO, MD, KENNETH L	PHILADELPHIA

J

JABBOUR, MD, NABIL	WESTMORELAND
JABBOUR, MD, NICOLAS	ALLEGHENY
JABLONSKI, MD, RICHARD R	ALLEGHENY
JACKEL, MD, ROY A	MONTGOMERY
JACKLINE JR, MD, JOSEPH J	ALLEGHENY
JACKSON, MD, FRANK W	DAUPHIN
JACKSON, MD, JAY R	YORK
JACKSON, KELI D	STUDENT
JACKSON, MD, MARK C	BUCKS
JACKSON, MARY E	STUDENT
JACKSON, MD, MELVIN L	PHILADELPHIA
JACKSON, MD, PAUL W	DELAWARE
JACKSON, MD, RAYMOND W	BEDFORD
JACKSON, MD, RICHARD D	LANCASTER
JACKSON, MD, TIMOTHY L	BEAVER
JACOB, MD, EMMANUEL E	LUZERNE
JACOB, MD, LEONARD S	PHILADELPHIA
JACOB, MD, N J	NORTHAMPTON
JACOB, MD, W LINDSAY	ALLEGHENY
JACOB JR, MD, THOMAS C	DELAWARE
JACOBELLI, MD, MICHAEL C	BUCKS
JACOBUS, MD, HENRY F	NORTHAMPTON
JACOBS, MD, CLYDE H	NORTHMBRLAND
JACOBS, MD, DAVID	ALLEGHENY
JACOBS, MD, FRANCIS	CHESTER
JACOBS, MD, GEORGE J	ALLEGHENY
JACOBS, MD, IRVIN	LUZERNE
JACOBS, MD, JOSEPH A	PHILADELPHIA
JACOBS, MD, JOSEPH M	NORTHAMPTON
JACOBS, MD, KENNETH M	LACKAWANNA
JACOBS, MD, MARK	DELAWARE
JACOBS, MD, MARSHALL L	PHILADELPHIA
JACOBS, MD, RICHARD R	LANCASTER
JACOBS, MD, SAMUEL A	ALLEGHENY
JACOBS, MD, STANLEY R	PHILADELPHIA
JACOBSON, MD, DAVID P	HUNTINGDON
JACOBSON, MD, HORACE H	BRADFORD
JACOBSON, MD, KENNETH L	MONTGOMERY
JACOBSON, MD, MARK D	ALLEGHENY
JACOBSON, MD, MARTIN A	BERKS
JACOBSTEIN, MD, JEROME G	PHILADELPHIA
JACOBUS, MD, JUDITH L	BLAIR
JACOBY, MD, RICHARD A	PHILADELPHIA
JACQUES, MD, GEORGE A	ALLEGHENY
JACQUES, MD, JANICE A D	MONTGOMERY
JADALI, MD, NASSRIN	PHILADELPHIA
JADIDI, MD, SHIRIN	NORTHAMPTON
JADITZ, DO, STEPHEN G	LACKAWANNA
JAEGER, MD, EDWARD A	DELAWARE
JAEGER, MD, ROBERT M	LEHIGH
JAEGER, MD, SCOTT H	PHILADELPHIA
JAEGER, MD, SCOTT M	ADAMS
JAFAR, MD, MOHAMMAD A	PHILADELPHIA
JAFARI, MD, NERCY	LEHIGH
JAFERI, MD, BARKAT A	BUCKS
JAFFARI, MD, MOHAMMED	PHILADELPHIA
JAFFE, MD, BERYL	PHILADELPHIA
JAFFE, MD, JEREMY R	MONTGOMERY
JAFFE, MD, JOEL D	BUCKS
JAFFE, MD, JOHN S	LEHIGH
JAFFE, MD, LOUIS	MONTGOMERY
JAFFE, MD, MARVIN E	PHILADELPHIA
JAFFE, MD, STEPHEN C	BUCKS
JAFFEE, DO, LEE	PHILADELPHIA
JAGANNATH, MD, ANAND	DAUPHIN
JAHNLE, MD, RICHARD L	DELAWARE
JAHRE, MD, JEFFREY A	NORTHAMPTON
JAHROMI, MD, HEIDAR K	CHESTER
JAKAB, MD, IRENE	ALLEGHENY
JAKABOVICS, MD, EVA	BUCKS
JAKUBEK, MD, DONALD J	WESTMORELAND
JALALI, MD, SHAILEN	PHILADELPHIA
JALOWIEC, DO, MICHAEL A	LACKAWANNA
JAMA, DO, ROBERT H	LACKAWANNA
JAMALI, MD, ANMAR A	DELAWARE
JAMES, MD, EDWARD K	BERKS
JAMES, MD, FRANK S	PHILADELPHIA
JAMES, MD, GEOFFREY M	DAUPHIN
JAMES, MD, JEFFREY R	BERKS
JAMES, MD, RICHARD A	ALLEGHENY
JAMES, MD, ROBERT T	BRADFORD
JAMESON, MD, E CARLETON	LANCASTER
JAMIL, MD, QAZI A	MCKEAN
JAMISON, MD, JAMES P	ALLEGHENY
JAMINBACK, MD, LISA A	ALLEGHENY
JAMSHIDI, MD, JAVAD	BEAVER
JAN, MD, REHANA A	PHILADELPHIA
JAN, MD, RONALD S	PHILADELPHIA
JAN, MD, TAYYABA S	LACKAWANNA
JANA, MD, BARID B	WESTMORELAND
JANA, MD, DILIP K	ERIE
JANAKIRAMAN, MD, VIJYAYARA G	BLAIR
JANCIS, ERIK M	STUDENT
JANECKA, MD, IVO P	ALLEGHENY
JANERICH, MD, ALBERT D	LUZERNE
JANESKY, MD, CINDY	LANCASTER
JANEWAY, MD, TIMOTHY	ALLEGHENY
JANG, MD, JANG-HUEI	LUZERNE
JANICUEVIC, MD, MILENA	ALLEGHENY
JANICUEVIC, MD, NENAD	ALLEGHENY
JANIGIAN, MD, EDWARD R	LUZERNE
JANNELLI, MD, ANGELA F	BUCKS
JANNELLI, MD, DOROTHY F	ALLEGHENY
JANNETTA, MD, PETER J	ALLEGHENY
JANOFF, HAL B	STUDENT
JANORA, MD, DEANNA M	PHILADELPHIA
JANOSKO, MD, RUDOLPH E M	ALLEGHENY
JANSMA JR, MD, DAVID R	BEAVER
JANSON, MD, RUSSELL R	DAUPHIN
JANSS, MD, ANNA J	PHILADELPHIA
JANTON III, MD, FRANCIS J	DAUPHIN
JANZER, MD, SEAN F	PHILADELPHIA
JAQUISS, MD, G WILLIAM	ALLEGHENY
JARAMILLO, MD, BEVERLY ANN	ALLEGHENY
JARDINE, MD, JILL C	STUDENT
JARDINE, LISA M	STUDENT
JARIWALA, MD, LETICIA Q	ALLEGHENY
JARJOUR, MD, IMAD T	ALLEGHENY
JARMAN, MD, MARTHA L	BUCKS
JARMOLOWSKI, MD, CHESTER R	ALLEGHENY
JAROSH, MD, SAMARA L	PHILADELPHIA
JAROWENKO, MD, DALEELA G	LANCASTER
JARRETT, MD, FREDRIC	ALLEGHENY
JARRETT, MD, PATRICIA J	ALLEGHENY
JARVIS, MD, F WAYNE	PHILADELPHIA
JARVIS, JAMES R	STUDENT
JARYMOVYCH, MD, JAROSLAW I	PHILADELPHIA
JASEK, MD, ANDRZEJ M	MONTGOMERY
JASPER, DO, RONALD L	ALLEGHENY
JAURIGUE, MD, VENERANDO G	PHILADELPHIA
JAVAN, MD, MEHDI B	WESTMORELAND
JAVIAN JR, MD, THOMAS A	BUCKS
JAWAD, MD, BASIL S	CHESTER
JAXHEIMER, MD, ERIC C	BERKS
JAY JR, MD, W THOMAS	BERKS
JAYAKUMAR, MD, SUBRAMONIAM	WASHINGTON
JEFFERIES III, MD, GEORGE E	DAUPHIN
JEFFERS, MD, JOHN B	PHILADELPHIA
JEFFREYS, MD, WILLIAM H	MONTOUR
JEFFRIES, MD, C STEPHEN	ALLEGHENY
JEFFRIES, DO, NANCY E	LANCASTER
JEGASOTHY, MD, BRIAN V	ALLEGHENY
JELEN, MD, JOSEPH A	PHILADELPHIA
JELEN, MD, JOSEPH A	PHILADELPHIA
JENCKES III, MD, GEORGE A	BERKS
JENKINS, MD, BARRY L	SCHUYLKILL
JENKINS, MD, BENJAMIN C	BLAIR
JENKINS, MD, DOROTHY S	DELAWARE
JENKINS, MD, JAY L	ERIE
JENKINS, MD, ROSEMARY	DAUPHIN
JENKINS III, ARTHUR L	STUDENT
JENKINS JR, MD, ROBERT J	ALLEGHENY
JENKS, MD, JOHN S	PHILADELPHIA
JENNEY, MD, FLORENCE B	BUTLER
JENNINGS, MD, DAVID T	LYCOMING
JENNINGS, MD, RICHARD A	ALLEGHENY
JENS, MD, KURTIS D	LANCASTER
JENSEN, MD, GORDON L	MONTOUR
JEONG, CHRISTINE M	STUDENT
JEROME-ZAPADKA, MD, KAREN M	BEAVER
JESICK, MD, ANN R	INDIANA
JESSAR, MD, RALPH A	PHILADELPHIA
JEW III, MD, EDWARD W	ALLEGHENY
JEW JR, MD, EDWARD W	ALLEGHENY
JEWELL, MD, MELANIE	PHILADELPHIA
JEWELLS, DO, VALERIE L	CHESTER
JEYARANJAN, MD, A RICHARD	NORTHAMPTON
JHO, MD, HAE DONG	ALLEGHENY
JIANG, MD, XIAOMING	PHILADELPHIA
JIAS, LISA M	STUDENT
JIMENEZ-MEDINA, MD, HERNAN J	MONTGOMERY
JIMERSON, MD, CEDRIC C	BERKS
JIN, MD, BYUNGHAK	FAYETTE
JOBES, MD, DAVID R	PHILADELPHIA
JOCHNOWITZ, MD, MICHAEL J	MONTGOMERY
JOEBSTL, MD, BARBARA C	PHILADELPHIA
JOHAN, MD, MORTON	ALLEGHENY
JOHANSON, MD, NORMAN A	PHILADELPHIA
JOHN, MD, BENJAMIN	MONTGOMERY
JOHN, MD, JOHN P	ALLEGHENY
JOHN, MD, LAWRENCE R	ALLEGHENY
JOHN, MD, LISA A	ERIE
JOHN, MD, MALIYAKKAL J	COLUMBIA
JOHN, MD, REKHA A	PHILADELPHIA
JOHN, MD, THOMAS	DELAWARE
JOHN, EXEC DIR, PAUL P	NORTHMBRLAND
JOHNS, MD, MILTON W	LANCASTER
JOHNS IV, MD, WALTER S	ERIE
JOHNSON, MD, ALFRED T	BERKS
JOHNSON, MD, BERNETT L	PHILADELPHIA
JOHNSON, MD, BRETT A	ERIE
JOHNSON, MD, CHARLES F	LEHIGH
JOHNSON, MD, CRAIG H	BERKS
JOHNSON, MD, DANIEL W	BLAIR
JOHNSON, MD, DAVID W	ALLEGHENY
JOHNSON, MD, DEAN E	ALLEGHENY
JOHNSON, MD, DENNIS R	YORK
JOHNSON, MD, DON E	PHILADELPHIA
JOHNSON, MD, DOROTHY E	LUZERNE
JOHNSON, MD, DOUGLAS E	LEHIGH
JOHNSON, DO, DWIGHT C	PHILADELPHIA
JOHNSON, EDWARD P	STUDENT
JOHNSON, MD, ELTING C	BRADFORD
JOHNSON, MD, FRANKLIN P	ALLEGHENY
JOHNSON, MD, GARY E	ALLEGHENY
JOHNSON, MD, GEORGE M	YORK
JOHNSON, MD, GLEN	BRADFORD
JOHNSON, MD, JAMES R	ALLEGHENY
JOHNSON, JEANNE D	STUDENT
JOHNSON, MD, JEFFREY H	PHILADELPHIA
JOHNSON, MD, JOAN E	LANCASTER
JOHNSON, MD, JOHN H	BLAIR
JOHNSON, MD, JONAS T	ALLEGHENY
JOHNSON, MD, LISA B	CHESTER
JOHNSON, MD, LYNN R	ALLEGHENY
JOHNSON, MD, MARGARET M	PHILADELPHIA
JOHNSON, MD, PETER C	ALLEGHENY
JOHNSON, MD, RICHARD E	PHILADELPHIA
JOHNSON, DO, RICHARD E	JEFFERSON
JOHNSON, MD, ROBERT P	LANCASTER
JOHNSON, MD, ROBERTA M	CLINTON
JOHNSON, MD, THOMAS A	PHILADELPHIA
JOHNSON, THOMAS W	STUDENT
GJOHNSON, MD, VAN W	WARREN
JOHNSON, MD, WAINE C	PHILADELPHIA
JOHNSON, MD, WILLIAM T	BERKS
JOHNSON III, MD, S HARRIS	ALLEGHENY
JOHNSON JR, MD, BERTRAM L	LANCASTER
JOHNSON JR, MD, HOWARD J	PHILADELPHIA
JOHNSON-HAMERMAN, MD, LOIS M	PHILADELPHIA
JOHNSONBAUGH, MD, ROGER E	DELAWARE
JOHNSTON, DO, CRAIG T	ERIE
JOHNSTON, MD, FRANK B	PHILADELPHIA
JOHNSTON, HEATHER J	STUDENT
JOHNSTON, MD, JAMES B	VENANGO
JOHNSTON III, MD, JAMES R	CUMBERLAND
JOHNSTON JR, MD, JOHN A	ALLEGHENY
JOHNSTONE, MD, GRAHAM F	ALLEGHENY
JOLLY, MD, RAJ K	ELK/CAMERON
JONES, MD, ANCIL A	DELAWARE
JONES, MD, BRIAN C	ALLEGHENY
JONES, CHEVAUGHN V	STUDENT
JONES, MD, DANIEL C	MONTGOMERY
JONES, MD, DAVID G	LEHIGH
JONES, MD, DAVID J	YORK
JONES, MD, EDWARD R	PHILADELPHIA
JONES, MD, FRANK E	ALLEGHENY
JONES, MD, FREDERICK L	HUNTINGDON
JONES, MD, GEORGE J	WASHINGTON
JONES, HORATIO C	STUDENT
JONES, JAMES B	STUDENT
JONES, MD, JAMES E	DAUPHIN
JONES, DO, JEFFREY J	BERKS
JONES, MD, JOSEPH C	ADAMS
JONES, MD, KAREN E	YORK
JONES, MD, LARRY M	WASHINGTON
JONES, MD, LARRY W	BLAIR
JONES, MD, MICHAEL W	LYCOMING
JONES, MONIQUE M	STUDENT
JONES, MD, RAYMOND R	CHESTER

JONES, RENEE L	STUDENT
JONES, MD, RICHARD E	ADAMS
JONES, MD, ROBERT K	DELAWARE
JONES, MD, ROBYN R	PHILADELPHIA
JONES, MD, STEVEN R	ALLEGHENY
JONES, MD, STUART A	LEHIGH
JONES, MD, THOMAS B	FAYETTE
JONES, MD, TOM B	MERCER
JONES, DO, WAYNE T	ERIE
JONES, MD, WENDELL E	ALLEGHENY
JONES, DO, WILLIAM H	STUDENT
JONES JR, MD, JOHN H	LYCOMING
JONES JR, DO, ROBERT S	LACKAWANNA
JONES JR, MD, ROBERT T	ALLEGHENY
JONES-GORDON, MD, SANDRA M	ALLEGHENY
JONOV, CRAIG R	STUDENT
JORDAN, MD, CLAUS G	MONROE
JORDAN, MD, JEROME W	LACKAWANNA
JORDAN, MD, WILLIAM J	LACKAWANNA
JORDAN, MD, WILLIAM P	MONROE
JORDAN III, MD, WALTER E	LACKAWANNA
JORGE, MD, EDUARGO	DAUPHIN
JORGENSEN, MD, BRIAN K	PHILADELPHIA
JORGENSON, JOEL J	STUDENT
JORKASKY, MD, DIANE K	PHILADELPHIA
JOSEF, MD, ERNEST M	CUMBERLAND
JOSEPH, MD, ALFRED J	MERCER
JOSEPH, MD, ANDREW H	ALLEGHENY
JOSEPH, MD, ELAINE R	ALLEGHENY
JOSEPH, MD, GEOFFREY	WESTMORELAND
JOSEPH, MD, GEORGE M	NORTHAMPTON
JOSEPH, MD, KADANKAVIL C	ELK/CAMERON
JOSEPH, MD, RAYMOND J	LUZERNE
JOSHI, MD, HARENDRA V	PHILADELPHIA
JOSHI, MD, KISHOR E	FAYETTE
JOSHI, MD, KUNDABALA S	PHILADELPHIA
JOSHI, MD, MANOHAR J	ALLEGHENY
JOSHI, MD, NIRMAL	LEBANON
JOSON, MD, RAYMOND M	PHILADELPHIA
JOSSELSON, MD, ALAN S	MONTGOMERY
JOURDAIN, MD, LUIS M	BLAIR
JOVANOVICH, MD, DANIEL B	ALLEGHENY
JOY, MD, CHARLES A	ERIE
JOY, MD, CHARLES R	ERIE
JOYCE, MD, ELLEN M	LEHIGH
JOYCE, MD, JUDITH M	ALLEGHENY
JOYCE, MD, KEVIN F	WASHINGTON
JOYCE, MD, MICHAEL F	MONTGOMERY
JOYNER, MD, DAVID M	DAUPHIN
JOZEFCZYK, MD, PATRICIA B	ALLEGHENY
JOZWIAK, MD, MARIOLA R	ALLEGHENY
JUANG, MD, RICHARD C	ERIE
JUBELIRER, MD, ROBERT A	MONTGOMERY
JUDO, MD, JAMES D	MONTGOMERY
JUDE, MD, DAVID C	ALLEGHENY
JUDGE, MD, SHEILA	PHILADELPHIA
JUDGE III, MD, JAMES W	CHESTER
JUDSON, MD, JOHN P	DAUPHIN
JUDSON, MD, WILLIAM W	LYCOMING
JUDY, MD, KEVIN D	PHILADELPHIA
JUHASZ, MD, ALEX B	INDIANA
JULES, MD, ARNOLD J	MONTGOMERY
JULIA, MD, RONALD R	NORTHAMPTON
JULIAN, MD, MARYJANE A	SCHUYLKILL
JULIAN, MD, THOMAS B	ALLEGHENY
JULIEN, TYA-MAE Y	STUDENT
JULIUS, MD, ERNEST L	LUZERNE
JUNCOS, MD, GUILLERMO R	CHESTER
JUNEJA, MD, DAMYANTI	PHILADELPHIA
JUNG, MD, HONG I	LACKAWANNA
JUNG, MD, JAY SOO	LEHIGH
JUNG, MD, JENNIFER L	BUCKS
JUNG, MD, TINLIUNG	MCKEAN
JUNGREIS, MD, CHARLES A	ALLEGHENY
JUNKIN, MD, DAVID M	MONTGOMERY
JUNOD, MD, JOHN B	BUCKS
JURBALA, BRIAN M	STUDENT
JURENOVICH, DO, MICHAEL J	MERCER
JURGENS, MD, KENNETH H	ERIE
JURGENSEN, MD, JOHN C	CUMBERLAND
JURNOVOY, MD, JOEL B	DELAWARE
JUSTICE, WILLIAM H	STUDENT
JUSTIN, MD, PETER A	NORTHMBRLAND
JUSTMAN, MD, JUDITH I	PHILADELPHIA
JUVELIER, MD, BERNARD W	DAUPHIN

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KAAR, MD, RICHARD C	LYCOMING
KABLER, MD, RONALD L	MONTOUR
KACHEL, MD, THOMAS A	DAUPHIN
KACZOR, MD, STANLEY F	BLAIR
KADIS, MD, MILTON H	LUZERNE
KADRY, MD, ZAKIYAH	ALLEGHENY
KAFRISSEN, MD, STEVEN R	LUZERNE
KAGUYUTAN, MD, ALFREDO G	ADAMS
KAGUYUTAN, MD, OFELIA D	ADAMS
KAHLER, MD, GERALD W	VENANGO
KAHLER, MD, ROBERTA A	VENANGO
KAHN, MD, BERNARD L	PHILADELPHIA
KAHN, MD, BERTRAM	MONTGOMERY
KAHN, MD, DONALD L	PHILADELPHIA
KAHN, MD, HYMAN R	PHILADELPHIA
KAHN, MD, MARK B	PHILADELPHIA
KAHN, MD, RONALD L	BRADFORD
KAHN, MD, S BENHAM	PHILADELPHIA
KAHN, MD, SANDRA J	PHILADELPHIA
KAHN, MD, Y RAYMOND	ARMSTRONG
KAIDBEY, MD, KAYS	PHILADELPHIA
KAIN III, MD, THOMAS M	DELAWARE
KAIRYS, MD, LEO R	ALLEGHENY
KAIRYS, MD, MARIE Z	PHILADELPHIA
KAISER, MD, RALPH H	LYCOMING
KAJANI, MD, MEHDI K	PHILADELPHIA
KAJI, MD, ARJUN V	PHILADELPHIA
KAJI, MD, VIKRAM H	BUCKS
KAKODKAR, MD, VASUNDHARA S	NORTHAMPTON
KALAGAYAN, MD, HECTOR J	ERIE
KALANI, MD, GHASSEM	PHILADELPHIA
KALASH, MD, YASER	ALLEGHENY
KALCHMAN, MD, STEVEN H	BUCKS
KALE, MD, SANJAY D	LEHIGH
KALENAK, MD, ALEXANDER	DAUPHIN
KALIA, MD, KAMAL K	ALLEGHENY
KALIK, DO, JOSEPH R	MERCER
KALIMAN, MD, EDWARD G	ALLEGHENY
KALISH, MD, ROBERT W	PHILADELPHIA
KALKHOF, MD, THOMAS C	ERIE
KALLA, MD, RICHARD L	ALLEGHENY
KALLMAN, JAMES E	STUDENT
KALLOZ, MD, JOHN R	ADAMS
KALMANSON, MD, JACOB D	ALLEGHENY
KALNICKI, MD, SHALOM	ALLEGHENY
KALODNER, DO, DAVID R	DELAWARE
KALRA, MD, KRISHAN G	ALLEGHENY
KAM, MD, LAURANCE W	ALLEGHENY
KAMBIN, MD, PARVIZ	PHILADELPHIA
KAMDAR, MD, JAYANT C	PHILADELPHIA
KAMEEN, MD, ANTHONY J	LUZERNE
KAMEN, DO, JONATHAN W	PHILADELPHIA
KAMEN, DO, LEONARD B	PHILADELPHIA
KAMERER, MD, DONALD B	ALLEGHENY
KAMINENI, MD, UMA	PHILADELPHIA
KAMINSKI, MD, ROBERT J	ALLEGHENY
KAMINSKI, MD, THOMAS N	WESTMORELAND
KAMINSKY, MD, JAMES F	ERIE
KAMSLER, MD, DAVID F	ADAMS
KANAL, MD, EMANUEL	ALLEGHENY
KANDABAROW, MD, ALEXANDER	ALLEGHENY
KANDRA, MD, JOSEPH J	DAUPHIN
KANDULA, MD, RAVINDRA R	NORTHAMPTON
KANE, BRIAN R	STUDENT
KANE, MD, JAMES A	LACKAWANNA
KANE, MD, JOAN D	LANCASTER
KANE, MD, JOHN J	ALLEGHENY
KANE, MD, JOHN S	MONTGOMERY
KANE, MD, KEVIN M	ALLEGHENY
KANE, MARK J	STUDENT
KANE, DO, PATRICIA B	BERKS
KANE, MD, PATRICK L	ALLEGHENY
KANE, MD, RUTH P	ALLEGHENY
KANE, MD, WILLIAM M	DELAWARE
KANEFF, MD, SCOTT R	PHILADELPHIA
KANEFIELD, DO, MARVIN	PHILADELPHIA
KANEFSKY, MD, TERRY M	BUCKS
KANEHANN, MD, LISA B	PHILADELPHIA
KANENSON, MD, WILLIAM L	DAUPHIN
KANG, MD, JASBIR S	BEAVER
KANG, MD, JULIE A	BEAVER
KANG, PETER B	STUDENT
KANG, MD, SE-BOO	ARMSTRONG
KANIA, MD, ROBERT J	ALLEGHENY
KANIECKI, MD, ROBERT G	ALLEGHENY
KANIECKI, MD, VIDA S	ALLEGHENY
KANN, MD, DAVID	CUMBERLAND
KANN, MD, JULES	ALLEGHENY
KANN, MD, STEVEN E	ALLEGHENY
KANNAN, MD, VAIDEHI	DELAWARE
KANOFF, DO, RICHARD B	PHILADELPHIA
KANOFF, MD, STEVEN J	NORTHAMPTON
KANOUSE, MD, GARY D	COLUMBIA
KANSAGRA, MD, ASHWIN M	PHILADELPHIA
KANSAGRA, MD, JASMAT N	CAMBRIA
KANSAL, MD, KUSUM R	BLAIR
KANSAL, MD, RAJ G	BLAIR
KANT, MD, NAVAL	UNION
KANT, MD, NILA N	UNION
KANTER, MD, STEVEN L	ALLEGHENY
KANTOR, EDWARD M	STUDENT
KANTOR, DO, JAMES G	PHILADELPHIA
KANTOR, MD, ROBERT J	DAUPHIN
KANTOR, MD, THOMAS V	LEBANON
KANWIT, MD, BERT A	LEHIGH
KAO, MD, CHIEN-KUO	ALLEGHENY
KAO, ELIZABETH C	STUDENT
KAO, MD, GARY D	PHILADELPHIA
KAO, MD, WINIFRED W	BERKS
KAO, MD, YI H	CLEARFIELD
KAO, MD, YU SONG	LUZERNE
KAPADIA, MD, DILIP L	DELAWARE
KAPCALA, DO, JAN S	MONROE
KAPLAN, MD, BERNARD S	PHILADELPHIA
KAPLAN, MD, CARL	ALLEGHENY
KAPLAN, DAVID B	STUDENT
KAPLAN, MD, FRANK E	MONTGOMERY
KAPLAN, MD, LAWRENCE M	BERKS
KAPLAN, MD, PAIGE B	PHILADELPHIA
KAPLAN, MD, PETER D	ALLEGHENY
KAPLAN, MD, RANDY	CRAWFORD
KAPLAN, MD, RICH M	ALLEGHENY
KAPLAN, MD, RICHARD H	PHILADELPHIA
KAPLAN, MD, ROBERT D	PHILADELPHIA
KAPLAN, MD, ROBIN L	BERKS
KAPLAN, MD, SHELDON J	BERKS
KAPLAN, MD, SUSAN G	DELAWARE
KAPLOW, MD, GWEN H	PHILADELPHIA
KAPOOR, MD, RAJESHWAR D	ALLEGHENY
KAPOOR, MD, WISHWA N	ALLEGHENY
KAPPAKAS, MD, GEORGE S	ALLEGHENY
KAR, MD, DILIP S	WESTMORELAND
KARA, MD, AOUN B	NORTHAMPTON
KARABELNIK, MD, DON	BERKS
KARAFIN, MD, LESTER	PHILADELPHIA
KARALIS, MD, DEAN G	PHILADELPHIA
KARAMANIAN, MD, AGOP V	ERIE
KARAMCHETI, MD, ANAND	WASHINGTON
KARANDY, DO, EMELY	PHILADELPHIA
KARANJIA, MD, MINOO D	INDIANA
KARASEK, MD, KRISTINA	ALLEGHENY
KARASICK, MD, SHELDON R	PHILADELPHIA
KARAYANNIS, MD, BASIL N	DELAWARE
KARCSH, DO, HENRY J	CHESTER
KARDISH, MD, THOMAS J	BUCKS
KARDON, MD, LAURIE A	ALLEGHENY
KARDON, DO, RICHARD E	PHILADELPHIA
KARDUCK, MD, JOHN S	CAMBRIA
KAREHA, MD, LOUIS G	LACKAWANNA
KARESS, MD, GINA M	LEHIGH
KARETAS, MD, ALEXANDRA I	PHILADELPHIA
KARIAN, MD, JOHN M	VENANGO
KARIMKHANI, MD, KOBRA	ALLEGHENY
KARKANIAS, MD, CHEROLYN	MONTGOMERY
KARLIN, DO, PAUL S	PHILADELPHIA
KARLSTADT, MD, ROBYN GAIL	PHILADELPHIA
KARNIK, MD, SUBASH S	BUCKS
KARP, MD, ERIC A	LYCOMING
KARP, MD, JOSEPH S	PHILADELPHIA
KARP, MD, LOUIS A	PHILADELPHIA
KARPENOS, MD, ALEXANDER G	DELAWARE
KARPF, MD, MICHAEL	ALLEGHENY
KARPIN, MD, MAX	DELAWARE
KARPINSKI JR, MD, FELIX E	MONTGOMERY
KARPINSKI JR, MD, STEPHEN J	ALLEGHENY
KARRON, MD, BETTY	LEHIGH
KARSCHNER, MD, JANET K	ALLEGHENY
KARSH, MD, CARL A	ERIE
KART, MD, BARRY H	ALLEGHENY
KARUMBAYA, MD, ROMOLA	LACKAWANNA
KARUNARATNE, MD, ESIRI R	BLAIR
KARVER, MD, SLOAN B	MONROE
KASALES, MD, CLARENCE J	LEBANON
KASARDA, MD, FRANCES E	PHILADELPHIA
KASAYAPANAND, MD, WITTAWAT	PHILADELPHIA
KASDAN, MD, RICHARD B	ALLEGHENY
KASDIN, MD, SHARON L	PHILADELPHIA
KASE, GAIL Y	STUDENT
KASE, MD, JAMES J	BERKS
KASE, MD, PAUL F	DAUPHIN
KASE, MD, WILLIAM A	PHILADELPHIA
KASEFF, MD, LEON G	PHILADELPHIA
KASEY, MD, GLORIA R	ALLEGHENY
KASHATUS, MD, WILLIAM C	PHILADELPHIA
KASHMAN, STACY B	STUDENT
KASHURBA, MD, GLENN J	SOMERSET
KASHURBA, MD, MARY T	SOMERSET
KASIRSKY, DO, GILBERT	BUCKS
KASNER, MD, SCOTT E	PHILADELPHIA
KASPAR, MD, ALBERT J	NORTHAMPTON
KASPARIAN, MD, HRATCH	PHILADELPHIA
KASPER, MD, KEVIN J	DELAWARE
KASPRENSKI, MD, MATTHEW A	LEHIGH
KASPRENSKI, MD, MATTHEW L	LEHIGH
KASPUTIS, MD, DAVID A	COLUMBIA
KASS, MD, LAWRENCE E	YORK
KASS, DO, RICHARD W	PHILADELPHIA
KASSYK, MD, MONIKA A	ALLEGHENY
KASTELIC, MD, RICHARD M	CAMBRIA
KASTENBAUM, MD, MICHAEL	BERKS
KASTENBERG, MD, DAVID M	PHILADELPHIA
KASTRUP, MD, JOHN J	ERIE
KASUNDRA, MD, PARSHOTTAM N	SCHUYLKILL
KATALAN, MD, MAURICE M	PHILADELPHIA
KATES, MD, JONATHAN L	SOMERSET
KATES, MD, MALCOLM	PHILADELPHIA
KATHPAL, MD, GURBACHAN S	ALLEGHENY
KATIN, MD, LAWRENCE I	DELAWARE
KATKO, MD, JEFFREY D	ALLEGHENY
KATLIC, MD, MARK R	LUZERNE
KATOWITZ, MD, JAMES A	PHILADELPHIA
KATSAMPES, MD, ERNEST T	DAUPHIN
KATSETOS, MD, CHRISTOS D	PHILADELPHIA
KATTELMAN, DO, MARC	MONTGOMERY
KATZ, MD, DAVID L	ALLEGHENY
KATZ, MD, DAVID M	PHILADELPHIA
KATZ, MD, IAN	CAMBRIA
KATZ, MD, IRWIN L	ALLEGHENY
KATZ, MD, JACOB	PHILADELPHIA
KATZ, MD, JANICE D	PHILADELPHIA
KATZ, MD, JERALD M	WESTMORELAND
KATZ, MD, JOSEPH	LANCASTER
KATZ, MD, JULES	PHILADELPHIA
KATZ, MD, JULIAN	PHILADELPHIA
KATZ, MD, LAURENCE M	ALLEGHENY
KATZ, MD, LEO	PHILADELPHIA
KATZ, MD, LESLIE J	PHILADELPHIA
KATZ, MD, M RICHARD	PHILADELPHIA
KATZ, MD, MAX	PHILADELPHIA
KATZ, DO, PAUL M	MONTGOMERY
KATZ, MD, RICHARD G	ALLEGHENY
KATZ, MD, RICHARD H	PHILADELPHIA
KATZ, MD, ROBERT E	MONTGOMERY
KATZ, MD, SHEILA M	PHILADELPHIA
KATZ, DO, STEVEN LEE	PHILADELPHIA
KATZ, MD, STUART I	MONTGOMERY
KATZ, MD, THEODORE T	PHILADELPHIA
KATZ, MD, WARREN A	PHILADELPHIA
KATZ, MD, WILLIAM	ALLEGHENY
KATZIN, MD, DICK	ALLEGHENY
KATZMAN, MD, JEFFREY I	CHESTER
KAUDERER, MD, DIANNA C	PHILADELPHIA
KAUDERER JR, MD, JOHN G	MONROE
KAUFF, NOAH D	STUDENT
KAUFFMAN, MD, CHESTER T	INDIANA
KAUFFMAN, MD, DWIGHT A	LANCASTER
KAUFFMAN, MD, GORDON L	DAUPHIN
KAUFFMAN, MD, M LUTHER	MONTGOMERY
KAUFFMAN, MD, WILLIAM S	CUMBERLAND
KAUFFMAN JR, DO, JOHN M	LEHIGH
KAUFMAN, MD, ALAN C	BUCKS
KAUFMAN, MD, BARRE D	LEHIGH
KAUFMAN, MD, CLARK R	LANCASTER
KAUFMAN, MD, JAY H	LEHIGH
KAUFMAN, MD, JODI D	PHILADELPHIA
KAUFMAN, MD, STEPHEN E	MONTGOMERY
KAUFMANN, MD, MICHAEL W	LEHIGH
KAUH, EUNKYUNG A	STUDENT
KAUR, MD, MANJEET	LANCASTER
KAUR, MD, PRAKASH	WESTMORELAND
KAUSHIK, MD, VED P	ALLEGHENY
KAVCHOK, MD, JOSEPH	LEHIGH
KAVESH, MD, WILLIAM N	PHILADELPHIA
KAVIC, MD, ALEXANDER J	BEAVER
KAVIC, MD, MICHAEL S	ALLEGHENY
KAVIC, MD, THOMAS A	ALLEGHENY
KAVIC, MD, TIMOTHY N	ALLEGHENY
KAVJIAN, MD, EDWARD M	DELAWARE
KAY, MD, GORDON	PHILADELPHIA
KAY, MD, HAROLD R	PHILADELPHIA
KAY, MD, MICHAEL L	PHILADELPHIA
KAYE, MD, ANDREW S	BEAVER
KAYE, MD, DONALD	PHILADELPHIA
KAZAZIAN, CARLA D	STUDENT
KAZEM, MD, ISMAIL	PHILADELPHIA
KAZI, OMAR M	STUDENT
KEAGLE, DO, DOUGLAS L	DELAWARE
KEAN, MD, DENNIS W	LEHIGH
KEAN, MD, HERBERT	PHILADELPHIA
KEANE, MD, KIMBERLY A	STUDENT
KEANE, MD, WILLIAM M	PHILADELPHIA
KEARNEY, MD, JAMES D	DAUPHIN
KEARNEY, MD, JOHN M	BERKS
KEARNEY, MD, JOSEPH A	WESTMORELAND
KEARNEY, DO, STARR M	ELK/CAMERON
KEARNS, KEVIN J	STUDENT
KEATES, MD, EDWIN U	PHILADELPHIA
KEATING, MD, EDWARD C	LYCOMING
KEATING, MD, MARK M	PHILADELPHIA
KEATING, MD, PAUL J	DELAWARE
KEATING, MD, WILLIAM J	FRANKLIN
KEATON, MD, NANCY L	ALLEGHENY
KEBLISH JR, MD, PETER A	LEHIGH
KECK, MD, WILLIAM S	WESTMORELAND
KEDARNATH, MD, SIVA	ALLEGHENY
KEDDIE, MD, ROLAND T	ALLEGHENY
KEECH JR, MD, HAYDEN G	YORK
KEEFER, MD, GEORGE P	PHILADELPHIA
KEELER, MD, LOUIS L	PHILADELPHIA
KEELER, DO, VIRGINIA E M	LUZERNE
KEELING, MD, KATHLEEN A	MONTGOMERY
KEEN, MD, FREDERICK K	ALLEGHENY
KEENAN, MD, GREGORY F	PHILADELPHIA
KEENAN, MD, MARY ANN E	PHILADELPHIA
KEENAN JR, MD, WILLIAM F	LYCOMING
KEENEY, MD, GALEN E	DAUPHIN
KEEPORTS, MD, RICHARD L	YORK
KEFFER, MD, WILLIAM H	BERKS
KEGEL, MD, DANIEL P	LANCASTER
KEGEL, MD, EUGENE E	LANCASTER
KEGEL, MD, JEFFREY G	PHILADELPHIA
KEGEL, MD, MARY F	LANCASTER
KEHM, MD, ROBERT F	YORK
KEHM, MD, VINCENT A	YORK
KEHRLI, MD, HENRY J	LACKAWANNA
KEHRLI, MD, WILLIAM H	LACKAWANNA
KEIL, MD, LORETTA W	LEHIGH
KEIL, MD, STEPHEN M	CENTRE
KEIM, MD, PETER J	ARMSTRONG
KEISER, MD, E LEE	BERKS
KEISMAN, MD, ROBERT A	DELAWARE
KEITER, MD, JAMES M	LEBANON
KEITH, MD, HELEN R H	NORTHAMPTON
KELBICK, MD, ELAINE H	PHILADELPHIA
KELEMEN, MD, SYLVIA B	DELAWARE
KELLER, MD, DAVID A	DAUPHIN
KELLER, MD, FRANK M	ALLEGHENY
KELLER, GREG S	STUDENT
KELLER, MD, JAMES W	LEBANON
KELLER, DO, JON M	LANCASTER
KELLER, MD, LYNWOOD V	BERKS
KELLERMAN, MD, ANDREW D	ALLEGHENY
KELLERMAN, MD, WILMA C	MONTGOMERY
KELLEY, MD, DAVID K	DAUPHIN
KELLEY, MD, KRISTINE	LACKAWANNA
KELLEY, DO, SUZANNE K	DAUPHIN
KELLEY, MD, WILLIAM N	PHILADELPHIA
KELLEY III, MD, JOSEPH L	ALLEGHENY
KELLEY JR, MD, CHARLES F	LEHIGH
KELLIS, MD, DANA S	CAMBRIA
KELLMAN, MD, IAN A	WYOMING
KELLY, MD, ANNE M	PHILADELPHIA
KELLY, MD, BRUCE R	ALLEGHENY
KELLY, MD, EDWARD A	DELAWARE
KELLY, MD, EDWARD G	ALLEGHENY
KELLY, MD, EDWARD J	LACKAWANNA
ELLY, MD, HERBERT T	PHILADELPHIA
KELLY, MD, JAMES J	DELAWARE
KELLY, MD, JEAN A	NORTHAMPTON
KELLY, MD, JOHN A	BRADFORD
KELLY, MD, JOHN J	MONTGOMERY
KELLY, MD, KAREN A	CUMBERLAND
KELLY, MD, KEITH E	PHILADELPHIA
KELLY, DO, KEN F	PHILADELPHIA
KELLY, MD, KEVIN J	DAUPHIN
KELLY, MD, MARK F	DELAWARE

KELLY, MATTHEW J	STUDENT
KELLY, MD, MAUREEN P	PHILADELPHIA
KELLY, MD, PAUL O	DELAWARE
KELLY, MD, ROBERT W	ARMSTRONG
KELLY, MD, THOMAS J	ALLEGHENY
KELLY, MD, WILLIAM E	PHILADELPHIA
KELLY, MD, WILLIAM J	ALLEGHENY
KELLY IV, MD, JOHN D	PHILADELPHIA
KELLY JR, MD, EDWARD A	CHESTER
KELLY-HOLMES, MD, PATRICIA A	LACKAWANNA
KELSEY, MD, ALICE M	HUNTINGDON
KELSEY, MD, DAVID M	DELAWARE
KELSO, MD, DON R	MONTGOMERY
KELTON, MD, FRANKLIN C	MONTGOMERY
KELVIN, MD, CARL B	PHILADELPHIA
KEMP, MD, ROBERT M	LANCASTER
KEMP, MD, WILLIAM R	ALLEGHENY
KEMP III, MD, DEWITT E	CAMBRIA
KEMPF JR, MD, FRANCIS C	PHILADELPHIA
KEMPNER, BONNIE A	STUDENT
KEMRER, MD, J DONALD	LANCASTER
KENDALL, MD, BENJAMIN	PHILADELPHIA
KENDALL, MD, LEIGH W	LANCASTER
KENEALY, MD, SHAHIRA H	DELAWARE
KENIG, MD, ISADOR J	DAUPHIN
KENKEL, MD, DELIA R	BLAIR
KENKRE, MD, SRICRISHNA B	ALLEGHENY
KENNA, MD, JOSEPH P	LANCASTER
KENNA, MD, MARGARET A	ALLEGHENY
KENNA, MD, MARITA D	ALLEGHENY
KENNARD, MD, JOHN F	CLEARFIELD
KENNEDY, COLLEEN M	STUDENT
KENNEDY, DAVID S	STUDENT
KENNEDY, MD, F BRYAN	ALLEGHENY
KENNEDY, MD, JOHN N	LUZERNE
KENNEDY, MD, JOHN W	PHILADELPHIA
KENNEDY, DO, JULIA M	BUCKS
KENNEDY, MD, NELSON M	BEAVER
KENNEDY, MD, PETER S	YORK
KENNEDY, MD, RICHARD D	PHILADELPHIA
KENNEDY, MD, RICHARD P	MONROE
KENNEDY, MD, SHIRLEY A	WESTMORELAND
KENNEDY, DO, SUSAN M	CHESTER
KENNEDY, MD, THOMAS I	BUCKS
KENNEDY, MD, THOMAS L	MONTOUR
KENNEDY III, MD, ARTHUR R	CARBON
KENNEN JR, DO, EUGENE W	WESTMORELAND
KENNERDELL, MD, EDWARD H	ALLEGHENY
KENNERDELL, MD, JOHN S	ALLEGHENY
KENNEY, MD, DAVID A	WESTMORELAND
KENNEY, MD, LAWRENCE E	MONTGOMERY
KENNEY, MD, NANCY T	CHESTER
KENNING, MD, JAMES A	MONTGOMERY
KENNY, MD, KEVIN J	ALLEGHENY
KENNY, MD, MICHAEL R	COLUMBIA
KENT, MD, GEORGE M	LANCASTER
KENT, MD, RICHARD B	CHESTER
KENT, MD, W DAVID	FRANKLIN
KENVIN, MD, JOHN E	LEHIGH
KENWORTHY JR, MD, HARRY J	MONTGOMERY
KENZAKOWSKI, LEO F	STUDENT
KEOHANE, MD, DENIS J	PHILADELPHIA
KEON, MD, THOMAS P	PHILADELPHIA
KEPERLING, DO, MARY O	YORK
KEPLER, MD, FURMAN T	DELAWARE
KEPP, MD, EDWARD A	VENANGO
KERBACHER, MD, DANIEL J	MONTOUR
KERMAN, MD, KEITH M	PHILADELPHIA
KERMANI, MICHAEL	STUDENT
KERN, MD, FRANK	MONTGOMERY
KERN, MD, FRANKLIN M	PHILADELPHIA
KERNICH, MD, JOSEPH J	JEFFERSON
KERR, MD, JOHN H	PHILADELPHIA
KERR, MD, KRISS M	YORK
KERR, MD, PAUL B	SUSQUEHANNA
KERR, MD, ROBERT M	LUZERNE
KERR JR, MD, CLARK M	WESTMORELAND
KERR JR, MD, HARRY J	ALLEGHENY
KERRIGAN, MD, JAMES J	MONROE
KERRIGAN, DO, PATRICK J	LUZERNE
KERRY, MD, ROY E	MERCER
KERSHNER, MD, MARILYN S	BERKS
KERSON, MD, LAWRENCE A	MONTGOMERY
KERSTEEN, EXEC DIR, DUANE E	LUZERNE
KERSTEIN, MD, MORRIS D	PHILADELPHIA
KERSTETTER, MD, DAVID L	BEDFORD
KERTH, MD, WILLIAM J	ERIE
KESACK, ANDREA F	STUDENT
KESSEL, MD, LAWRENCE J	PHILADELPHIA
KESSELRING JR, MD, WILLIAM T	MONROE
KESSERU, MD, JULIUS	ALLEGHENY
KESSLER, MD, DEBRA B	CHESTER
KESSLER, MD, FRANK J	NORTHAMPTON
KESSLER, MD, GALEN M	ALLEGHENY
KESSLER, MD, LAIBE A	ALLEGHENY
KESSLER, MD, REX K	DELAWARE
KESSLER, MD, WOODROW B	DELAWARE
KESTER, MD, WALTER L	CHESTER
KESWANI, MD, ASHOK K	PHILADELPHIA
KESZELI, MD, ALEXANDER	CHESTER
KETELS, MD, ERIK A	BUCKS
KETTERER, MD, CYNTHIA L	PHILADELPHIA
KETTERING, MD, DONALD L	WESTMORELAND
KETTRICK, MD, JAMES P H	LUZERNE
KETYER, MD, EDWARD C	ALLEGHENY
KETZAN, MD, TIBOR	ALLEGHENY
KEULER, MD, MARC M	LACKAWANNA
KEVENK, MD, KERIM C	WESTMORELAND
KEVERLINE, MD, PAUL O	WARREN
KEVISH, BARBARA S	STUDENT
KEVITCH, MD, ROBERT B	LEHIGH
KEYES, MD, BALDWIN L	PHILADELPHIA
KEYES, MD, KATHLEEN J	ALLEGHENY
KEYKHAH, MD, MOHAMMAD M	PHILADELPHIA
KEYS-FREZZELL, MD, DANA J	ALLEGHENY
KEYSER, MD, GLENN C	DAUPHIN
KEYSER, DO, JEFFREY A	LANCASTER
KHADHIRI, MD, DIANA	DAUPHIN
KHALAF, MD, KAMAL	JEFFERSON
KHALAFALLAH, MD, AHMED A	LUZERNE
KHALIFA, MD, NAGIB M	FRANKLIN
KHALOUF, DO, FRED K	BLAIR
KHALUPSKY, MD, LARISA	PHILADELPHIA
KHAN, MD, ALI N	PHILADELPHIA
KHAN, MD, ANWARULLAH	WESTMORELAND
KHAN, MD, ELIZABETH A	MONTGOMERY
KHAN, MD, MEHER S	MONTGOMERY
KHAN, MD, MILLY P	CAMBRIA
KHAN, SAMEENA S	STUDENT
KHAN, MD, SAYEED	ALLEGHENY
KHAN, MD, SHAGUFTA A	CAMBRIA
KHAN, MD, SHAUKAT H	CARBON
KHAN, MD, SULTAN	SCHUYLKILL
KHAN, MD, YASIN N	LEHIGH
KHANDAKER, MD, DILARA Z	BERKS
KHANDELWAL, MD, MANOJ	MONTGOMERY
KHANNA, MD, SUDHIR K	NORTHUMBRLAND
KHANTHAN, MD, SUBRAMANIAM E	PHILADELPHIA
KHATRI, MD, VIJAY P	NORTHAMPTON
KHAW, BERNARD	STUDENT
KHELLA, MD, HANI J	MONTGOMERY
KHELLA, MD, LEWIS	PHILADELPHIA
KHELLA, MD, SAMI L	PHILADELPHIA
KHERA, MD, DINESH C	ERIE
KHETARPAL, MD, SHARAD K	DAUPHIN
KHOLOUSSY, MD, ABDELMOHSEN M	SCHUYLKILL
KHONA, MD, NITHYASHUBA B	PHILADELPHIA
KHOSLA, MD, ANIL K	CAMBRIA
KHOURI, MD, MARGARET	PHILADELPHIA
KHOURY, MD, DENNIS J	PHILADELPHIA
KHOURY, MD, JACQUES A	DELAWARE
KHOURY, MD, ZIAD	ALLEGHENY
KHUBCHANDANI, MD, INDRU T	LEHIGH
KHURANA, MD, RAMESH C	ALLEGHENY
KHUSAYEM, MD, MAZEN	CAMBRIA
KHWAJA, MD, RAHILA S	ALLEGHENY
KIBELBEK, MD, MICHAEL J	MONTOUR
KIBELSTIS, MD, JOHN A	LEHIGH
KICHLER, MD, JOEL M	ALLEGHENY
KIEL, MD, STEVEN M	DELAWARE
KIESEL, MD, ROBERT	LEHIGH
KIESWETTER, MD, CAREN	PHILADELPHIA
KIEWE, RANDY P	STUDENT
KIGHTLINGER, DO, JAMES	CLEARFIELD
KIHM, MD, RONALD H	BLAIR
KIKKAWA, MD, KAZUTOSHI	BRADFORD
KILCHEVSKY, MD, EITAN S	BERKS
KILFOIL, MD, MARY M	DELAWARE
KILLIAN, MD, DOROTHEA M	MONTGOMERY
KILLIAN, MD, PAUL J	ALLEGHENY
KILLIAN III, MD, CALEB L	BERKS
KILMORE JR, MD, VANCE E	DAUPHIN
KILPATRICK, MD, GERTRUDE E	BEAVER
KILPATRICK, MD, WILLIAM F	WASHINGTON
KILPATRICK, EXEC SEC, WILLIAM H	NORTHAMPTON
KILPELA, MD, DONALD A	ALLEGHENY
KIM, ANDREW	STUDENT
KIM, ANDREW S	STUDENT
KIM, DO, CELL U	TIOGA
KIM, MD, CHRISTOPHER Y	ALLEGHENY
KIM, MD, CHUNG H	LEHIGH
KIM, MD, CHUNG S	BERKS
KIM, DAVID Y	STUDENT
KIM, MD, DONG H	FAYETTE
KIM, MD, DONG H	WESTMORELAND
KIM, MD, DOO T	NORTHAMPTON
KIM, MD, EDWARD	PHILADELPHIA
KIM, MD, ERICH	YORK
KIM, MD, EUGENE Y	ALLEGHENY
KIM, MD, EUL K	LACKAWANNA
KIM, MD, HACK J	LANCASTER
KIM, MD, HAEWON C	PHILADELPHIA
KIM, MD, HI S	MONTGOMERY
KIM, MD, HWAN Y	CAMBRIA
KIM, MD, HYOUNG D	ALLEGHENY
KIM, MD, HYUNG-BAE	LUZERNE
KIM, MD, IH C	NORTHAMPTON
KIM, MD, IKJIN	PHILADELPHIA
KIM, MD, IL G	LYCOMING
KIM, MD, IN-SOON	BUCKS
KIM, MD, JAE-CHIL	ALLEGHENY
KIM, DO, JAMES B	MONROE
KIM, MD, JE H	LAWRENCE
KIM, MD, JIN I	LEHIGH
KIM, MD, JIN R	MONTGOMERY
KIM, MD, JUNG S	PHILADELPHIA
KIM, MD, KWAN E	PHILADELPHIA
KIM, DO, MI YE	YORK
KIM, MINA H	STUDENT
KIM, MD, MYOUNG S	FAYETTE
KIM, MD, PATRICIA A	PHILADELPHIA
KIM, MD, PAUL S	CHESTER
KIM, MD, SANG M	JEFFERSON
KIM, MD, SCOTT S	ALLEGHENY
KIM, MD, SUN C	SCHUYLKILL
KIM, MD, SUNG Y	ALLEGHENY
KIM, MD, THOMAS A	ALLEGHENY
KIM, MD, UH G	LAWRENCE
KIM, MD, WAN J	LAWRENCE
KIM, MD, WHA S	FAYETTE
KIM, MD, WHA SUN	ALLEGHENY
KIM, MD, YANG K	BUTLER
KIM, MD, YONG DEOK	ALLEGHENY
KIM, MD, YONG IL	WESTMORELAND
KIM, MD, YOON C	ALLEGHENY
KIM, MD, YOUNG B	CHESTER
KIM, MD, YOUNG W	BUCKS
KIM, MD, YUNG S	BUCKS
KIMBALL, MD, C EVE J	BERKS
KIMBALL, MD, HARRY R	PHILADELPHIA
KIMBALL JR, MD, DANIEL B	BERKS
KIMBER, MD, WILLIAM J	MONTOUR
KIMBLE, DO, GREGORY A	BLAIR
KIMCHI, ERIC T	STUDENT
KIMELHEIM, DO, ROBERT A	MONTGOMERY
KIMLESS-GARBER, MD, DEBRA B	DELAWARE
KIMMEL, MD, CRAIG A	BERKS
KIMMEL, MD, DEBORAH N	LEHIGH
KIMMEL, MD, HENRY A	DELAWARE
KIMMEL, DO, MURRAY A	PHILADELPHIA
KIMMEL, MD, MURRAY H	PHILADELPHIA
KIMPEL, MD, REBECCA I	ALLEGHENY
KINDER, MD, ROY R	DELAWARE
KING, MD, ANDREW J	CAMBRIA
KING, MD, ARTHUR B	BRADFORD
KING, MD, BARBARA L	ALLEGHENY
KING, DO, BERNARD F	PHILADELPHIA
KING, MD, DOUGLAS R	CENTRE
KING, MD, JOSEPH T	BRADFORD
KING, KATHLEEN S	STUDENT
KING, KEVIN J	STUDENT
KING, MD, LEO M	ALLEGHENY
KING, MD, LOIS I	PHILADELPHIA
KING, MD, LORRAINE C	PHILADELPHIA
KING, MD, PHILLIP E	CAMBRIA
KING, ROBERT C	STUDENT
KING, MD, WEIR L	BERKS
KINGHORN, MD, MILDRED A	ALLEGHENY
KINGSBURY, MD, ROBERT C	MONTGOMERY
KINLAW, MD, W BERNARD	MONTGOMERY
KINNARD, MD, RICHARD D	DELAWARE
KINNEY, MD, MARY S	WESTMORELAND
KINOSIAN, MD, MARY J	JEFFERSON
KINSEY, MD, ROBERT H	MONTOUR
KINTZEL, MD, JAMES E	LEHIGH
KINTZER JR, MD, JOHN S	NORTHAMPTON
KINTZI, MD, HARRY E	LANCASTER
KIOK, MD, MAXIMO C	FAYETTE
KIPP, MD, JAMES E	LANCASTER
KIRALY, MD, LASZLO	LACKAWANNA
KIRBY, MD, CLAUDE W	CAMBRIA
KIRBY, MD, JAMES E	YORK
KIRCHHOFER, MD, LEWIS H	DELAWARE
KIRCHNER, MD, G GARY	LANCASTER
KIRCHNER, DO, JEFFREY T	LANCASTER
KIRCHNER, MD, JOHN S	PHILADELPHIA
KIRK, MD, DANIEL L	NORTHUMBRLAND
KIRK, MD, ROBERT A	DAUPHIN
KIRKER JR, MD, WALTER R	DAUPHIN
KIRKLAND, MD, MATT L	PHILADELPHIA
KIRKPATRICK, MD, DANIEL W	MONTGOMERY
KIRKPATRICK, MD, SAMUEL A	YORK
KIRKPATRICK, MD, WILLIAM H	PHILADELPHIA
KIRKPATRICK JR, MD, DAVID D	CRAWFORD
KIRSCH, MD, PAUL B	MCKEAN
KIRSCHBAUM, DO, MICHAEL J	PHILADELPHIA
KIRSCHNER, DO, RONALD A	MONTGOMERY
KIRSHBAUM, MD, BERNARD A	PHILADELPHIA
KIRSHEN, MD, MICHELLE R	ALLEGHENY
KIRTLAND III, MD, HOWARD H	VENANGO
KISH, MD, GEORGE F	ERIE
KISH, DO, JOHN M	LUZERNE
KISH, MD, ROBERT S	CENTRE
KISLAN, MD, KIRA	WASHINGTON
KISLOFF, MD, BARRY	ALLEGHENY
KISNER, MD, ROBERT G	ALLEGHENY
KISSELL, MD, DEWITT C	ALLEGHENY
KISSICK, MD, WILLIAM L	PHILADELPHIA
KISTLER, MD, DAVID W	LUZERNE
KISTLER, MD, KERMIT K	LEHIGH
KISTLER, MEG S	STUDENT
KISTLER, MD, PHILIP E	CHESTER
KISTLER, MD, PRISCILLA J	MONTGOMERY
KISTLER, MD, WARREN D	FRANKLIN
KISTLER, MD, WILLIAM S	MONTGOMERY
KITAY, MD, STEVEN E	ALLEGHENY
KITCHEN II, MD, JAMES G	MONROE
KITCHEN III, MD, JAMES G	DELAWARE
KITEI, MD, MILTON N	PHILADELPHIA
KITEI, MD, ROBERT A	PHILADELPHIA
KITEI, MD, WILLIAM J	NORTHAMPTON
KITSKO, DO, DENNIS	WASHINGTON
KITSKO, MD, WILLIAM T	CAMBRIA
KITSON, JOANNE	STUDENT
KITTLEBERGER, MD, WILLIAM C	BUCKS
KITZMILLER, MD, JOHN K	DAUPHIN
KIVITZ, MD, ALAN J	BLAIR
KLACHKO, MD, MARTA N	PHILADELPHIA
KLAG, DO, JOSEPH V	BEAVER
KLAIN, MD, MIROSLAV	ALLEGHENY
KLASKIN, DO, BRUCE D	YORK
KLASKO, MD, STEPHEN K	LEHIGH
KLASS, MD, DANIEL J	PHILADELPHIA
KLATCHKO, MD, BARBARA A	MONTGOMERY
KLATCHKO, MD, WILLIAM W	LEBANON
KLATMAN, MD, SAMUEL J	ALLEGHENY
KLAUS, MD, THOMAS C	ERIE
KLAUSNER, MD, ROBERT D	PHILADELPHIA
KLAVAN, MD, MARSHALL	DELAWARE
KLAY, MD, JOHN W	ALLEGHENY
KLEAVELAND, MD, JOSEPH P	LEHIGH
KLECKNER, MD, FRANCIS S	LEHIGH
KLEEMAN, MD, AUDREY K	BUCKS
KLEES, MD, ATHANASIUS	LEHIGH
KLEES, DO, DAVID A	ERIE
KLEES, MD, JULIA E	PHILADELPHIA
KLEIN, MD, ALBERT	ALLEGHENY
KLEIN, MD, DOROTHY E	PHILADELPHIA
KLEIN, MD, FRED S	WASHINGTON
KLEIN, MD, JOSEPH F	CHESTER
KLEIN, MD, JOSEPH M	LUZERNE
KLEIN, MD, LAWRENCE	MONROE
KLEIN, MD, MICHAEL A	YORK
KLEIN, MD, MICHAEL E	DAUPHIN
KLEIN, DO, MILTON J	ALLEGHENY
KLEIN, MD, MORDECAI N	ALLEGHENY
KLEIN, MD, RAYMOND A	DELAWARE
KLEIN, MD, RICHARD M	ALLEGHENY
KLEIN, MD, SHELDON	PHILADELPHIA
KLEIN, MD, THEODORE C	JEFFERSON
KLEIN, MD, THOMAS E	DELAWARE
KLEIN JR, MD, WILLIAM J	BERKS
KLEINBART, MD, MORRIS	PHILADELPHIA
KLEINER, MD, ANTON J	BERKS
KLEINER, MD, HENRY T	PHILADELPHIA
KLEINER, MD, ROBERT C	PHILADELPHIA
KLEINERT, MD, RICHARD W	CLEARFIELD
KLEINMAN, DO, JAY M	NORTHAMPTON
KLEINSCHMIDT, MD, ROBERT F	ALLEGHENY
KLEM, MD, ALBERT J	LUZERNE
KLEMENS, MD, ROBERT F	CAMBRIA
KLEPPINGER, MD, RICHARD K	BERKS
KLETTER, MD, JAN C	SUSQUEHANNA
KLIBER, ALLISON A	STUDENT
KLIEGER, MD, HERMAN L	WESTMORELAND
KLIGERMAN, MD, MORTON M	PHILADELPHIA
KLIGMAN, MD, ALBERT M	PHILADELPHIA
KLIMES, MD, RONALD L	YORK
KLINE, MD, EDGAR W	MONTGOMERY
KLINE, DO, GLENN A	LANCASTER
KLINE, MD, IRWIN K	DELAWARE
KLINE, MD, JACK A	YORK
KLINE, MD, JAIME L	PHILADELPHIA
KLINE, MD, MATTHEW T	PHILADELPHIA
KLINE, MD, ROBERT M	LEBANON
KLINE, MD, ROBERT W	ALLEGHENY
KLINE, MD, TILDE S	DELAWARE
KLINEFELTER, MD, HYLDA C	DELAWARE
KLINGENSMITH, MD, MARK R	MONTOUR
KLINGENSMITH, MD, WALTER C	PHILADELPHIA
KLINGER, MD, HARRY M	MONTOUR
KLINGHOFFER, MD, JUNE F	PHILADELPHIA
KLINGHOFFER, MD, LEONARD	PHILADELPHIA
KLINMAN, MD, STEVEN W	PHILADELPHIA
KLINMAN, MD, WILLIAM	PHILADELPHIA
KLINOW, MD, LINDA F	DELAWARE
KLINZING, MD, GERARD F	DELAWARE
KLIONSKY, MD, BERNARD L	ALLEGHENY
KLOEHN, MD, GREGORY C	ALLEGHENY
KLOIN, MD, JAY E	LEHIGH
KLOMBERS, MD, LEE A	BERKS
KLOS, JULIAN W	STUDENT
KLOSE, MD, PAUL L	SOMERSET
KLOTZ, MD, DONALD J	LEHIGH
KLUFAS, MD, ALEXANDER J	CHESTER
KLUFT, MD, RICHARD P	PHILADELPHIA
KLUG, MD, GERALD D	ALLEGHENY
KMETZO, MD, JAMES J	BUCKS
KNAPP, MD, MICHAEL A	BUCKS
KNAPP, MD, ROBERT C	BEAVER
KNAPPENBERGER, MD, GEORGE F	ALLEGHENY
KNAPPER, MD, ELIZABETH J	LEHIGH
KNAUB, MD, MARILYN B	LANCASTER
KNAUBER, MD, SUSAN A	MONTGOMERY
KNAUSS-BROWN, CHRISTINA C	STUDENT
KNEBEL, DO, RICHARD A	MONTOUR
KNECHT, MD, CHARLES L	LEHIGH
KNEE, DO, NORMAN S	PHILADELPHIA
KNEIFATI, MD, AHMED	NORTHUMBRLAND
KNEPLEY, MD, DAVID W	COLUMBIA
KNEPP, MD, ELIZABETH E	ALLEGHENY
KNEPPER, MD, JOSEPH A	LANCASTER
KNEPPER, MD, LAURIE E	ALLEGHENY
KNERR, MD, RICHARD A	CENTRE
KNERR JR, MD, EDGAR D	LANCASTER
KNIAZER, MD, BARRY	BERKS
KNIGHT, ADINA K	STUDENT
KNIGHT, MD, BARBARA S	PHILADELPHIA
KNIGHT JR, MD, EMERSON L	DAUPHIN
KNOCH, MD, H ROEBLING	YORK
KNOLL, MD, GEORGE M	NORTHAMPTON
KNORR, ERIC J	STUDENT
KNOTT, MD, ALBERT P	ALLEGHENY
KNOUSE, MD, ALBERT B	BUCKS
KNOUSE, MD, MARK C	LEHIGH
KNOWLES, MD, WILLARD E	DELAWARE
KNOX JR, MD, JAMES D	CHESTER
KNOX-LEE, DO, MARGARET M	LANCASTER
KNUPP, MD, DONNA L	ALLEGHENY
KNUPP, MD, MELVIN L	DAUPHIN
KO, MD, ALBERT E	PHILADELPHIA
KO, MD, CHAN S	SCHUYLKILL
KO, MD, EUGENE C H	LANCASTER
KO, MD, MIN-HSIUNG	PHILADELPHIA
KO, MD, PAULA C L	PHILADELPHIA
KO, MD, YIH-SHYONG	CARBON
KO, MD, YIH-SONG	MERCER
KOBALY, MD, DAVID J	ALLEGHENY
KOBAN, MD, JAMES M	DAUPHIN
KOCAN, MD, RICHARD S	ERIE

KOCH, MD, ANDREW W	LANCASTER
KOCH, MD, JOSEPH C	NORTHAMPTON
KOCH, MD, L VON	LACKAWANNA
KOCH, MD, PAMELA J	LANCASTER
KOCH, ROBERT M	STUDENT
KOCH, MD, THOMAS J	LEHIGH
KOCHU, MD, STEVE	BERKS
KOCUREK, MD, DANIEL L	ALLEGHENY
KODROFF, MD, KURT S	PHILADELPHIA
KOOSI, MD, MAGDI S	PHILADELPHIA
KODUMAL, MD, LUIS E	DELAWARE
KOEHL JR, MD, C WARREN	LUZERNE
KOELLER, MD, ROYAL R	CAMBRIA
KOELSCH, MD, ROBERT R	BUCKS
KOENIG, MD, JOHANN A	LUZERNE
KOENIG, MD, MARK A	ALLEGHENY
KOENIG, MD, THEODORE R	CLARION
KOEPSELL, MD, DON G	CHESTER
KOERBER JR, MD, WALTER A	DAUPHIN
KOFF, MD, RICHARD A	BUCKS
KOFINAS, MD, ALEXANDER D	YORK
KOFSKY, MD, PHILLIP M	MONTGOMERY
KOH, MD, ENRIQUE S	CAMBRIA
KOH, MD, JEANMARIE J A	CAMBRIA
KOHAN, DO, DAVID A	LEHIGH
KOHL, MD, DAVID H	ARMSTRONG
KOHL, MD, E JAMES	PHILADELPHIA
KOHL, MD, STEPHEN D	BERKS
KOHLER, EXEC SEC, MICHAEL P	CAMBRIA
KOHLHAS, MD, JACOB J	MONTGOMERY
KOHN, MD, MARK I	PHILADELPHIA
KOHRT, MD, ALAN E	WAYNE/PIKE
KOHUT, DO, PAUL A	ERIE
KOHUTIAK, MD, VSEVOLOD	DELAWARE
KOIMATTUR, MD, ARWIND	ALLEGHENY
KOIWAI, MD, EICHI K	PHILADELPHIA
KOKALES, MD, JOHN G	ALLEGHENY
KOLANSKY, MD, HAROLD	PHILADELPHIA
KOLB, MD, AARON J	LYCOMING
KOLBER, MD, LAUREN R	BUCKS
KOLDE, DAVID A	STUDENT
KOLLER, MD, HAROLD P	MONTGOMERY
KOLLMAN, MD, KEVIN J	BLAIR
KOLLMER, MD, CHARLES E	MONTGOMERY
KOLMEN, MD, BARBARA K	ALLEGHENY
KOLONICH, MD, KIMBERLY A	MIFFLIN/JUNI
KOLOVOS, NIKOLETA S	STUDENT
KOLTER, MD, JAMES S	CHESTER
KOLTER JR, MD, JOSEPH P	ALLEGHENY
KOLTES, MD, JOHN A	PHILADELPHIA
KOLTON, MD, VLADIMIR J	BERKS
KOLUCKI, MD, FRANK R	LACKAWANNA
KOMAN, CHRISTOPHER G	STUDENT
KOMAR, MD, MICHAEL J	MONTOUR
KOMEN, MD, SUPOTE S	WASHINGTON
KOMINSKY, MD, ALAN H	PHILADELPHIA
KONCELIK, DO, JOHN J	ALLEGHENY
KONCHANIN, MD, LYNN M	BUCKS
KONCHANIN, MD, RONALD P	BRADFORD
KONCHAR, MD, WILLIAM C	YORK
KONDAMURI, MD, SAVEEN K	ALLEGHENY
KONDASH, DO, DENNIS J	LACKAWANNA
KONDASH, DO, MICHAEL L	LACKAWANNA
KONDAVEETI, MD, KOTAYYA	ALLEGHENY
KONDRATOWSKI, MD, RICHARD Z	PHILADELPHIA
KONDROT, MD, EDWARD C	ALLEGHENY
KONECKE, MD, LEE L	MONTGOMERY
KONECKE, MD, M LOUIS	LUZERNE
KONETY, MD, BADRINATH R	ALLEGHENY
KONHAUS, MD, CAROL H	DAUPHIN
KONIGES, MD, FRANK C	DELAWARE
KONRAD, MD, MARK G	BEAVER
KONTRA, MD, JOSEPH M	LANCASTER
KONTRICK, AMY V	STUDENT
KOO, MD, KIM ENG	PHILADELPHIA
KOO, MD, WOOK H	LUZERNE
KOOLPE, MD, HARVEY A	PHILADELPHIA
KOOLPE, MD, LOUIS	PHILADELPHIA
KOOROS, MD, KIAN S	ALLEGHENY
KOPEN, MD, DAN F	LUZERNE
KOPENHAVER, MD, DONALD B	LEHIGH
KOPNICKY, AIMEE J	STUDENT
KOPPEL, ADAM M	STUDENT
KOPPELMAN, GAYLE M	STUDENT
KOPRESKI, MD, MARY M C	DAUPHIN
KOPROWSKI, MD, HILARY	PHILADELPHIA
KOPYT, DO, NELSON P	LEHIGH
KORBONITS, MD, CHARLES W	CHESTER
KORENTZWITT, MD, EDITH	PHILADELPHIA
KOREVAAR, MD, WILHELMINA C	MONTGOMERY
KOREY, MD, JOSEPH J	PHILADELPHIA
KOREY JR, MD, JOSEPH J	BERKS
KORHAMMER, MD, ALAN F	NORTHAMPTON
KORINCHAK, MD, JEROME L	MIFFLIN/JUNI
KORNBLITH, MD, PAUL L	ALLEGHENY
KORNELUK-REILLY, MD, THERESA	PHILADELPHIA
KORNFIELD, MD, NORMAN B	LANCASTER
KORNICK, MD, JEFFREY J	ALLEGHENY
KORNIENKO, MD, WALTER A	DELAWARE
KORNSGOLD, LAURA M	STUDENT
KORT, MD, JOSEPH F	NORTHUMBRLAND
KOSCO, MD, GEORGE M	JEFFERSON
KOSCO III, DO, GEORGE M	DAUPHIN
KOSENKO, MD, ALEXANDER	ERIE
KOSHAR, MD, MARK I	NORTHAMPTON
KOSHINSKI, DO, RITA S	PHILADELPHIA
KOSSOFF, MD, DAVID W	ALLEGHENY
KOSSOL, MD, JANET M	ALLEGHENY
KOSTER, MD, LEE H	WESTMORELAND
KOSTYAL, MD, JOHN L	ALLEGHENY
KOTAKIS, MD, JOHN	PHILADELPHIA
KOTAPKA, MD, MARK J	PHILADELPHIA
KOTCH, MD, MICHAEL J	LUZERNE
KOTCHICK, MD, E DONALD	LACKAWANNA
KOTLER, MD, BARRY M	PHILADELPHIA
KOTLOFF, MD, LEON	PHILADELPHIA
KOTSENAS, MD, AMY L	STUDENT
KOTTAPALLY, MD, SRINIVAS M	ALLEGHENY
KOTTNER JR, MD, WILLIAM W	WASHINGTON
KOTWAL, MD, NEVILLE H	PHILADELPHIA
KOTWAL, MD, NIRMAL D	ALLEGHENY
KOTYO, MD, JOHN A	DELAWARE
KOUGH, MD, ROBERT H	MONTOUR
KOUKAL, DO, JONATHAN L	LAWRENCE
KOUKAL, MD, LUDWIG R	LAWRENCE
KOUSEN, MD, MORTON	YORK
KOUTCHER, MD, MARTIN E	PHILADELPHIA
KOVACS, DO, JAMES E	LUZERNE
KOVAL, MD, JOSEPH C	LACKAWANNA
KOVALSKI, MD, RAYMOND	CHESTER
KOVALSKY, MD, DON A	PHILADELPHIA
KOVALSKY, MD, EVAN S	MONTGOMERY
KOVALSKY, MD, KENNETH	BERKS
KOVAR, MD, CHARLES E	NORTHAMPTON
KOVATCH, MD, ANTHONY L	ALLEGHENY
KOVEL, MD, ARTHUR J	ALLEGHENY
KOVEN, MD, NORMAN L	PHILADELPHIA
KOWALCZYK, MD, JAMES M	BUCKS
KOWALLIS, MD, GEORGE F	ALLEGHENY
KOWALYSHYN, MD, MICHAEL J	BUCKS
KOZAKIEWICZ, RICHARD T	STUDENT
KOZART, MD, DAVID M	PHILADELPHIA
KOZERA, MD, RICHARD J	PHILADELPHIA
KOZIN, MD, WILLIAM	DELAWARE
KOZINN, MD, WESLEY P	NORTHAMPTON
KOZLEK, MD, THOMAS F	LUZERNE
KOZLOWSKI, DO, MARYANN	ERIE
KOZMINSKY, MD, MARK E	CENTRE
KOZUB, MD, ROBERT E	PHILADELPHIA
KRABLIN, MD, RONALD	ADAMS
KRACHMAN, DO, BRIAN S	BUCKS
KRACKOW, MD, JOEL A	DELAWARE
KRAFT, WALTER K	STUDENT
KRAFT JR, MD, ALBERT J	MONTGOMERY
KRAFTOWITZ, MD, ROBERT E	ALLEGHENY
KRAH, EXEC DIR, JOHN G	ALLEGHENY
KRAIN, ALYSA B	STUDENT
KRAIN, MD, RAYMOND	DELAWARE
KRAINSKY, MD, SAMUEL M	PHILADELPHIA
KRAJESKI, MD, R DREW	BUCKS
KRAK, MD, MICHAEL	ALLEGHENY
KRAKOVITZ, MD, JAY A	PHILADELPHIA
KRALJEVIC, MD, JUAN E	BERKS
KRALL, MD, J THOMAS	DELAWARE
KRALSTEIN, MD, JEFFREY R	LEHIGH
KRAM, MD, JOHN E	ALLEGHENY
KRAMER, MD, ARNOLD	LUZERNE
KRAMER, MD, DAVID J	PHILADELPHIA
KRAMER, MD, FREDERICK L	PHILADELPHIA
KRAMER, DO, JOEL R	MONTGOMERY
KRAMER, MD, KENNETH	NORTHAMPTON
KRAMER, MD, MARK S	PHILADELPHIA
KRAMER, RACHEL L	STUDENT
KRAMER, MD, RANDALL K	BERKS
KRAMER, MD, ROBERT E	CAMBRIA
KRAMER, RYAN M	STUDENT
KRAMER, MD, SELMA	PHILADELPHIA
KRAMER, MD, WILLIAM A	FRANKLIN
KRANE, MD, BARRY D	DAUPHIN
KRANE, MD, MARVIN A	PHILADELPHIA
KRANIK, MD, ANDREW D	ALLEGHENY
KRANTZ, MD, KATHRYN E	PHILADELPHIA
KRANTZ, MD, WALTER J	MONTGOMERY
KRANTZLER, MD, JOSEPH D	MONTGOMERY
KRANZ, MD, ARTHUR J	MONTGOMERY
KRARAS, MD, CHRISTINE M	PHILADELPHIA
KRASNOFF, MD, SIDNEY O	PHILADELPHIA
KRATZ, RICHARD T	STUDENT
KRATZ, MD, RONALD D	DAUPHIN
KRATZ, MD, VERNON H	BUCKS
KRATZER, MD, GUY L	LEHIGH
KRAULAND, MD, JOHN E	CAMBRIA
KRAUS, MD, DAVID R	ALLEGHENY
KRAUS, MD, JOHN F	FAYETTE
KRAUS, MD, JOHN J	CHESTER
KRAUS, MD, RICHARD E	YORK
KRAUS, MD, THEODORE J	PHILADELPHIA
KRAUSE, MD, HELEN F	ALLEGHENY
KRAUSE, MD, MARILYN	PHILADELPHIA
KRAUSE, MD, NORMAN M	ALLEGHENY
KRAUSE, MD, ROBERT E	LACKAWANNA
KRAUSE, MD, ROBERT L	PHILADELPHIA
KRAUSE, MD, SEYMOURE	ALLEGHENY
KRAUSER, MD, RONALD E	CHESTER
KRAUSZ, MD, MARTIN R	PHILADELPHIA
KRAVIS, MD, LILLIAN P	MONTGOMERY
KRAVITZ, MD, BERNARD J	MONTGOMERY
KRAVITZ, MD, CHARLES H	PHILADELPHIA
KRAVITZ, MD, KEVIN D	PHILADELPHIA
KRAVITZ, MD, RICHARD M	PHILADELPHIA
KRAWET, MD, STEVEN H	PHILADELPHIA
KRAWITZ, MD, PAUL L	BERKS
KRAYBILL, MD, HAROLD E	LEBANON
KRAYBILL, MD, LEON S	LANCASTER
KRAYER JR, MD, NICHOLAS H	BEAVER
KRAYNICK, MD, BENJAMIN M	LEHIGH
KREBS, MD, JAMES A	ALLEGHENY
KREBS, MD, STEPHEN J	CUMBERLAND
KREEL, MD, BARBARA J	LUZERNE
KREGER, MD, SPENCER	CAMBRIA
KREIDER, MD, EDWARD E	LEBANON
KREIDER, MD, HENRY L	LANCASTER
KREIDER, MD, JOHN K	LANCASTER
KREIDER, MD, JOHN W	DAUPHIN
KREIDER, MD, KATHLEEN A	LANCASTER
KREINBROOK, MD, SUZANNE B	ALLEGHENY
KREISER JR, MD, JOSEPH R	DAUPHIN
KREITHEN, MD, HAROLD	LEHIGH
KRELL, MD, ARTHUR S	CAMBRIA
KREMENS, MD, VICTOR	PHILADELPHIA
KREMER, MD, FREDERIC B	PHILADELPHIA
KREMER, MD, HOWARD U	PHILADELPHIA
KREMER JR, MD, EDWIN S	ERIE
KREMSER, MD, CHARLES A	ALLEGHENY
KRENZEL, MD, ARCHIBALD R	PHILADELPHIA
KRESH, MD, NORMAN N	ALLEGHENY
KRESOCK JR, MD, FRANK D	COLUMBIA
KRESPAN, MD, CHARLES B	LANCASTER
KRESSLER, MD, ROBERT J	PHILADELPHIA
KRETZING, MD, HAROLD G	CUMBERLAND
KREULEN, MD, THOMAS H	PHILADELPHIA
KREUZBURG, MD, ROBERT C	COLUMBIA
KREWSON, DO, DAVID P	DELAWARE
KRICH, MD, KAREN L	MONTGOMERY
KRICK, MD, ANDREW E	BUCKS
KRIEBEL, MD, DOROTHY E	BERKS
KRIEBEL, MD, RICHARD H	BUCKS
KRIEDMAN, MD, TERRY F	PHILADELPHIA
KRIEGER, MD, BENSON	PHILADELPHIA
KRIEGER, MD, HARRY L	NORTHAMPTON
KRIFCHER, MD, CHARLES	ALLEGHENY
KRIFCHER, MD, EMANUEL	ALLEGHENY
KRING, MD, CARROLL S	BERKS
KRIPALANI, MD, ASHA G	ALLEGHENY
KRIPKE, MD, SCOTT A	CHESTER
KRISANDA, MD, JOSEPH B	LACKAWANNA
KRISCH, MD, RONALD A	LEHIGH
KRISHER, STACY L	STUDENT
KRISHNA, MD, BHUPENDRA	CHESTER
KRISHNA, MD, NARENDRA	CHESTER
KRISHNA, ROHIT	STUDENT
KRISHNAN, MD, GEETA	COLUMBIA
KRISHNAN, MD, KALYAN S	MONTOUR
KRISHNAN, MD, R G	WASHINGTON
KRISHNAN, MD, SHANTI	CHESTER
KRISHNAPPA, MD, BORIAH N	WESTMORELAND
KRISHNASWAMI, MD, SUBRAMANIA	ALLEGHENY
KRISHNASWAMI, MD, V	ALLEGHENY
KRISSINGER, MD, ROBERT C	LANCASTER
KRISTOFIC, MD, JOHN D	ALLEGHENY
KRIVENKO, MD, CHARLES A	LUZERNE
KRIVINKO, MD, DENNIS M	ALLEGHENY
KRIVY, MD, JULIE B	PHILADELPHIA
KROH, MD, DEAN F	WASHINGTON
KROHNER, DO, ROBERT G	ALLEGHENY
KROL, MD, RONALD C	BERKS
KROLL, MD, BARRY S	PHILADELPHIA
KROMASH, MD, MARVIN H	MONTGOMERY
KRON, MD, KENNETH M	PHILADELPHIA
KRON, MD, SAMUEL D	PHILADELPHIA
KRONENWETTER, MD, CHRISTOPHER A	ELK/CAMERON
KRONENWETTER, MD, LOIS A	LANCASTER
KROOP, MD, HOWARD S	PHILADELPHIA
KROPINICKI, MD, WILLIAM C	BUCKS
KROSER, JONATHAN M	STUDENT
KROSER, MD, JOYANN A	PHILADELPHIA
KROSER, MD, LILA S	PHILADELPHIA
KROSNOFF, MD, MICHAEL	WASHINGTON
KROSS, MD, DEAN E	ALLEGHENY
KROTEC, MD, JOSEPH W	ALLEGHENY
KROUSE, MD, JOHN M	WESTMORELAND
KROUSE, MD, THEODORE B	PHILADELPHIA
KROUSKOP, MD, ANDREW C	ALLEGHENY
KRUCZEK, MD, MICHAEL W	BEAVER
KRUG, MD, ROBERT J	PHILADELPHIA
KRUGH, MD, FRANCIS J	ALLEGHENY
KRUGH, MD, JAMES W	ALLEGHENY
KRUPER, MD, JOHN S	YORK
KRUSEN, MD, DAVID E	LANCASTER
KRUSZEWSKI, DO, DAVID M	ERIE
KRYWICKI, MD, WILLIAM J	LUZERNE
KRZEMINSKI, MD, JOSEPH P	MONTGOMERY
KUBACKI, MD, JOSEPH J	BERKS
KUBER, MD, MATTHEW E	PHILADELPHIA
KUBER, MD, MATTHEW T	WAYNE/PIKE
KUBICHEK, MD, MARILYN A	MONTGOMERY
KUBICKA, MD, KURT T	BLAIR
KUBIK, MD, CAROLYN J	ALLEGHENY
KUBIT, VICTOR F	STUDENT
KUCER, MD, FRANK T	BUCKS
KUCER, MD, KATHLEEN A	BUCKS
KUCERA, MD, RICHARD F	WESTMORELAND
KUCHARCZUK, MD, JOHN B	LEHIGH
KUCHEMBA, MD, LEONARD A	LUZERNE
KUDVA, MD, VIDYA B	ERIE
KUEHNER, DO, P DENIS	LEHIGH
KUGACZEWSKI, MD, JANE T	PHILADELPHIA
KUGLER, JOSHUA N	STUDENT
KUHAR, DO, KIM P	PHILADELPHIA
KUHLENGEL, MD, BARBARA G	DAUPHIN
KUHLENGEL, MD, KEITH R	DAUPHIN
KUHN, MD, MARK D	BUCKS
KUHN, MD, RICHARD H	ERIE
KUHNEN, MD, WALTER H	WARREN
KUHNERT, MD, PAUL M	MONTGOMERY
KUHNS, MD, STACEY J	YORK
KUKLINSKI, MD, LAWRENCE M	ERIE
KUKORA, MD, JOHN S	MONTGOMERY
KUKRIKA, MD, MIODRAG D	YORK
KULBASKI, MD, FRANK E	LUZERNE
KULCZYCKI, MD, EDWARD	BRADFORD
KULKARNI, MD, PRADEEP K	CAMBRIA
KULSHRESTHA, MD, SUNITA	STUDENT
KUMAR, MD, ASHOK	WASHINGTON
KUMAR, MD, HARINATH V	VENANGO
KUMAR, MD, HEMA V	WESTMORELAND
KUMAR, MD, MYSORE S A	PHILADELPHIA
KUMAR, MD, PRADEEP	WESTMORELAND
KUMAR, MD, PREM	BUTLER
KUMAR, MD, RAKESH	ALLEGHENY
KUMAR, MD, SHASHI	ALLEGHENY
KUMAR, MD, VEERANDRA	PHILADELPHIA
KUN, MD, JOSEPH	ALLEGHENY
KUNDA, MD, GOPAL D	WESTMORELAND
KUNDU, MD, SAMBHU N	DAUPHIN
KUNIS, MD, CHRIS C W	FRANKLIN
KUNKEL, MD, BARBARA K	DAUPHIN
KUNKEL, MD, ELISABETH J	PHILADELPHIA
KUNKEL, MD, FRANK A	BLAIR
KUNKEL, MD, GEORGE W	DAUPHIN
KUNKEL, MD, HERBERT G	ALLEGHENY
KUNKEL, MD, JAMES V	ALLEGHENY
KUNKEL, MD, MARY E	FAYETTE
KUNKEL, REBECCA L	STUDENT
KUNKEL, MD, W MINSTER	DAUPHIN
KUNKEL, MD, WILLIAM H	ALLEGHENY
KUNKEL JR, MD, HERBERT G	ALLEGHENY
KUNKLE JR, MD, HERBERT L	CENTRE
KUNSCHNER, MD, ALAN J	ALLEGHENY
KUNSCHNER, MD, ALBERT J	ALLEGHENY
KUNSCHNER, LARA J	STUDENT
KUNSMAN, MD, WILLIAM E	ALLEGHENY
KUO, BRADEN	STUDENT
KUO, SHEREE	STUDENT
KUPERMAN, MD, JULIO L	PHILADELPHIA
KUPERSMITH, MD, STEPHEN J	BUCKS
KUPFER, MD, SAMUEL	ALLEGHENY
KUPREVICH, DO, WILLIAM J	COLUMBIA
KURBAN, MD, RAMSAY S	LEBANON
KUREISHY, MD, ZAVEEN A	ALLEGHENY
KUREMSKY, MD, DALE A	ALLEGHENY
KUREY, PAMELA H	STUDENT
KUREY, MD, ROBERT J	LANCASTER
KURIAN, MD, SANTHAMMA	BLAIR
KURIC, MD, KEVIN M	ERIE
KURJANOWICZ, MD, WADIM	BERKS
KUROKI, MD, HELEN M	PHILADELPHIA
KURTH, MD, CHARLES D	PHILADELPHIA
KURTZ, MD, ALFRED B	PHILADELPHIA
KURTZ, MD, CHRISTOPHER A	STUDENT
KURTZ, MD, J STEPHEN	PHILADELPHIA
KURTZ, MD, JAMES W	CHESTER
KURTZ, MD, JOHN E	ALLEGHENY
KURTZ, MD, ROBERT M	DELAWARE
KURTZ, MD, ROSA T	DELAWARE
KURZ, MD, RICHARD B	YORK
KURZ, MD, SUSAN D	YORK
KURZWEIL, MD, STEVEN J	LUZERNE
KUSH, MD, FRANK H	ALLEGHENY
KUSH, MD, MARGARET B	ALLEGHENY
KUSH, MD, MICHAEL J	JEFFERSON
KUSHEL, MD, STEVEN M	PHILADELPHIA
KUSHNER, MD, BERTRAND	DAUPHIN
KUSHNER, MD, DONALD A	ALLEGHENY
KUSHNER, MD, LOIS N	YORK
KUSHNER JR, MD, GEORGE	YORK
KUSIAK, MD, JOSEPH F	PHILADELPHIA
KUSIAK, MD, VICTORIA M	PHILADELPHIA
KUSKIN, MD, LOUIS F	DAUPHIN
KUSSMAUL, MD, WILLIAM G	BERKS
KUTCH, MD, JAMES D	WAYNE/PIKE
KUTNER, MD, BARRY N	BUCKS
KUTSCHER, MD, HARLAN A	BERKS
KUTSENKOW, MD, MICHAEL	ALLEGHENY
KUTZ, MD, CHARLES M	CLARION
KUTZ, MD, TIMOTHY J	BERKS
KUWIK, MD, RICHARD J	ALLEGHENY
KUZMA JR, MD, PAUL M	BEAVER
KWA, MD, DANIEL M	PHILADELPHIA
KWIAT, MD, MICHAEL A	BEAVER
KWON, MD, JONG D	BLAIR
KYLE, MD, G CLAYTON	PHILADELPHIA
KYREAGES, MD, CONSTANTINE G	ALLEGHENY
KYRIACOPOULOS, MD, JOHN D	ALLEGHENY

L

LA BAER, MD, SCOTT N	PHILADELPHIA
LA CAPRA, MD, SAMUEL	PHILADELPHIA
LA FORGIA, SAL T	STUDENT
LA LUNA, MD, LOUIS	PHILADELPHIA
LA MANNA, MD, MARGARET M	PHILADELPHIA
LA NASA, MD, SALVATORE	ALLEGHENY
LA ROCCA, SANDRO	STUDENT
LABARBERA, ANTHONY P	STUDENT
LABBATE, MD, VICTOR A	LUZERNE
LABE, MD, ALEXANDER	PHILADELPHIA
LABELLE, MD, PATRICE	MONTGOMERY
LABKOFF, MD, STEVEN E	PHILADELPHIA
LABORDA, MD, OSCAR E	DELAWARE
LABORDE, MD, ANDREA T	PHILADELPHIA
LABOWSKIE, MD, EUGENE M	MONTGOMERY
LABUDA, DO, BRYAN E	WESTMORELAND
LABUDA II, MD, JOSEPH M	FAYETTE
LABUSKI, MD, MARK R	INDIANA
LACAVARO, MD, JULES A	DELAWARE
LACE, MD, THOMAS E	WESTMORELAND
LACHMAN, MD, JOSEPH	DELAWARE
LACOUTURE, MD, LUIS	ALLEGHENY
LADANI, MD, CHHAGANLAL D	ALLEGHENY
LADDEN, MD, PAUL A	PHILADELPHIA
LADENHEIM, MD, STEVEN E	PHILADELPHIA
LADO, MD, MICHAEL	SCHUYLKILL
LADOULIS, MD, CHARLES T	DELAWARE
LAFER, MD, EDMUND L	PHILADELPHIA

LAFFERTY, MD, THOMAS E	PHILADELPHIA
LAFFEY, MD, PATRICIA A	CHESTER
LAFOLLETTE, MD, BRUCE F	MONTOUR
LAFONTANT, MD, GILBERT	PHILADELPHIA
LAFONTANT, MD, RAYMOND F	PHILADELPHIA
LAFONTANT, MD, ROBERT R	WESTMORELAND
LAGNESE, MD, MARGARET J	ALLEGHENY
LAHANIATIS, JOHN E	STUDENT
LAHAV, MD, ERIKA	NORTHAMPTON
LAHUE-MORDY, DO, RHONDA L	DELAWARE
LAI, NALINE L	STUDENT
LAIBSON, MD, PETER R	PHILADELPHIA
LAIFER, MD, STEVEN A	ALLEGHENY
LAIGON, MD, EUGENE E	CARBON
LAING, MD, FAYE C	PHILADELPHIA
LAING, MD, JOHN W	FRANKLIN
LAING, MD, PATRICK G	ALLEGHENY
LAKDAWALA, MD, SHABBIR	ALLEGHENY
LAKSHMIN, MD, MURALI	BERKS
LAL, DO, ROBY A	ALLEGHENY
LALLI, MD, JOANNE M	LYCOMING
LALLY, MD, FRANCIS L	ALLEGHENY
LALLY, MD, MICHAEL E	ALLEGHENY
LALLY, MD, PATRICK T	WESTMORELAND
LAM, ALLISON C	STUDENT
LAM, MD, CARL A	LEHIGH
LAMADE, MD, CHARLES D	LYCOMING
LAMAN, ANDREW D	STUDENT
LAMAN, MD, DAVID	ALLEGHENY
LAMANNA, MD, JOHN V	BERKS
LAMARQUE, MD, EDWARD E	DAUPHIN
LAMAS, MD, CARLOS C	ERIE
LAMB, MD, KATHLEEN G	ALLEGHENY
LAMBE, HELEN A	STUDENT
LAMBERT, MD, BARBARA A	PHILADELPHIA
LAMBERT, MD, KENNETH P	BERKS
LAMBERT, MD, ROBERT L	PHILADELPHIA
LAMBERTI, MD, WILLIAM F	LACKAWANNA
LAMBERTON, MD, WILLIAM D	ERIE
LAMBERTON, MD, WILLIAM F	ERIE
KLAME, MD, EDWIN L	PHILADELPHIA
LAMMENDOLA-MELONE, DO, ANNAMARIE C	DELAWARE
LAMP JR, MD, CLYDE B	ALLEGHENY
LAMPARTER, MD, CAROL M	UNION
LAMPE II, MD, WILLIAM T	YORK
LAMSBACK, MD, EDWARD G	PHILADELPHIA
LAN, MD, VICTOR S	INDIANA
LANAUZE, MD, HARRY E	ALLEGHENY
LANCASTER, MD, STEWART L	BEAVER
LANCASTER JR, MD, EDWARD L	LANCASTER
LANCIANO, MD, RACHELLE M	PHILADELPHIA
LANDAU, MD, LEO W	LUZERNE
LANDAU, MD, PHILIP M	ALLEGHENY
LANDAY, MD, RONALD A	ALLEGHENY
LANDER, MD, JEFFREY R	YORK
LANDER, MD, WILLIAM W	MONTGOMERY
LANDERMAN, MD, NATHANIEL S	ALLEGHENY
LANDES, MD, RAY P	BUCKS
LANDFAIR, MD, ROY J	ALLEGHENY
LANDIS, MD, ERIC S	BUTLER
LANDIS, MD, FLOYD M	LANCASTER
LANDIS, MD, RAY L	WYOMING
LANDIS, MD, ROBERT C	YORK
LANDIS, MD, TIMOTHY D	ALLEGHENY
LANDIS, MD, WILLIAM A	YORK
LANDON JR, MD, LYNDON H	ALLEGHENY
LANE, MD, BARBARA	BUCKS
LANE, MD, C DARRELL	BERKS
LANE, MD, JOHN D	BUCKS
LANE, MD, JOHN F	WASHINGTON
LANE, MD, SALLY D	PHILADELPHIA
LANG, MD, DAVID F	ALLEGHENY
LANG, MD, GREGORY M	LEHIGH
LANG, MD, HOWARD N	ALLEGHENY
LANG, DO, JOHN B	NORTHAMPTON
LANG, MD, KAREN A	WESTMORELAND
LANG, MD, NIKKI	PHILADELPHIA
LANG, MD, STANLEY	JEFFERSON
LANGA, MD, VICTORIA M	ALLEGHENY
LANGAN III, MD, E LAWRENCE	DELAWARE
LANGDON, MD, DAVID R	MONTOUR
LANGE, MD, BEVERLY J	PHILADELPHIA
LANGE, MD, MARIANNE K	NORTHAMPTON
LANGE JR, MD, PAUL C	ALLEGHENY
LANGELL, JOHN T	STUDENT
LANGER, MD, BURTON H	MONTGOMERY
LANGER, MD, D MORTON	YORK
LANGHEINRICH, MD, WALTER S	ALLEGHENY
LANGIERI, MD, GARY	PHILADELPHIA
LANGLOTZ, MD, CURTIS P	PHILADELPHIA
LANGRALL, MD, HARRISON M	CHESTER
LANIGAN, MD, CHRISTINE J	PHILADELPHIA
LANNING, MD, RICHARD C	DAUPHIN
LANOCE, MD, LOUIS F	PHILADELPHIA
LANPHER, MD, GREGORY B	YORK
LANSING, MD, DOROTHY I	CHESTER
LANTELME, MD, BRUCE E	LYCOMING
LANZ, MD, RICHARD K	ALLEGHENY
LANZ JR, MD, ROBERT J	ALLEGHENY
LANZA, MD, DONALD C	PHILADELPHIA
LANZA, MD, RALPH A	CHESTER
LANZILLO, MD, JOSEPH H	LANCASTER
LAPAT, MD, RICHARD C	PHILADELPHIA
LAPAYOWKER, MD, MARC S	PHILADELPHIA
LAPERLE, MD, MARGARET M	PHILADELPHIA
LAPES, MD, GEORGE A	YORK
LAPORTA, MD, EDWARD W	DELAWARE
LAPORTE, MD, PATRICK J	MONTOUR
LAPORTE, MD, STEVEN M	CHESTER
LAPOS, MD, LINDA L	LEHIGH
LAPP, MD, FREDERICK C	LYCOMING
LARA, MD, HENRY R	ERIE
LARACH, MD, DAVID R	DAUPHIN
LAREAU, MD, DANIEL G	WARREN
LAREAU, MD, LAWRENCE G	WARREN
LARGE, MD, FRED D	WASHINGTON
LARGE, MD, HIRAM S	NORTHAMPTON
LARGENT, MD, JILL A	MONTOUR
LARGOZA, MD, NACIANCENO T	PHILADELPHIA
LARICCIA, MD, PATRICK J	PHILADELPHIA
LARKIN, MD, FRANCIS L	FAYETTE
LARKIN, MD, WILLIAM A	FAYETTE
LARKIN JR, MD, MICHAEL J	LAWRENCE
LARKIN JR, MD, VINCENT D	LACKAWANNA
LARKIN JR, MD, WALTER J	LACKAWANNA
LARKINS, MD, MARK V	ALLEGHENY
LAROCHE, MD, ROGER R	MCKEAN
LAROCHELLE, MD, ANNE G	CRAWFORD
LAROCHELLE JR, MD, GERALD E	CRAWFORD
LAROSSA, MD, DONATO D	PHILADELPHIA
LARSON, MD, CHRISTOPHER E	ALLEGHENY
LARSON, MD, ELEANOR	TIOGA
LARSON, JEREMY T	STUDENT
LARSON, MD, PETER J	PHILADELPHIA
LARSON, MD, THOMAS J	ALLEGHENY
LARSON JR, MD, THEODORE S	LYCOMING
LARSSON, MD, ERNST O	LUZERNE
LASALVIA, MD, LUCY A	PHILADELPHIA
LASCH, HUGH M	STUDENT
LASEK, MD, COLETTE R	MONTOUR
LASHER, MD, J DONALD	ERIE
LASHER, MD, ROBERT L	ERIE
LASKAS, CLAIRE A	STUDENT
LASKAS, MD, JOHN J	DELAWARE
LASKAS JR, MD, JOHN J	DELAWARE
LASORDA, DO, DAVID M	ALLEGHENY
LASSON, DO, NANCY C	MONTGOMERY
LATMAN, MD, STEPHEN F	BERKS
LATOFF, MD, THOMAS J	CHESTER
LATSHAW, MD, ROBERT F	LANCASTER
LATTA, MD, RICHARD A	MONTGOMERY
LATTANZI, MD, DANIEL R	ALLEGHENY
LATTARI, VINCENT A	STUDENT
LATTIMER, MD, GARY L	LYCOMING
LATTIN, MD, GARY M	BERKS
LATUSKA, MD, RICHARD F	ALLEGHENY
LATZKO, MD, PAUL J	LUZERNE
LAU, MD, HAR CHI	PHILADELPHIA
LAU, MD, HENRY T	PHILADELPHIA
LAUANDOS, MD, IBRAHIM E	BUCKS
LAUB, MD, CURTIS H	CRAWFORD
LAUBACH, MD, GEORGE B	NORTHAMPTON
LAUBACH JR, MD, CHARLES A	MONTOUR
LAUCIUS, MD, J FREDERICK	PHILADELPHIA
LAUCKS, MD, STEPHEN O	YORK
LAUCKS II, MD, SAMUEL S	YORK
LAUCKS JR, MD, STANLEY P	YORK
LAUDENSLAGER, MD, ELMER C	BUCKS
LAUER, MD, CARL G	ERIE
LAUER, MD, JAMES H	BEAVER
LAUERMAN, MD, WILLIAM C	ALLEGHENY
LAUFE, MD, MARC D	ALLEGHENY
LAUGHINGHOUSE, MD, KENNETH A	PHILADELPHIA
LAUGHNER, DO, JAMES P	MONTOUR
LAUKAITIS, MD, RONALD B	LANCASTER
LAURO, MD, GREGORY R	WESTMORELAND
LAURY, MD, WILLIAM L	PHILADELPHIA
LAUTER, MD, O SCOTT	LANCASTER
LAUTZ, MD, VIRGINIA H	PHILADELPHIA
LAUZONIS, MD, PETER W	LUZERNE
LAVAN, MD, DONALD W	PHILADELPHIA
LAVELLE, MD, JANE M	PHILADELPHIA
LAVERAN STIEBER, MD, RUDOLF F	PHILADELPHIA
LAVERDE, MD, PHILIP S	VENANGO
LAVIN-LESKA, MD, LINDA S	BUCKS
LAVRICH, MD, JUDITH B	PHILADELPHIA
LAW, MD, STUART C	ALLEGHENY
LAWLESS, MD, GRANT D	ALLEGHENY
LAWLOR, MD, MAUREEN	ALLEGHENY
LAWLOR, MD, ROBERT J	MONTGOMERY
LAWN, MD, BERYL B	PHILADELPHIA
LAWRENCE, CHERYL I	STUDENT
LAWRENCE, MD, GARY W	LUZERNE
LAWRENCE, MD, JAMES B	PHILADELPHIA
LAWRENCE, MD, JODY	PHILADELPHIA
LAWRENCE, MD, JOHN W	DELAWARE
LAWRENCE, MD, PHILIP H	MONROE
LAWRENCE, MD, ROBINA R	YORK
LAWSKY, MD, ALAN R	ALLEGHENY
LAWSON, MD, LORI A	PHILADELPHIA
LAWSON JR, MD, HERMAN	DAUPHIN
LAWTON, L GREGORY	STUDENT
LAYCHOCK, MD, ANNA M	SCHUYLKILL
LAYDEN, MD, PAUL W	ERIE
LAZAR, MD, JEFFREY C	MERCER
LAZARO MORAN, MD, MIGUELA D	PHILADELPHIA
LAZARUS, DO, BEN G	LANCASTER
LAZARUS, MD, GERALD S	PHILADELPHIA
LAZORIK, MD, FRANCIS C	DELAWARE
LAZZARA, MD, ROBERT R	ALLEGHENY
LAZZARO, MD, THEODORE A	WESTMORELAND
LE, LARA	STUDENT
LE, LONG V	STUDENT
LE BON, FENTON G	STUDENT
LEACH, MARK W	STUDENT
LEAHEY, MD, ALAN B	LEHIGH
LEAHY, MD, JOANN M	BUCKS
LEAL, MD, GUMERSINDO R	SCHUYLKILL
LEAMAN, MD, IVAN B	LANCASTER
LEAMAN, MD, PHYLLIS L	LANCASTER
LEAMAN, MD, THOMAS L	DAUPHIN
LEANZ, MD, GARY F	CUMBERLAND
LEAR, MD, WILLIAM L	INDIANA
LEARNER, MD, NORMAN	PHILADELPHIA
LEASE, MD, JOHN R	LUZERNE
LEASER, MD, JOSEPH P	DAUPHIN
LEASURE, MD, NICK C	BERKS
LEATHERS, MD, DONALD J	LYCOMING
LEAVENS, MD, HUGH M	DAUPHIN
LEAVITT, MD, HERBERT M	NORTHAMPTON
LEAVITT, DO, RICHARD JAY	PHILADELPHIA
LEBER, MD, DAVID C	DAUPHIN
LEBER, GEOFFREY E	STUDENT
LEBER, MD, PAUL E	LYCOMING
LEBERMAN, MD, PAUL R	PHILADELPHIA
LEBISCHAK, MD, H CAROL	LANCASTER
LEBOVITZ, MD, STANTON S	YORK
LEBOVITZ, BRIAN L	STUDENT
LEBOVITZ, MD, CHARLES N	ALLEGHENY
LEBOVITZ, MD, JEROME J	ALLEGHENY
LECAVALIER, MD, LARRY A	BUCKS
LECHMANICK, MD, EUGENE A	ALLEGHENY
LECHTZIN, NOAH	STUDENT
LECKEY, RONALD D	STUDENT
LECKS, MD, LEONARD E	PHILADELPHIA
LEDDY, MD, CHERYL	PHILADELPHIA
LEDER, MD, DAVID S	PHILADELPHIA
LEDESMA, MD, ELIHU J	PHILADELPHIA
LEDIS, MD, SEYMOUR	BUCKS
LEE, MD, ALBERT C	CLEARFIELD
LEE, MD, AUNG P	ERIE
LEE, MD, BERNARD L	PHILADELPHIA
LEE, MD, CHANCHI	BUCKS
LEE, MD, CHARLES Y	DELAWARE
LEE, MD, CHONG S	NORTHAMPTON
LEE, MD, CHUNG H	CARBON
LEE, MD, DANIEL	CHESTER
LEE, DANIEL D	STUDENT
LEE, MD, DAVID R	FRANKLIN
LEE, MD, EDWARD Y	LACKAWANNA
LEE, MD, EDWIN N	LEHIGH
LEE, MD, FERROL J	BRADFORD
LEE, MD, FOO T	ALLEGHENY
LEE, MD, GUY A	STUDENT
LEE, MD, H C	NORTHAMPTON
LEE, HELEN	STUDENT
LEE, MD, HENRY F	PHILADELPHIA
LEE, MD, HOWARD J	BUCKS
LEE, HYUN-JOO	STUDENT
LEE, MD, HYUNAH	PHILADELPHIA
LEE, MD, IN W	ERIE
LEE, JAMES	STUDENT
LEE, MD, JANGWOO	SCHUYLKILL
LEE, MD, JOHN KEUN-SANG	ALLEGHENY
LEE, JONG O	STUDENT
LEE, MD, JONG Y	WESTMORELAND
LEE, MD, JUNG-PIL	BERKS
LEE, MD, KENNETH K	HUNTINGDON
LEE, MD, KENNETH K	ALLEGHENY
LEE, MD, KI B	LUZERNE
LEE, MD, KUK S	FAYETTE
LEE, MD, KWAN I	ALLEGHENY
LEE, MD, KWANG W	PHILADELPHIA
LEE, MD, KYUNG C	LACKAWANNA
LEE, LAWRENCE H	STUDENT
LEE, MD, LOUIS S	ALLEGHENY
LEE, MD, MARTIN L	MONTOUR
LEE, MD, OOK J	ALLEGHENY
LEE, MD, ROBERT E	ALLEGHENY
LEE, MD, ROTAN	PHILADELPHIA
LEE, MD, SAMUEL	BRADFORD
LEE, MD, SANG E	ALLEGHENY
LEE, MD, SANG T	NORTHAMPTON
LEE, DO, SARAH C	NORTHAMPTON
LEE, MD, SEUNG C	CRAWFORD
LEE, MD, STEPHEN E	ALLEGHENY
LEE, MD, WILLIAM M	MONTGOMERY
LEE, MD, WON Y	SCHUYLKILL
LEE, YI-CHUN	STUDENT
LEE, MD, YING P	FAYETTE
LEE, MD, YOUNG W	WAYNE/PIKE
LEE JR, MD, CHARLES T	PHILADELPHIA
LEE JR, MD, JAMES H	PHILADELPHIA
LEECH JR, MD, JOHN E	MONTOUR
LEEGARD, MD, ROBERT L	PHILADELPHIA
LEEHAN, MD, SEAN W	MERCER
LEEN, MD, RAYMOND L	ALLEGHENY
LEERS, MD, STEVEN A	ALLEGHENY
LEET, MD, THOMAS E	LEHIGH
LEFEVER, MD, ROBERT S	ADAMS
LEFF, MD, BERNARD	ALLEGHENY
LEFF, DO, DAVID A	NORTHAMPTON
LEFF, DO, DAVID B	ALLEGHENY
LEFF, MD, LOUIS E	ALLEGHENY
LEFKOE, MD, ROY T	PHILADELPHIA
LEFTON, MD, HARVEY B	PHILADELPHIA
LEGENDRE, MD, GERALD M	MONTGOMERY
LEGERE, DO, JOHN B	LANCASTER
LEHMAN, MD, CLINTON J	LUZERNE
LEHMAN, DO, GREGORY M	DELAWARE
LEHMAN, MD, JOHN D	PHILADELPHIA
LEHMAN, MD, JOHN W	BEAVER
LEHMAN, MD, JULIA F	CAMBRIA
LEHMAN, MD, RALPH A	DAUPHIN
LEHMAN, MD, RUBY V	DAUPHIN
LEHMAN JR, NORMAN L	STUDENT
LEHMANN, MD, DAVID C	PHILADELPHIA
LEHRER, MD, LEWIS	PHILADELPHIA
LEHRICH, MD, HENRY E	LEHIGH
LEIB, MD, PAMELA L	SCHUYLKILL
LEIB JR, MD, RICHARD C	CAMBRIA
ALEIBENSPERGER, MD, STEPHEN N	ALLEGHENY
LEIBMAN, MD, JOSEPH B	LACKAWANNA
LEIBOLD, MD, DEBRA M	MONTGOMERY
LEIBOWITZ, MD, ARTHUR N	DELAWARE
LEIBOWITZ, MD, LEONARD D	ALLEGHENY
LEIBY, MD, DAVID K	BUCKS
LEICHT, MD, MICHAEL J	MONTOUR
LEICHTER, DO, JEFFREY A	MONTOUR
LEIGH, MD, FLORA B	DELAWARE
LEIGH, MD, REWNG	WESTMORELAND
LEIGHTON JR, MD, JOHN C	PHILADELPHIA
LEIGHTY, MD, RALPH G	SOMERSET
LEIMAN, MD, PAUL M	LACKAWANNA
LEINBERRY, MD, CHARLES F	BERKS
LEINWEBER, MD, BRUCE K	PHILADELPHIA
LEIPHART, MD, CLARENCE D	LANCASTER
LEIS, MD, DEAN J	DAUPHIN
LEISAWITZ, MD, ELLIOTT G	BERKS
LEISAWITZ, MD, PAUL A	BERKS
LEISE, MD, ELEANOR O	DELAWARE
LEISER, MD, JONATHON B	PHILADELPHIA
LEISTER, MD, HOWARD A	BUCKS
LEITAO, MD, EDWARD A	ALLEGHENY
LEITEL, MD, HAROLD L	JEFFERSON
LEITHOLD, MD, KATHLEEN G	MONTOUR
LEKACH, MD, JACUB	LACKAWANNA
LEKAWA, MD, THADDEUS	YORK
LELE, MD, PRAMOD S	DELAWARE
LEMAN, MD, WILLIAM W	DELAWARE
LEMASTERS, DO, THOMAS R	SCHUYLKILL
LEMASTERS, DO, WILLIAM C	NORTHUMBRLAND
LEMAY, MD, MICHELE L	PHILADELPHIA
LEMBERG, MD, JEFFREY D	ALLEGHENY
LEMENTOWSKI, MD, MICHAL	FAYETTE
LEMERT, MD, MICHAEL R	CHESTER
LEMIS, MD, PETER M	ALLEGHENY
LEMOLE, MD, GERALD M	PHILADELPHIA
LEMONICK, MD, DAVID M	ALLEGHENY
LEMPERT, MD, STEVEN L	ALLEGHENY
LENCHNER, MD, GREGORY S	PHILADELPHIA
LENKEY, MD, JOSEPH L	ALLEGHENY
LENKO, MD, PHILIP M	BUTLER
LENNERT, MD, JOSEPH B	NORTHAMPTON
LENOX, MD, CORA C	ALLEGHENY
LENOX, MD, JOHN E	ALLEGHENY
LENROW, MD, DAVID A	MONTGOMERY
LENTINI, MD, J CHARLES	LUZERNE
LENTON, MD, HERBERT P	CUMBERLAND
LENTZ, MD, CONRAD L	NORTHAMPTON
LENTZ, MD, KENNETH H	ALLEGHENY
LENTZ, MD, MARK R	INDIANA
LENTZ, MD, ROBERT E	LEHIGH
LENYO, MD, GEORGE E	SCHUYLKILL
LENZ, PATRICK K	STUDENT
LEO, MD, LOUIS R	PHILADELPHIA
LEON, STUART M	STUDENT
LEONARD, MD, EDWARD H	PHILADELPHIA
LEONARD, DO, M DENICE	ALLEGHENY
LEONARD II, EDWARD E	STUDENT
LEONARD III, MD, DANIEL J	CAMBRIA
LEONARD JR, MD, EDWARD C	PHILADELPHIA
LEONE, MD, GUY R	WESTMORELAND
LEONE, LISA D	STUDENT
LEONG, MD, MILA A	PHILADELPHIA
LEONG, MIMI	STUDENT
LEONI, MD, JOSEPH	BERKS
LEONIDA, MD, ELFREN L	WESTMORELAND
LEOPOLD, DO, NORMAN A	DELAWARE
LEOPOLD, MD, ROBERT L	PHILADELPHIA
LEOPOLD JR, MD, A REID	MIFFLIN/JUNI
LEPAR, MD, EDWIN	PHILADELPHIA
LEPERA, DO, PAMELA A	PHILADELPHIA
LEPIANE, MD, RICHARD M	BEAVER
LEPONE, MD, KENNETH	LEBANON
LERBERG, MD, DAVID B	ALLEGHENY
LERMAN, MD, JOEL M	MONTGOMERY
LERMAN, MD, MICHAEL G	YORK
LERNER, MD, ARTHUR M	PHILADELPHIA
LERNER, MD, DAVID L	ALLEGHENY
LERNER, MD, HARVEY J	PHILADELPHIA
LERNER, MD, SAMUEL M	LEHIGH
LERNER, SUSAN M	STUDENT
LEROY, MD, N BLAIR	MONTGOMERY
LERTZMAN, MD, BETH H	STUDENT
LESACA, MD, TIMOTHY G	FAYETTE
LESCANIC, MD, MICHAEL L	CENTRE
LESCHEK, LISA M	STUDENT
LESHNER, DO, RICHARD T	PHILADELPHIA
LESHOCK, MD, LEON E	CARBON
LESKO, MD, JULIANNE J	DAUPHIN
LESKO, DO, MICHAEL G	LANCASTER
LESLIE, MD, DAVID C	WASHINGTON
LESLIE, HEATHER F	STUDENT
LESLIE, MARTHA I	STUDENT
LESLIE, MD, PAUL A	LANCASTER
LESLIE JR, MD, M RUSSELL	ALLEGHENY
LESNIAK, MD, JOHN P	LACKAWANNA
LESNOCK, MD, ROBERT G	WASHINGTON
LESSARD, MD, JEAN L	ERIE
LESSE, MD, S MICHAEL	NORTHAMPTON
LESSER, MD, RAYMOND W	PHILADELPHIA
LESSIG, MD, HARRY J	PHILADELPHIA
LESSIG, MD, MARVIN A	PHILADELPHIA
LESTER, MD, MARK C	LEHIGH
LETIZIA, KATHLEEN A	STUDENT
LETO, MD, FRANCESCO	PHILADELPHIA
LETOCHA, MD, CHARLES E	YORK
LETWIN, MD, LEE B	MONTGOMERY
LEUKHARDT, MD, DAVID B	ALLEGHENY
LEUNISSEN, MD, R L ABRAHAM	DELAWARE
LEUTE, MD, MILLARD S	DELAWARE
LEVANDOSKI, MD, DIANE C	LUZERNE
LEVENSON, MD, DAVID J	ALLEGHENY

LEVENSON, MD, MORTON W	LANCASTER
LEVENTHAL, MD, LINDA C	BUCKS
LEVICK, MD, MARVIN H	ALLEGHENY
LEVICK, MD, STANLEY N	PHILADELPHIA
LEVIEN, MD, DAVID H	PHILADELPHIA
LEVIN, MD, ANDREW J	PHILADELPHIA
LEVIN, MD, BARRY L	PHILADELPHIA
LEVIN, MD, BRADLEY H	YORK
LEVIN, MD, DANIEL M	DAUPHIN
LEVIN, MD, DAVID C	PHILADELPHIA
LEVIN, MD, GARY J	CHESTER
LEVIN, MD, GENE D	BUCKS
LEVIN, MD, HOWARD A	MONTGOMERY
LEVIN, MD, KENNETH	NORTHAMPTON
LEVIN, MD, MARC W	LEHIGH
LEVIN, MD, MATTHEW	ALLEGHENY
LEVIN, MD, MICHAEL D	PHILADELPHIA
LEVIN, MD, MOISEY	BUCKS
LEVIN, MD, MORRIS	BUCKS
LEVIN, MD, NORMAN P	PHILADELPHIA
LEVIN, MD, RICHARD	BUCKS
LEVIN, MD, RICHARD M	LANCASTER
LEVIN, MD, ROBERT M	BLAIR
LEVIN, MD, RONALD M	PHILADELPHIA
LEVIN, STEVEN I	STUDENT
LEVIN, MD, STEVEN P	MONTGOMERY
LEVINE, MD, ALAN P	BERKS
LEVINE, MD, ARNOLD H	PHILADELPHIA
LEVINE, MD, ARTHUR	LEHIGH
LEVINE, MD, BARRY L	ALLEGHENY
LEVINE, MD, BRETT A	PHILADELPHIA
LEVINE, MD, BRUCE D	ALLEGHENY
LEVINE, MD, CHARLES B	YORK
LEVINE, MD, CHARLES R	LEHIGH
LEVINE, MD, FREDERICK H	PHILADELPHIA
LEVINE, MD, JACOB	WESTMORELAND
LEVINE, DO, JEFFREY N	LANCASTER
LEVINE, MD, JOEL I	ADAMS
LEVINE, MD, MACY I	ALLEGHENY
LEVINE, MD, MARK J	ERIE
LEVINE, MD, MICHAEL	ALLEGHENY
LEVINE, MD, PHILLIP R	ALLEGHENY
LEVINE, MD, RICHARD B	PHILADELPHIA
LEVINE, MD, SHELDON R	ALLEGHENY
LEVINSKY, MD, WALTER J	PHILADELPHIA
LEVINSON, MD, BRADLEY A	ALLEGHENY
LEVINSON, MD, JULIAN P	ALLEGHENY
LEVINSON, MD, MARK E	DAUPHIN
LEVINSON, MD, NAT E	LACKAWANNA
LEVINSON, MD, PETER G	ERIE
LEVINSON, MD, SANDER J	LACKAWANNA
LEVINSON, MD, STUART L	PHILADELPHIA
LEVINSON, MD, WILLIAM D	WESTMORELAND
LEVIS, MD, MICHAEL P	ALLEGHENY
LEVIT, MD, EDITHE J	PHILADELPHIA
LEVIT, MD, LAWRENCE S	PHILADELPHIA
LEVIT, MD, SAMUEL M	PHILADELPHIA
LEVITT, MD, JERRY D	PHILADELPHIA
LEVITT, MD, LAWRENCE P	LEHIGH
LEVY, MD, DAVID E	PHILADELPHIA
LEVY, MD, DAVID J	ERIE
LEVY, MD, EDWIN J	DELAWARE
LEVY, MD, JON A	ALLEGHENY
LEVY, MD, LESLIE J	ALLEGHENY
LEVY, MD, MARSHALL S	ALLEGHENY
LEVY, MD, MICHAEL H	PHILADELPHIA
LEVY, MD, PAUL F	BERKS
LEVY, MD, REINHARDT D	ALLEGHENY
LEVY, MD, SCOTT S	BUCKS
LEVY, MD, STEVEN A	ERIE
LEVY, MD, SUSAN E	PHILADELPHIA
LEW, MD, CHUNG M	BEAVER
LEWANDOWSKI, MD, ANN E	FRANKLIN
LEWBART, MD, MARVIN L	DELAWARE
LEWIN, MD, JULIAN R	ALLEGHENY
LEWIN, MD, STANLEY B	DAUPHIN
LEWINE, MD, YALE S	CAMBRIA
LEWIS, MD, ALAN E	PHILADELPHIA
LEWIS, MD, DANIEL W	PHILADELPHIA
LEWIS, MD, EARL T	CHESTER
LEWIS, MD, ELAINE R	BERKS
LEWIS, ELDRIN F	STUDENT
LEWIS, MD, ERIC A	DELAWARE
LEWIS, MD, GARY W	WESTMORELAND
LEWIS, MD, GREGORY L	CUMBERLAND
LEWIS, MD, HENRY C	WESTMORELAND
LEWIS, MD, JAMES W	PHILADELPHIA
LEWIS, MD, JANET K	UNION
LEWIS, MD, JOFFRE P	SCHUYLKILL
LEWIS, DO, KATHLEEN C	LYCOMING
LEWIS, MD, KATHRYN A	BLAIR
LEWIS, MD, KENNETH E	PHILADELPHIA
LEWIS, MD, L CLIFFORD	CHESTER
LEWIS, MD, MAURICE J	DAUPHIN
LEWIS, NANCY L	STUDENT
LEWIS, MD, PAUL L	PHILADELPHIA
LEWIS, MD, PHILIP G	BUCKS
LEWIS, MD, REBECCA E	MONTGOMERY
LEWIS, MD, RICHARD P	ALLEGHENY
LEWIS, MD, ROBERT E	ALLEGHENY
LEWIS, MD, STEPHEN F	MONTGOMERY
LEWIS, MD, STUART H	DELAWARE
LEWIS, DO, STUART T	BUCKS
LEWIS, WALTER E	STUDENT
LEWIS, MD, WILLIAM J	DELAWARE
LEWIS JR, MD, GEORGE C	PHILADELPHIA
LEWIS JR, MD, HOWARD T	ALLEGHENY
LEWIS JR, MD, THOMAS J	ALLEGHENY
LEYZIN, MD, FELIX	PHILADELPHIA
LEYZIN, MD, MARA S	PHILADELPHIA
LEZEK, MD, VINCENT J	ALLEGHENY
LIACHOWITZ, MD, CLAIRE H	PHILADELPHIA
LIACOURAS, MD, CHRIS A	PHILADELPHIA
LIANG, MD, DAVID Y	ALLEGHENY
LIANG, MD, GWENDOLYN J	MONTGOMERY
LIANG, MD, MARIA	ALLEGHENY
LIANG, MD, PING TCHANG	ALLEGHENY
LIAW, MD, MING T	PHILADELPHIA
LIAW, MD, WEN HAW	PHILADELPHIA
LIBELL, DAVID P	STUDENT
LIBERI, MD, ALFRED A	DELAWARE
LIBERTA, MD, THOMAS R	NORTHAMPTON
LICHTENBERG, MD, RICHARD A	DELAWARE
LICHTENSTEIN, MD, ISRAEL	PHILADELPHIA
LICHTENSTEIN, SETH H	STUDENT
LICHTENSTEIN, MD, STEPHEN B	PHILADELPHIA
LICHTER, MD, JAMES G	ALLEGHENY
LICHTMAN, MD, JOSEPH M	PHILADELPHIA
LIDDELL, MD, ALBERT G	LYCOMING
LIDSTON, MD, BRUCE M	HUNTINGDON
LIEB, MD, JOHN G	YORK
LIEBENBERG, MD, ROBERT E	PHILADELPHIA
LIEBENTRITT, MD, FRANK J	CRAWFORD
LIEBER, MD, CLAUDE P	PHILADELPHIA
LIEBER, MD, PAUL S	CENTRE
LIEBERMAN, MD, BRUCE L	BUCKS
LIEBERMAN, MD, DANIEL	PHILADELPHIA
LIEBERMAN, MD, DONALD C	LUZERNE
LIEBERMAN, MD, DONALD H	PHILADELPHIA
LIEBERMAN, MD, FRANCIS A	LEHIGH
LIEBERMAN, MD, GEORGE E	PHILADELPHIA
LIEBERMAN, MD, RICHARD M	LEHIGH
LIEBERMAN, DO, RONALD M	PHILADELPHIA
LIEBERMAN JR, MD, JOSEPH A	LEHIGH
LIEBERT, MD, PAUL L	PHILADELPHIA
LIEBLER, MD, GEORGE A	ALLEGHENY
LIEBMAN, MD, EMIL P	PHILADELPHIA
LIEBMAN, MD, IRVIN M	BUCKS
LIEBREICH, MD, MARK	BUCKS
LIEBSON, MD, CHARLES	INDIANA
LIEDERBACH, MD, STEPHEN J	ALLEGHENY
LIEF, MD, HAROLD I	PHILADELPHIA
LIEFELD, MD, PAUL A	ALLEGHENY
LIFTON, STACEY H	STUDENT
LIGGETT, MD, JOHN S	ALLEGHENY
LIGGETT, MD, JOSEPH G	ALLEGHENY
LIGHT, MD, JOHN H	CENTRE
LIGHT, MD, JOHN J B	LEBANON
LIGHT, KAREN J	STUDENT
LIGHT, MD, WILMA C	WESTMORELAND
LIGHTMAN, MD, DAVID A	LYCOMING
LIGHTS, MD, VERNEDA M	PHILADELPHIA
LIGNELLI, MD, GREGORY J	BERKS
LILIENTHAL, MD, DAVID S	ALLEGHENY
LILIK, MD, KENNETH W	LACKAWANNA
LILLEY, MD, GEORGE W	DELAWARE
LILLI, MD, ELMO J	MONROE
LILLMARS, DO, STEVEN A	MONTOUR
LILLY, DO, TIMOTHY J	MERCER
LIM, ALEXANDER J	STUDENT
LIM, MD, CHANG-SEIN	WAYNE/PIKE
LIM, MD, DAWSON	ALLEGHENY
LIM, MD, ELIZABETH G	INDIANA
LIM, MD, FELIXBERTO D	ALLEGHENY
LIM, MD, HENG-FENG	DAUPHIN
LIM, MD, LOURDES T	MERCER
LIM, MD, REBECCA B	BRADFORD
LIM, DO, SCOTT J M	ERIE
LIM, MD, YOUNG K	WESTMORELAND
LIMA, MD, CLAUDIO A B	ALLEGHENY
LIMAURO, MD, DAVID L	ALLEGHENY
LIMBERAKIS, MD, ANTHONY J	PHILADELPHIA
LIMBERGER, MD, WILLIAM A	CHESTER
LIMBERT, MD, LAWRENCE	MONTGOMERY
LIMKAKENG, MD, ALEXANDER D	MERCER
LIMOGES, MD, RICHARD F	PHILADELPHIA
LIMPERT, MD, GEORGE H	WYOMING
LIN, MD, CHING H	SCHUYLKILL
LIN, DEBORAH W	STUDENT
LIN, DWIGHT J	STUDENT
LIN, MD, EDUARDO I T	PHILADELPHIA
LIN, MD, HONG-DER	ALLEGHENY
LIN, MD, LUKE	ALLEGHENY
LIN, MD, MING-SHEK	ALLEGHENY
LIN, MD, PAUL M	PHILADELPHIA
LIN, MD, PAUL S	UNION
LIN, MD, PU CHING	ELK/CAMERON
LIN, MD, RONG-CHUNG	ALLEGHENY
LIN, MD, SHIOW-BIH	ALLEGHENY
LIN, WENDY W	STUDENT
LINCOFF, MD, WILLIAM	DELAWARE
LINDBERG, MD, NICHOLAS O	BUCKS
LINDBLAD, MD, JOHN H	ALLEGHENY
LINDENBAUM, MD, GARY A	DELAWARE
LINDENBAUM, MD, JORGE	ALLEGHENY
LINDENFELD, MD, ARTHUR	LEHIGH
LINDER, MD, LISA J	DELAWARE
LINDER, MD, PAUL G	ALLEGHENY
LINDHOLM, MD, DALE D	LACKAWANNA
LINDNER, MD, MARIE A	CHESTER
LINDQUIST, MD, JOHN N	PHILADELPHIA
LINDSAY, MD, DAVID A	LYCOMING
LINE, MD, DENNIS E	CUMBERLAND
LING, MD, CHARLES C	SCHUYLKILL
LING, MD, HENRY T	MONTGOMERY
LINGANNA, MD, BHATTARAHALLY Y	LAWRENCE
LINGARAJU, MD, NAGARAJ	PHILADELPHIA
LINGENFELTER, MD, KYLE A	BRADFORD
LINHART, MD, RANDOLPH W	ALLEGHENY
LININGER, MD, JOHN R	MONTGOMERY
LININGER, MICHAEL D	STUDENT
LINN, DO, ROBERT	PHILADELPHIA
LINN, MD, SHELDON H	LEHIGH
LINNEMANN, MD, ROGER E	PHILADELPHIA
LINS, MD, JEFFREY A	BEAVER
LINSKEY, MD, MARK E	ALLEGHENY
LINTGEN, MD, ARTHUR B	MONTGOMERY
LINTZMEYER, MD, EMIL A	DELAWARE
LIPAPIS, MD, CHRISTY N	ALLEGHENY
LIPES, MD, JAN K	BUCKS
LIPKIN, MD, DAVID E	MONTGOMERY
LIPKIN, DO, HERBERT J	PHILADELPHIA
LIPMAN, MD, BERNARD L	PHILADELPHIA
LIPMAN, MD, RODNEY C	ALLEGHENY
LIPMAN, MD, SIDNEY P	ERIE
LIPNACK, DO, ERIC M	MONTGOMERY
LIPPA, MD, ERIK A	PHILADELPHIA
LIPPA, MD, LINDA S M	PHILADELPHIA
LIPPE, MD, RONALD W	DAUPHIN
LIPPERT, MD, LOUIS	JEFFERSON
LIPPMAN, CALEB R	STUDENT
LIPPO, MD, FRANK L	PHILADELPHIA
LIPSCHUTZ, MD, ARTHUR	PHILADELPHIA
LIPSCHUTZ, MD, LOUIS B	PHILADELPHIA
LIPSCHUTZ, MD, STEVEN M	PHILADELPHIA
LIPSENTHAL, MD, LEE	PHILADELPHIA
LIPSHUTZ, MD, HAROLD	PHILADELPHIA
LIPSHUTZ, MD, HUGH	MONTGOMERY
LIPSHUTZ, MD, WILLIAM H	PHILADELPHIA
LIPSITZ, MD, H DAVID	ALLEGHENY
LIPSIUS, MD, EDWARD I	PHILADELPHIA
LIPSON, MD, CHERYL S	CARBON
LIPSON, MD, JOHN D	INDIANA
LIPSON, MD, M BARRY	BUCKS
LIPSON, MD, STEPHEN D	LYCOMING
LIPTON, MD, STEVEN E	MONTGOMERY
LIPUT JR, MD, JOSEPH H	ALLEGHENY
LIRIO, MD, SIXTO M	DELAWARE
LIS, MD, EDWARD T	YORK
LISAN, MD, PHILIP	PHILADELPHIA
LISBERGER, MD, MARK D	DELAWARE
LISI, MD, LOUISE M	PHILADELPHIA
LISKA, MD, JOHN R	WESTMORELAND
LISKER, MD, SHELDON A	PHILADELPHIA
LISNYCZYJ, MD, NICHOLAS	LACKAWANNA
LISOWITZ, MD, GERALD M	WESTMORELAND
LISS, MD, ARTHUR	LUZERNE
LISS, MD, FREDERIC E	LEBANON
LISS, MD, GILBERT A	CHESTER
LISS, MD, JONATHAN	YORK
LISS, MD, ROBERT G	ALLEGHENY
LISS, MD, ROBERT P	CHESTER
LISTA, MD, WILLIAM A	PHILADELPHIA
LISTMAN, DAVID A	STUDENT
LISTWA, DO, HOWARD M	LEHIGH
LISZKA, DO, ANNE-MARIE	BLAIR
LITCHMAN, MD, JOSEPH F	LUZERNE
LITCHMAN, MD, MAUREEN R	LUZERNE
LITMAN, DO, RANDY G	MONTGOMERY
LITOVSKY, MD, DANIEL A	BUCKS
LITRENTA, MD, DAVID E	YORK
LITT, MD, LAWRENCE M	MONTGOMERY
LITTLE, MD, G ROBERT	DAUPHIN
LITTLE, MD, ROBERT G	DAUPHIN
LITTLE, MD, THOMAS	NORTHAMPTON
LITTMAN, MD, JEFFREY JAY	PHILADELPHIA
LITTMAN, MD, LISA L	ALLEGHENY
LITTON, MD, LINDA T	DAUPHIN
LITTS, MD, ALAN W	DAUPHIN
LITVIN, MD, HENRY	MONTGOMERY
LITWIN, MD, JEFFREY S	MONTGOMERY
LIU, CHIENYING	STUDENT
LIU, MD, PHILIP G	WAYNE/PIKE
LIU, MD, ROSITA O	WAYNE/PIKE
LIU, VINCENT	STUDENT
LIU, MD, WINSTON T	PHILADELPHIA
LIVECCHI, MD, JOHN T	LACKAWANNA
LIVENGOOD, MD, MARGARET A	LUZERNE
LIVOLSI, MD, PHILIP D	PHILADELPHIA
LIVORNESE, MD, DOUGLAS S	PHILADELPHIA
LIVORNESE JR, MD, LAWRENCE L	PHILADELPHIA
LIZANO, MD, VIOLETA M	LACKAWANNA
LLINAS, MD, ALFREDO J	BRADFORD
LLOYD, MD, BENJAMIN J	BERKS
LLOYD, MD, EDGAR C	BERKS
LLOYD, MD, GERALD R	ERIE
LLOYD, MD, JON C	ALLEGHENY
LO, MD, SHIH C	ALLEGHENY
LOBAS, MD, DAVID M	ALLEGHENY
LOBEL, MD, JEFFREY S	MONTOUR
LOBES JR, MD, LOUIS A	ALLEGHENY
LOBITZ, MD, STANLEY A	LUZERNE
LOBL, MD, LAWRENCE T	ALLEGHENY
LOCKE, MD, DARRON B	BLAIR
LOCKE, MD, DAVID L	ALLEGHENY
LOCKE, MD, HARRY R	MONTGOMERY
LOCKEY III, MD, STEPHEN D	LANCASTER
LODER, DO, DONALD I	BERKS
LODISE, MD, RAYMOND J	PHILADELPHIA
LOEB, ELIZABETH V	STUDENT
LOEB, MD, ROBERT L	ERIE
LOEB, MD, ROLAND A	LANCASTER
LOEFFLER JR, MD, JOHN G	CUMBERLAND
LOEPER, MD, DONALD J	BERKS
LOEV, MD, MARVIN	BUCKS
LOFARO, MD, SALVATORE A	DELAWARE
LOFFREDA-MANCINELLI, MD, CLAUDIO	BEAVER
LOFFREDO, MD, LINDA S	LUZERNE
LOFTUS, MD, JOSEPH A	LUZERNE
LOFTUS, MD, THOMAS A	PHILADELPHIA
LOGAN, DAVID A	STUDENT
LOGAN, MD, KENNETH M	ALLEGHENY
LOGAN, MD, MARTHA L	PHILADELPHIA
LOGAN, MD, THOMAS M	PHILADELPHIA
LOGUE, MD, JAMES G	PHILADELPHIA
LOGUE III, MD, JAMES G	BERKS
LOH, MD, CHARLES K	CUMBERLAND
LOHIN, DO, DAVID L	LACKAWANNA
LOHR, MD, W DAVID	ALLEGHENY
LOK, MD, MAI PAI	SCHUYLKILL
LOKEY, MD, PATRICIA A	PHILADELPHIA
LOLLEY, MD, DAVID M	ALLEGHENY
LOMAX JR, MD, WALTER P	PHILADELPHIA
LOMBARD, MD, MICHAEL F	LUZERNE
LOMBARD, MD, ROBERT M	LANCASTER
LOMBARDI, JOSEPH V	STUDENT
LOMBOY, MD, NORMA T	LEHIGH
LOMIS, MD, THOMAS J	YORK
LONDINO JR, MD, ALDO V	ALLEGHENY
LONDON, MD, GLADYS Z	DELAWARE
LONDON, MD, PHILIP	PHILADELPHIA
LONDON, MD, W THOMAS	PHILADELPHIA
LONG, MD, BRIAN K	WARREN
LONG, MD, DAVID A	DAUPHIN
LONG, MD, DAVID F	CHESTER
LONG, MD, J STEPHEN	YORK
LONG, MD, JOSEPH P	CUMBERLAND
LONG, MD, RICHARD A	WASHINGTON
LONG, MD, RICHARD W	ERIE
LONG, MD, ROBERT D	UNION
LONG, MD, RONALD A	HUNTINGDON
LONG, MD, SAMUEL E	BLAIR
LONG, MD, THEODORE K	LEBANON
LONG, TRICIA A	STUDENT
LONG JR, MD, HERBERT C	INDIANA
LONG JR, MD, WILLIAM C	CLINTON
LONGACRE, MD, HELENE C	CHESTER
LONGACRE, MD, JANE M	MONTGOMERY
LONGARINI, MD, AMILCAR E	SCHUYLKILL
LONGARINI, MD, RICARDO	SCHUYLKILL
LONGENBACH, MD, ERIC W	LYCOMING
LONGENECKER, MD, BENJAMIN E	BERKS
LONGENECKER, MD, ROGER N	BERKS
LONGENECKER, MD, STEPHEN C	BERKS
LONGENHAGEN, MD, JOHN B	LEHIGH
LONGNECKER, MD, DAVID E	PHILADELPHIA
LONGO, MD, SANTO	NORTHAMPTON
LONGO-MALLOY, DO, DEBORAH R	PHILADELPHIA
LONGWELL, MD, ROBERT H	LANCASTER
LONGWELL JR, MD, BENTON E	CAMBRIA
LONSDORF, MD, RICHARD G	PHILADELPHIA
LOOMIS, MD, MARIO G	CHESTER
LOOSE, DO, GEORGE T	LEBANON
LOOSE, MD, JEFFREY H	PHILADELPHIA
LOPATOFSKY, MD, DAVID J	LYCOMING
LOPEZ, MD, AGAPITO	LUZERNE
LOPEZ, MD, AISA G	PHILADELPHIA
LOPEZ, MD, FRANK W	DAUPHIN
LOPEZ, MD, GAMALIEL S	LUZERNE
LOPEZ MONEGRO, MD, RAFAEL	MIFFLIN/JUNI
LOPONTE, MD, MARIE A	PHILADELPHIA
LOPUSNIAK, MD, MIECZYSLAW S	DELAWARE
LORA, MD, JUAN A	DELAWARE
LORBER, MD, STANLEY H	PHILADELPHIA
LORD, MD, BRIAN	PHILADELPHIA
LORD, MD, KENNETH J	ERIE
LORD, MD, WILLIAM H	BERKS
LOREMAN, DO, LORIE	BUCKS
LORENZ III, MD, STEPHEN A	ALLEGHENY
LORENZO, MD, CONRADO C	PHILADELPHIA
LORENZO, MD, FREDERICK V	ADAMS
LORETAN, DO, WILLIAM D	LANCASTER
LORRAINE, MD, RICHARD S	MONTGOMERY
LOSKEN, MD, H WOLFGANG	ALLEGHENY
LOSS, DO, BETH A	YORK
LOTHE, MD, PRADEEP A	DELAWARE
LOTLIKAR, JEFFREY P	STUDENT
LOTTICK, MD, EDWARD A	LUZERNE
LOTZ, MD, ANDREW J	CHESTER
LOUGH, MD, FREDERICK C	BERKS
LOUGHMAN, MD, LINDA	ALLEGHENY
LOUGHRAN, DO, DAVID H	BUCKS
LOUIE, HELEN	STUDENT
LOUIS-CHARLES, MD, ROY	PHILADELPHIA
LOUNSBURY, MD, MARK T	DELAWARE
LOUTON, MD, FANNY X	BLAIR
LOUTON, MD, ROBERT B	BLAIR
LOUX, MD, NORMAN L	BUCKS
LOVE, MD, CAROL A	PHILADELPHIA
LOVE, MD, MICHAEL B	PHILADELPHIA
LOVE, MD, WILLARD H	DAUPHIN
LOVECCHIO, MD, FRANCIS A	MONROE
LOVELL, MD, DONALD R	BLAIR
LOVERANES, MD, MARIANO D	ERIE
LOVETT, MD, GEORGE W	ALLEGHENY
LOVETT, MD, WILLIAM J	LEBANON
LOVETTE, MD, JOHN B	CAMBRIA
LOVRINIC, MD, DANIEL F	LUZERNE
LOVRINIC, MD, WILLIAM S	CHESTER
LOWDER JR, MD, RALPH J	ALLEGHENY
LOWE, MD, DIANE A	LUZERNE
LOWE, MD, STEPHEN J	MONTGOMERY
LOWENGRUB, MD, KATHERINE M	ALLEGHENY
LOWENSTEIN, MD, ROBERT A	WASHINGTON
LOWERY, MD, WILLA D	ALLEGHENY
LOWMAN, MD, GERALD F	NORTHAMPTON
LOWRY, MD, DON A	CAMBRIA
LOWRY, MD, DONALD J	DAUPHIN
LOWRY, MD, LOUIS D	PHILADELPHIA
LOWY JR, MD, ALEXANDER D	ALLEGHENY
LOZANO, MD, RAMON G	ALLEGHENY

LU, MD, LUIS W	ELK/CAMERON
LU, MD, MELVIN C	PHILADELPHIA
LU, MD, MILTON M	LANCASTER
LUBAHN, MD, JOHN D	ERIE
LUBBE, MD, WILLEM J	LYCOMING
LUBIC, MD, LOWELL G	ALLEGHENY
LUBIN, DO, HOWARD S	DELAWARE
LUBIN, MD, JOSEPH D	PHILADELPHIA
LUBINSKI, STUART M	STUDENT
LUBIZKA, MD, ALEXANDRA	PHILADELPHIA
LUBOW, MD, HARRY	WESTMORELAND
LUCAS, MD, DONNA M	ALLEGHENY
LUCAS, MD, GLYNDA W	DELAWARE
LUCAS, MD, R DUBOIS	PHILADELPHIA
LUCAS, MD, RICHARD M	LANCASTER
LUCAS, TIMOTHY A	STUDENT
LUCAS-FEHM, MD, LYNN MICHELE	PHILADELPHIA
LUCENA, MD, ERNESTO E	DELAWARE
LUCEY III, MD, DENIS J	PHILADELPHIA
LUCHETTE, MD, ALBERT A	MERCER
LUCIER, MD, ALFRED C	DELAWARE
LUCINE JR, MD, ALBERT A	CHESTER
LUCKENBAUGH, MD, AMY S	YORK
LUDIVICO, MD, CHARLES L	NORTHAMPTON
LUDKIEWICZ, MD, WAYNE S	BEAVER
LUDMER, MD, MARIO	ALLEGHENY
LUDOLPH, MD, CAROL ANN	PHILADELPHIA
LUDWICK, MD, DAVID J	BUCKS
LUDWIG, MD, KARL D	ALLEGHENY
LUDWIG, MD, KARLA M	LEBANON
LUDWIG, MD, STEPHEN	PHILADELPHIA
LUECKE, MD, GAIL A	BERKS
LUFT, MD, WILLIAM C	BRADFORD
LUGUE, MD, CARMELA S	CLEARFIELD
LUGUE JR, MD, AMADO B	CLEARFIELD
LUI, MD, NELSON L	PHILADELPHIA
LUK, MD, STEPHEN S	DAUPHIN
LUKACS, MD, KORNEL	BLAIR
LUKAS, MD, RAYMOND A	LYCOMING
LUKASZCZYK, MD, JOHN J	NORTHAMPTON
LUKASZCZYK, MD, THOMAS A	NORTHAMPTON
LUKAWSKI, MD, ZBIGNIEW	SCHUYLKILL
LUMISH, MD, ROBERT M	ALLEGHENY
LUNA, MD, FREDESVINDA	CLEARFIELD
LUNA, MD, ROBERTO S	CLEARFIELD
LUND, MD, PEERE C	CAMBRIA
LUND, MD, PETER B	ERIE
LUNDIE, MD, WILLIAM M	WESTMORELAND
LUNDY, MD, BARBARA S	MONTGOMERY
LUNDY, MD, EDWARD F	LANCASTER
LUNDY, MD, THEODORE	PHILADELPHIA
LUNSFORD, MD, L DADE	ALLEGHENY
LUO, MD, SOLOMON C	SCHUYLKILL
LUONG, MD, JIM K	STUDENT
LUONGO JR, MD, ROMEO A	PHILADELPHIA
LUPARELLO, MD, FRANK J	ALLEGHENY
LUPARIELLO, MD, ANGELO D	ALLEGHENY
LUPINACCI, MD, MICHAEL F	DAUPHIN
LUPINETTI, MD, MICHAEL F	ALLEGHENY
LURIE, MD, ABRAHAM A	MONTGOMERY
LURIE, SHARI D	STUDENT
LUSCH, MD, CHARLES J	BERKS
LUSCOMBE, MD, HERBERT A	PHILADELPHIA
LUSCOMBE, MD, HERBERT J	BUCKS
LUSH, MD, DAVID T	PHILADELPHIA
LUSSER, MD, MARTHA A	LEHIGH
LUSTBADER, MD, MICHAEL L	BEAVER
LUSTIG, MD, KEITH A	ERIE
LUSTINE, MD, HOWARD T	PHILADELPHIA
LUTES, DO, RONALD A	WESTMORELAND
LUTHER, MD, ROBERT J	CAMBRIA
LUTHRA, MD, DAMYANTI	WESTMORELAND
LUTHRA, MD, MANMOHAN S	WESTMORELAND
LUTZ, MD, CHARLES K	BERKS
LUTZ, MD, R BRUCE	DELAWARE
LUTZ, MD, RAYMOND J	LEHIGH
LUTZ, MD, RONALD A	LEHIGH
LUTZ, WENDY J	STUDENT
LUTZ JR, MD, ROLAND B	MONTGOMERY
LWIN, MD, TINT	ALLEGHENY
LYCHAK, MD, JOHN C	NORTHAMPTON
LYET, MD, J PAUL	LANCASTER
LYKENS, MD, HARRY D	CENTRE
LYNAM, MD, EDWARD P	ALLEGHENY
LYNCH, DO, CHRISTOPHER B	MONROE
LYNCH, MD, CHRISTOPHER G	LEHIGH
LYNCH, MD, FRANK C	LEBANON
LYNCH, MD, JAMES D	BERKS
LYNCH, MD, JAMES J	PHILADELPHIA
LYNCH, MD, THOMAS G	ALLEGHENY
LYNCH, DO, WILLIAM J	CLARION
LYND JR, MD, CLIFFORD W	YORK
LYNESS, MD, SAMUEL S	MONTGOMERY
LYNN, MD, CHARLES A	BUTLER
LYNN, MD, RICHARD E	WESTMORELAND
LYON-LOFTUS, MD, GREGORY T	FRANKLIN
LYONS, MD, CHRISTINE W	CHESTER
LYONS, MD, CHRISTOPHER J	CHESTER
LYONS, MD, CLIFFORD H	BERKS
LYONS, MD, DANIEL C	BUCKS
LYONS, MD, GARY W	ERIE
LYONS, MD, GRACIE	ALLEGHENY
LYONS, MD, JAMES B	ALLEGHENY
LYONS, MD, WILBERT A	BUCKS
LYTER, MD, DAVID W	ALLEGHENY
LYTLE, MD, LARRY H	CLINTON

M

MAACK, DO, DONNA J	PHILADELPHIA
MAAS, MD, ANTHONY E	DAUPHIN
MAAS, MD, KURT D	LUZERNE
MABLIN, MD, PALMER	FRANKLIN
MABRY, MD, MICHAEL E	ALLEGHENY
MAC KAY, MD, DOUGLAS H	ALLEGHENY
MACAGY, MD, IAN D	BERKS
MACALUSO, MD, RUSSELL A	CUMBERLAND
MACARANAS, MD, RENATO R	CLEARFIELD
MACAULAY, MD, WILLIAM B	ALLEGHENY
MACCHIAROLI, MD, JOSEPH A	ALLEGHENY
MACCHIAVELLI, ANTHONY J	STUDENT
MACDONALD, MD, DOUGLAS A	ALLEGHENY
MACDONALD, MD, GEORGE F	ALLEGHENY
MACDONALD, MD, JOHN S	PHILADELPHIA
MACDONALD, MD, ROBERT R	ALLEGHENY
MACDOUGALL, MD, HOWARD H	YORK
MACDOUGALL, MD, JAMES H	ALLEGHENY
MACDOUGALL, MD, ROBERT D	YORK
MACEK, MD, ANNE L	PHILADELPHIA
MACEYKO, MD, RONALD F	INDIANA
MACFADYEN, MD, BRUCE V	PHILADELPHIA
MACHANIC, MD, HARMON J	LYCOMING
MACHIKO, MD, GREGORY G	WASHINGTON
MACHIRAJU, MD, V R	ALLEGHENY
MACHT JR, MD, ELMER L	PHILADELPHIA
MACHTAY, MD, MITCHELL	PHILADELPHIA
MACIELAK, MD, JAMES R	CRAWFORD
MACK, BRIAN R	STUDENT
MACK, MD, BRUCE J	BRADFORD
MACKALL, MD, SAMUEL J	LUZERNE
MACKELL, MD, JAMES V	PHILADELPHIA
MACKELL, MD, THOMAS E	BUCKS
MACKELL JR, MD, JAMES V	PHILADELPHIA
MACKELLAR, MD, BRUCE W	SUSQUEHANNA
MACKENZIE, MD, CHARLES E	WARREN
MACKENZIE, MD, NORMAN D	CHESTER
MACKEY, JILL E	STUDENT
MACKEY JR, MD, JAMES G	MONTGOMERY
MACKIE, MD, JULIUS A	PHILADELPHIA
MACKIN, MD, GLENN A	PHILADELPHIA
MACKINNEY, MD, CHARLES C	PHILADELPHIA
MACKLER, MD, GERALD L	BRADFORD
MACKRELL, MD, JAMES J	LACKAWANNA
MACKRELL, MD, WILLIAM P	LACKAWANNA
MACLACHLAN, MD, WILLIAM W	ERIE
MACLEAN, MD, DUNCAN S	DAUPHIN
MACLEAR, DO, DOUGLAS G	CENTRE
MACLEOD, MD, GORDON K	ALLEGHENY
MACMORAN, MD, JAY W	PHILADELPHIA
MACNEEL, MICHAEL R	STUDENT
MACPHAIL, MD, JOHN A	WESTMORELAND
MACPHERSON, MD, TREVOR A	ALLEGHENY
MACUT, MD, S SAVA	DAUPHIN
MACVAUGH III, MD, HORACE	PHILADELPHIA
MACY, MD, CHARLES T	MONTGOMERY
MACZUGA, MD, CYNTHIA	LUZERNE
MADANY, MD, BAHIJ H	BUCKS
MADDEN, MD, FRANCIS P	BUCKS
MADDEN, MD, KEVIN G	LACKAWANNA
MADDEN, MD, ROBERT A	BUCKS
MADDEN, MD, STEPHANIE D	DAUPHIN
MADDEN JR, MD, LAWRENCE H	ALLEGHENY
MADDER, DO, ROBERT D	BEAVER
MADDOX, LISA M	STUDENT
MADDUX III, JAMES T	STUDENT
MADERA, MD, FREDOY A	LEHIGH
MADEWELL, MD, JOHN E	DAUPHIN
MADHANI, MD, JAYESH M	PHILADELPHIA
MADHAVAN, MD, VASANTHA C	ALLEGHENY
MADIANOS, MD, MICHAEL	PHILADELPHIA
MADISETTY, MD, SUDHIR	MONROE
MADOFF, DAVID C	STUDENT
MADOFF, MD, HENRY R	ALLEGHENY
MADONNA, MD, FRANK A	BUTLER
MADONNA, MD, JOHN J	LEHIGH
MADOR, MD, ANNE T	STUDENT
MADOW, MD, LEO	PHILADELPHIA
MADURA, MD, JOSEPH R	MERCER
MAENNER, MD, GERALD F	DELAWARE
MAENZA, MD, RONALD M	PHILADELPHIA
MAERZ, MD, JOHN C	MONTGOMERY
MAFFEO, MD, ALPHONSE A	LEHIGH
MAGALONG, LESLIE A	STUDENT
MAGALSKI JR, JOSEPH J	STUDENT
MAGARGAL, MD, HELGA O	PHILADELPHIA
MAGARGAL, MD, LARRY E	PHILADELPHIA
MAGARGEE, DO, SUSAN P	DELAWARE
MAGARGLE, MD, R LYNN	DAUPHIN
MAGBOJOS, MD, QUIRICO R	FRANKLIN
MAGBOJOS, MD, ZENAIDA V	FRANKLIN
MAGDALINSKI, DO, ANTHONY J	PHILADELPHIA
MAGEE, MD, JOAN M	CHESTER
MAGEE, MD, JOHN G	PHILADELPHIA
MAGEE, MD, JONI	PHILADELPHIA
MAGEE, MD, MICHAEL C	PHILADELPHIA
MAGEE, MD, RICHARD S	BLAIR
MAGEN, BARRY G	STUDENT
MAGGITTI, MD, MICHAEL J	CHESTER
MAGID, MD, D RIVA	MONTGOMERY
MAGID, MD, WARREN P	YORK
MAGILL, MD, WILLIAM H	PERRY
MAGILL III, MD, JOHN T	UNION
MAGILNER, MD, ARTHUR D	PHILADELPHIA
MAGILNER, MD, LOUIS	PHILADELPHIA
MAGILNER, MARK	STUDENT
MAGLEY, MD, ROBERT S	CAMBRIA
MAGNESS, MD, KATHLEEN E	CHESTER
MAGNUSSON, MD, MARK R	PHILADELPHIA
MAGOUN, MD, GEORGE L	ERIE
MAGOVERN, MD, GEORGE J	ALLEGHENY
MAGOVERN, MD, JAMES A	ALLEGHENY
MAGOVERN JR, MD, GEORGE J	ALLEGHENY
MAGRAN, MD, LEONARDO	PHILADELPHIA
MAGUIRE, MD, ALBERT M	PHILADELPHIA
MAGUIRE, DO, F WILLIAM	CHESTER
MAGUIRE, MD, JOSEPH I	DELAWARE
MAGUIRE, MD, JOSEPH I	DELAWARE
MAGUIRE, MD, LEO J	DELAWARE
MAHAJAN, MD, ANAND B	LANCASTER
MAHALINGAPPA, MD, C	WESTMORELAND
MAHAN, MD, JAMES C	ALLEGHENY
MAHAN, MD, JOHN P	BUCKS
MAHARAJH, MD, BALKISSOON A	CAMBRIA
MAHER, MD, JOHN C	ALLEGHENY
MAHER, MD, JOHN P	CHESTER
MAHER, MD, REGIS M	FAYETTE
MAHER, MD, YVONNE B	ALLEGHENY
MAHER JR, MD, THOMAS D	ALLEGHENY
MAHIDHARA, MD, SESHU	ALLEGHENY
MAHMOOD, MD, EDNA Z	BERKS
MAHMUD, MD, FARUQ	MONTOUR
MAHON, MD, MARILYN S	DAUPHIN
MAHON, MD, WILMER B	DAUPHIN
MAHON JR, MD, FRANK B	BRADFORD
MAHONEY, EXEC DIR, BONITA C	LYCOMING
MAHONY, MD, ELLEN A	MONTGOMERY
MAHOOD, MD, WILLIAM H	MONTGOMERY
MAHSOOB, MD, ABDUL HAMED	ALLEGHENY
MAIDA, MD, FRANK V	WESTMORELAND
MAIDEN, MD, PHILLIP G	MERCER
MAIER, MD, WILLIS P	PHILADELPHIA
MAIGUR, MD, WILLIAM S	LACKAWANNA
MAILMAN, MD, WENDY R	UNION
MAINGI, MD, NARESH B	DAUPHIN
MAINZER, MD, FRANCIS K	ERIE
MAIORANA, MD, S LEROY	BERKS
MAISEL, MD, WILFRED	NORTHAMPTON
MAISH JR, MD, GEORGE O	NORTHAMPTON
MAISSEL, MD, GERDA S	PHILADELPHIA
MAISTROW, MD, MARLA G	PHILADELPHIA
MAITIN, MD, ELLEN C	PHILADELPHIA
MAITLAND, MD, LEAH A	ADAMS
MAITRA, MD, SUBHASHIS	BLAIR
MAIVALD, MD, PAVEL	ALLEGHENY
MAJCHRZAK JR, MD, CHARLES G	STUDENT
MAJDIC, DO, JAMES P	LUZERNE
MAJERNICK, DO, THOMAS G	WYOMING
MAJMUDAR, MD, VASANTI H	ALLEGHENY
MAJOR, MD, DAVID A	PHILADELPHIA
MAKAROWSKI, MD, WILLIAM S	ERIE MAKARY,
MD, ADEL Z	MONTOUR
MAKDAD, MD, AMEENE G	WESTMORELAND
MAKHDOMI, MD, A RASHID	NORTHAMPTON
MAKHIJA, MD, KAILASH R	CARBON
MAKLER, MD, JACOB S	PHILADELPHIA
MAKLER JR, MD, P TODD	PHILADELPHIA
MAKOUS, MD, NORMAN	PHILADELPHIA
MAKSIMAK, MD, JANIS F	MONTOUR
MAKSIMAK, MD, MARTIN	MONTOUR
MALACARI, MD, DOMINIC V	LUZERNE
MALACOFF, MD, ROBERT F	NORTHAMPTON
MALAMUT, MD, RICHARD I	DELAWARE
MALASPINA, PAUL J	STUDENT
MALAYIL, MD, MICHAEL T	WASHINGTON
MALCOLM, MD, DONALD C	HUNTINGDON
MALCOLM JR, MD, JOHN A	UNION
MALCOM, MD, RONALD H	YORK
MALEK, MD, MANSOUR	PHILADELPHIA
MALEPATI, MD, VASU	GREENE
MALETA, VIVIANA M	STUDENT
MALEY, MD, EDWARD D	LANCASTER
MALEY, MD, RICHARD H	ALLEGHENY
MALHOTRA, MD, NARINDER K	ALLEGHENY
MALHOTRA, MD, RAJESHWAR P	MIFFLIN/JUNI
MALHOTRA, MD, SHASHPAL	MIFFLIN/JUNI
MALICK, MD, ALNOOR A	BRADFORD
MALICK, MD, DONALD V	SCHUYLKILL
MALICK, MD, GERALD P	BERKS
MALICKI, MARK M	STUDENT
MALIK, MD, HUSSAIN G	MONROE
MALIK, MD, KHALID M	ARMSTRONG
MALIK, MD, MAQSOOD A	SCHUYLKILL
MALIK, MARIETTA A	STUDENT
MALIK, MD, RAJAT P	JEFFERSON
MALIN, MD, THOMAS H	DAUPHIN
MALINIAK, MD, KEITH K	DAUPHIN
MALINOWSKI, MD, JOHN A	ALLEGHENY
MALISHAUCKI, MD, MARY G	SCHUYLKILL
MALIT, MD, FIORELLO G	ALLEGHENY
MALIT, MD, LEE A	MONTGOMERY
MALIT, MD, PAULITA Y	ALLEGHENY
MALIVER, MD, DEBORAH S	INDIANA
MALIVER, MD, LEONARD E	INDIANA
MALJOVEC, MD, JOSEPH J	WARREN
MALKIN, MD, ALAN G	PHILADELPHIA
MALKIN, MD, RICHARD L	PHILADELPHIA
MALKOWICZ, MD, STANLEY B	PHILADELPHIA
MALL, MD, ALBERT K	CAMBRIA
MALLA, MD, ANJU	ALLEGHENY
MALLAVARAPU, MD, CHRISTOPHER T	PHILADELPHIA
MALLER, MD, ERIC S	PHILADELPHIA
MALLER, MD, JACALYN S	PHILADELPHIA
MALLEY, ERIN E	STUDENT
MALLINGER, MD, MARK L	ALLEGHENY
MALLINGER, MD, MICHAEL	ALLEGHENY
MALLINGER, MD, SAMUEL H	BEAVER
MALLORY, DIANA L	STUDENT
MALLOTT, MD, I FLOYD	ALLEGHENY
MALLOY, MD, EDWARD L	ALLEGHENY
MALLOY, MD, EDWIN B	LACKAWANNA
MALLOY, MD, TERRENCE R	PHILADELPHIA
MALMUD, MD, LEON B	PHILADELPHIA
MALOLES JR, MD, ORLANDO Z	DELAWARE
MALONE, JAMES P	STUDENT
MALONEY, MD, DONALD W	MONTGOMERY
MALONEY, MD, RICHARD W	ERIE
MALPANI, MD, AJAY R	DAUPHIN
MALSCH, MD, EVAMARIE	PHILADELPHIA
MALTZMAN, JONATHAN S	STUDENT
MALUMED, MD, JEFFREY	DELAWARE
MALVAR, MD, THOMAS Q	LAWRENCE
MALVICA, MD, ROBERT P	BRADFORD
MAMA, SAIFUDDIN T	STUDENT
MAMBU, MD, JOSEPH F	MONTGOMERY
MAMROS, MD, MARK A	WASHINGTON
MAMULA, MD, MILTON	ALLEGHENY
MANASSE, MD, HOWARD S	ERIE
MANCALL, MD, ELLIOTT L	PHILADELPHIA
MANCANO, MD, LOUIS D	MONTGOMERY
MANCANO, MD, MARYANN P	BERKS
MANCHESTER, MD, GEORGE A	LYCOMING
MANCIA, MD, BONITA M	LUZERNE
MANCINI, MD, ALFRED M	ALLEGHENY
MANCINI, SHERI A	STUDENT
MANCINO, MD, PETER J	LAWRENCE
MANDAK, MD, JEFFREY S	PHILADELPHIA
MANDAL, MD, SANAT K	PHILADELPHIA
MANDALAKAS, MD, NICHOLAS J	LANCASTER
MANDARINO, MD, MICHAEL J	PHILADELPHIA
MANDEL, MD, MARTIN M	PHILADELPHIA
MANDEL, MD, MICHAEL	LUZERNE
MANDEL, MD, ROBERT J	DAUPHIN
MANDEL, MD, STEVEN	PHILADELPHIA
MANDELKORN, MD, ROBERT M	ALLEGHENY
MANDELL, MD, MICHAEL J	DAUPHIN
MANDELL, MD, MORTON S	PHILADELPHIA
MANDERS, MD, ERNEST K	DAUPHIN
MANDETTA, MD, DONALD F	CENTRE
MANDLER, MD, JOHN I	MONTGOMERY
MANFREY, DO, FRANK J	MONTGOMERY
MANFREY, DO, SAMUEL J	MONTGOMERY
MANGANARO, MD, KIMBERLY J	MIFFLIN/JUNI
MANGANIELLO, MD, CHARLES M	LUZERNE
MANGELS, MD, DAVID G	ALLEGHENY
MANGES, MD, JOHN P	FRANKLIN
MANGIONE, MD, MICHAEL P	ALLEGHEN
MANHOFF, MD, DION T	PHILADELPHIA
MANI, MD, SHOBHA T	PHILADELPHIA
MANIFOLD, STEVE G	STUDENT
MANIGLIA, MD, ANGELO J	BLAIR
MANIGLIA, MD, ANTHONY J	BLAIR
MANIGLIA, MD, RICHARD J	MONTGOMERY
MANIGLIA, MD, ROSARIO	DAUPHIN
MANIS, MD, RICHARD B	CAMBRIA
MANJON, MD, JOSE M	DAUPHIN
MANKO, MD, MICHAEL A	MONTGOMERY
MANKOVICH, MD, PAUL A	WESTMORELAND
MANLEY, MD, DONELSON R	PHILADELPHIA
MANLOVE, MD, FRANCIS R	PHILADELPHIA
MANN, MD, DENISE L	PHILADELPHIA
MANN, MD, DOUGLAS G	DELAWARE
MANN, MD, IRVING A	DELAWARE
MANN, MD, RICHARD M	ALLEGHENY
MANN, MD, ROBERT J	MONTGOMERY
MANN, MD, SCOTT R	YORK
MANN JR, MD, DAVID E	YORK
MANNARINO, MD, ANTHONY P	BUCKS
MANNELLA, MD, JOSEPH J	STUDENT
MANNELLA, MD, WILLIAM J	DELAWARE
MANNES, MD, ANDREW J	PHILADELPHIA
MANNHEIMER, ALAN L	STUDENT
MANNING, MD, ANNE M	DAUPHIN
MANNING, DO, CATHY J	YORK
MANNING, MD, DENNIS M	ALLEGHENY
MANNING, MD, FRANCIS J	PHILADELPHIA
MANNING, MD, HARRY L	LYCOMING
MANNING, MD, JAMES A	ALLEGHENY
MANNING, MD, JAMES A	YORK
MANNING, MD, RICHARD G	DAUPHIN
MANNINO, MD, STANLEY C	ALLEGHENY
MANNION, MD, JOHN D	PHILADELPHIA
MANNISI, MD, JOHN A	NORTHAMPTON
MANNO, MD, CATHERINE S	PHILADELPHIA
MANNO JR, MD, BRUNO V	PHILADELPHIA
MANOLUKAS, DO, PETER G	BEAVER
MANRIQUE, MD, JOSE V	LUZERNE
MANSELL, MD, JOHN L	LAWRENCE
MANSFIELD, MD, CARL M	PHILADELPHIA
MANSFIELD, MD, RICHARD J	CHESTER
MANSKE, MD, DANIEL D	DAUPHIN
MANSON, MD, FLORENCE N	PHILADELPHIA
MANSTEIN, MD, CARL H	PHILADELPHIA
MANSTEIN, MD, GEORGE	PHILADELPHIA
MANSTEIN, MD, MARK E	PHILADELPHIA
MANSURE, MD, FRANK T	DELAWARE
MANTIA, MD, AUGUST M	ALLEGHENY
MANTICA, MD, ROBERT P	BEAVER
MANUBAY, MD, JOHN A	YORK
MANUBAY, MD, MARCELO A	BERKS
MANUEL, MD, LAUREANO M	COLUMBIA
MANUS, MD, NATHAN	PHILADELPHIA
MANZELLA, MD, EDWARD D	CARBON
MANZELLA, MD, JOHN P	YORK
MANZETTI, MD, GENE W	ALLEGHENY
MANZIONE, MD, MARC	MONTGOMERY
MANZO, MD, THOMAS L	MONTGOMERY
MANZONE, MD, TIMOTHY A	DELAWARE
MAQUERA, MD, ANDRE G	LEHIGH
MARAKOWSKI, DO, JAMES J	PERRY
MARASCO JR, MD, JOSEPH A	ALLEGHENY
MARATTA, MD, JAN W	ALLEGHENY
MARAVALLI, MD, CAMILLE J	CAMBRIA
MARBACH, MD, A HERBERT	PHILADELPHIA
MARCELIS, MD, JOHN F	PHILADELPHIA

MARCELLA, MD, LAWRENCE C LAWRENCE
MARCELLA, MD, STEPHEN W LUZERNE
MARCELO, MD, FLORDELIZA S PHILADELPHIA
MARCH, MD, HERMAN C MONTGOMERY
MARCH, THERESA M STUDENT
MARCHANT, MD, ERIC A BUCKS
MARCHANT, MD, LEWIS K PHILADELPHIA
MARCHETTO, MD, PAUL A PHILADELPHIA
MARCHINSKI, MD, LEONARD J BERKS
MARCIALES, MD, WERTHER R NORTHAMPTON
MARCIANO, MD, JULIET A BUCKS
MARCINCIN, MD, PAUL G NORTHAMPTON
MARCINCIN, MD, ROBERT P NORTHAMPTON
MARCINIK, DO, MARGARET E MONTOUR
MARCONIS, MD, JOSEPH T SCHUYLKILL
MARCOUX, MD, ANNE-MARIE C BUCKS
MARCOVICI, MD, IACOB POTTER
MARCUCCI, MD, JAMES W ALLEGHENY
MARCUCCI, MD, MICHAEL C PHILADELPHIA
MARCUS, MD, CRAIG H PHILADELPHIA
MARCUS, MD, DONALD J CHESTER
MARCUS, MD, DONALD K PHILADELPHIA
MARCUS, MD, GARY J BEAVER
MARCUS, MD, JEROME I BERKS
MARCUS, MD, JOHN W FAYETTE
MARCUS, MD, MICHAEL N PHILADELPHIA
MARCUS, MD, MICHAEL S PHILADELPHIA
MARCY, MD, JOSEPH H ALLEGHENY
MARDAYAT, MD, MAULANA BEDFORD
MARDEN, MD, PHILIP A PHILADELPHIA
MARFATIA, MD, SUDHIR K BUCKS
MARFATIA, MD, USHA S BUCKS
MARGARIDA, MD,
LEOPOLDO E MONTGOMERY
MARGATE, MD, PEDRO R PHILADELPHIA
MARGIE III, MD, WALTER E BRADFORD
MARGIE JR, MD, WALTER E NORTHAMPTON
MARGLIN, MD, STEPHANIE L PHILADELPHIA
MARGOLES, MD, LOUIS PHILADELPHIA
MARGOLIN, MD, JUDITH F PHILADELPHIA
MARGOLIS, MD, BERNARD PHILADELPHIA
MARGOLIS, MD, BERNARD M DAUPHIN
MARGOLIS, MD, DAVID J PHILADELPHIA
MARGOLIS, MD, HARRY M ALLEGHENY
MARGOLIS, MD, STEPHEN H PHILADELPHIA
MARGRAF, MD, JOHN W LEHIGH
MARGUGLIO, DO, A EUGENE CLARION
MARI-MAYANS, MD, JUAN B WESTMORELAND
MARIANI, MD, STEPHEN S LACKAWANNA
MARIANO JR, MD,
BENEDICTO P WESTMORELAND
MARIANO JR, MD, TOMAS A LYCOMING
MARIGLIO, MD, JOSEPH A BERKS
MARINARI, MD, LAWRENCE A MONTGOMERY
MARINARO, MARIA STUDENT
MARINELLI, MD, RICCARDO R STUDENT
MARINER, MD, DAVID R LUZERNE
MARINO, MD, DANIEL J DELAWARE
MARINO, MD, GLEN A SCHUYLKILL
MARINO, MD, JOSEPH N LACKAWANNA
MARINO, LOUIS C STUDENT
MARINO, MD, MARK CHESTER
MARINO, MD, RALPH PHILADELPHIA
MARINO, DO, THOMAS N CHESTER
MARINO JR, MD, LOUIS J ALLEGHENY
MARINSTEIN, MD, RHEA A ALLEGHENY
MARION, MD, DONALD W ALLEGHENY
MARION, MD, ROY H BEAVER
MARIS, MD, TAMARA J ALLEGHENY
MARK, MD, GEORGE E PHILADELPHIA
MARK, MD, WILLIAM S CHESTER
MARKAKI, MD, VASSILIKI E PHILADELPHIA
MARKAKIS, MD, DOROTHEA A PHILADELPHIA
MARKARIAN, MD, MICHAEL SUSQUEHANNA
MARKIEWICZ, MD, ANN M DAUPHIN
MARKLEY, MD, RALPH LAWRENCE
MARKMANN, MD, WILLIAM J PHILADELPHIA
MARKOFF, MD, JOSEPH I PHILADELPHIA
MARKOS, MD, RONALD P BUCKS
MARKOW, MD, HARRY G PHILADELPHIA
MARKOWITZ, MD, GARY D MONTGOMERY
MARKOWITZ, MD, HANK E LAWRENCE
MARKOWSKI, MD, WILLIAM J PHILADELPHIA
MARKS, MD, GERALD PHILADELPHIA
MARKS, MD, MEYER A PHILADELPHIA
MARKS, MD, STANLEY M ALLEGHENY
MARKS, MD, VICTOR J MONTOUR
MARKS TABBY, MD, SARA PHILADELPHIA
MARKSON, MD, VICTOR I BEAVER
MARKSON, MD, WILLIAM M CARBON
MARLAPUDI, MD, PREM K BUCKS
MARLOWE, MD, FRANK I PHILADELPHIA
MARLOWE, MD, JENNIFER O MONTGOMERY
MARLOWE, MD, SCOTT D PHILADELPHIA
MARMAR, MD, EARL C PHILADELPHIA
MARMO, MD, THEODORE LACKAWANNA
MARMO, DO, VINCENT J PHILADELPHIA
MARNATTI, MD, CARL T ALLEGHENY
MARON, MD, JOHN J MONTGOMERY
MARON, MD, NORMAN L NORTHAMPTON
MARONE, MD, PHILLIP J PHILADELPHIA
MAROON, MD, JOSEPH C ALLEGHENY
MAROON, MD, MICHELE S MONTOUR
MAROON, MD, THOMAS J WESTMORELAND
MAROPIS, MD,
CHRISTOPHER G ALLEGHENY
MAROUS III, MD, JOSEPH J ALLEGHENY
MARQUART, CHRISTINE A STUDENT
MARQUEZ, MD, MANUEL S PHILADELPHIA
MARQUEZ, MD, PEDRO A FAYETTE
MARQUIS, MARIAN K STUDENT
MARR, BRIAN P STUDENT
MARRA, SUSAN L STUDENT
MARRANGONI, MD, ALBERT G ALLEGHENY
MARRERO, MD, CARLOS J WESTMORELAND
MARRERO, MD, LUIS B MCKEAN
MARRONE, MD, GARY C ALLEGHENY
MARRONE, MD, MICHAEL S LEBANON
MARRYSHOW, MD, BASIL A ALLEGHENY
MARSH, MD, CAROL L CHESTER
MARSHALL, MD, DAVID S SCHUYLKILL
MARSHALL, MD, E WAYNE PHILADELPHIA
MARSHALL, MD, HELEN L SCHUYLKILL
MARSHALL, MD, JACK H ERIE
MARSHALL, MD, JANE M VENANGO
MARSHALL, MD, JOHN E BERKS
MARSHALL, MD, JOHN S BEAVER
MARSHALL, DO, LONNIE L ALLEGHENY
MARSHALL, RENEE L STUDENT
MARSHALL, DO, SHEILA F BEAVER
MARSHALL, MD, WAYNE K DAUPHIN
MARSHALL, MD, WILLIAM C ALLEGHENY
MARSHALL JR, MD, MATTHEW ALLEGHENY
MARSILI, MD, MARK A LACKAWANNA
MARTE, MD, EGON DAUPHIN
MARTE, MD, JORGE G PHILADELPHIA
MARTELL JR, MD, JOHN R ALLEGHENY
MARTENS, MD, JEFFREY D STUDENT
MARTHOUSE, MD, STEPHEN J MIFFLIN/JUNI
MARTIDIS, ADAM STUDENT
MARTIN, MD, C EDWIN YORK
MARTIN, MD, CLARENCE H PHILADELPHIA
MARTIN, MD, DAVID C WESTMORELAND
MARTIN, MD, DONALD E LEBANON
MARTIN, MD, EDWARD T PHILADELPHIA
MARTIN, DO, ELVIN L SOMERSET
MARTIN, MD, ENRICO L NORTHAMPTON
MARTIN, MD, FREDERICK H LEHIGH
MARTIN, MD, FREDRIC W ALLEGHENY
MARTIN, MD, GERALD B CUMBERLAND
MARTIN, MD, H FRED ADAMS
MARTIN, MD, J CAMPBELL COLUMBIA
MARTIN, MD, J SCOTT MONTOUR
MARTIN, JAMES S STUDENT
MARTIN, MD, JAMES W ALLEGHENY
MARTIN, MD, JAMES W CRAWFORD
MARTIN, MD, JEFFREY A WAYNE/PIKE
MARTIN, JOEL E STUDENT
MARTIN, MD, JOHN H MONTGOMERY
MARTIN, DO, LAURA M LUZERNE
MARTIN, MD, MANUEL T ALLEGHENY
MARTIN, MD, MARTINA M MONTGOMERY
MARTIN, MD, MARYANNE BLAIR
MARTIN, MD, MELANIE C MONTGOMERY
MARTIN, MD, NANCY J LANCASTER
MARTIN, MD, RICHARD A LACKAWANNA
MARTIN, MD, RONALD C CRAWFORD
MARTIN, MD, THOMAS J ALLEGHENY
MARTIN, MD, THOMAS J MONTOUR
MARTIN, THOMAS L STUDENT
MARTIN JR, MD, C EDWIN YORK
MARTIN JR, MD, JOHN A BERKS
MARTIN JR, MD, JOHN B WASHINGTON
MARTIN-NODECKER, EXEC,
PATRICIA A LACKAWANNA
MARTINA, DO, PETER A WASHINGTON
MARTINELLI, MD, JOSEPH A ALLEGHENY
MARTINELLI JR, MD,
MICHAEL J PHILADELPHIA
MARTINES, DO, RICHARD BRADFORD
MARTINEZ, MD, AUGUSTO J ALLEGHENY
MARTINEZ, MD, CARLOS M PHILADELPHIA
MARTINEZ, MD, IRISAIDA PHILADELPHIA
MARTINEZ, MD, JESS M WASHINGTON
MARTINEZ, MD, JORGE A ALLEGHENY
MARTINEZ, MANUEL A STUDENT
MARTINEZ, MICHAEL F STUDENT
MARTINEZ, MD, ZEFERINO BERKS
MARTINEZ-RAMOS, MD,
MARIA A LEHIGH
MARTINI, MD, ENRICO E LANCASTER
MARTINI, MD, MARY C ALLEGHENY
MARTINI, MD, VICTOR S ERIE
MARTINSON, MD, MARK W MONTOUR
MARTONE, MD, CHRISTINE ALLEGHENY
MARTONE, MD, LOUIS H ALLEGHENY
MARTSOLF, MD, JOHN BEAVER
MARTSOLF, MD, ROBERT H MERCER
MARTUCCI, MD, JOHN J MONROE
MARTYAK, MD, NICHOLAS A LUZERNE
MARTYN, MD, LOIS J PHILADELPHIA
MARTYNEC, MD, BOHDAN BUCKS
MARTYNIUK, MD, JOHN W MONROE
MARTYNOWICZ, DO, TED E DELAWARE
MARTZ, MD, MARK N LEHIGH
MARUNOWSKA, MD,
ARLETTA U ALLEGHENY
MARVA, MD, DONALD J PHILADELPHIA
MARVI, MD, DAVOUD LEHIGH
MARVIN, MD, ROBERT F DELAWARE
MARWAHA, MD, ASHA BUTLER
MARX, MD, DAVID G MONTOUR
MARX, MD, KENNETH W BERKS
MARX, MD, MARVIN H MONTGOMERY
MARYMOR, MD, NEIL S MONTGOMERY
MARYNIAK, MD, GIRARD M BERKS
MARZIANO, MD, MICHELE L STUDENT
MASANKAY, MD, MANUEL G LACKAWANNA
MASCARENHAS, MD, MARIA R PHILADELPHIA
MASCHKE, MD, STUART P YORK
MASCIANGELO, MD,
THOMAS N ALLEGHENY
MASCIOTRA, MD, NICHOLAS J CAMBRIA
MASH, MD, MICHAEL J MONTGOMERY
MASIN, MD, F NED ALLEGHENY
MASKARINEC, DO, BRUCE K WASHINGTON
MASKOWITZ, MD, MARC ALLEGHENY
MASLAND, MD, DAVID S CUMBERLAND
MASLOFF, MD, MELVIN L PHILADELPHIA
MASLOV, MD, MARC D VENANGO
MASON, MD, CHARLES E VENANGO
MASON, MD, DANIEL PHILADELPHIA
MASON, MD, GREGG C ERIE
MASS, MD, SHARON B STUDENT
MASSARI, MD, FERDINAND E MONTGOMERY
MASSELLA, MD, ELIZABETH L ALLEGHENY
MASSENGALE, MD,
ALEXANDER T BERKS
MASSEY, MD, GORDON J ERIE
MASSIE, MD, MITCHELL T ALLEGHENY
MASSUCCI, MD, JAMES E ALLEGHENY
MAST, MD, TRUMAN E LANCASTER
MASTANDREA, MD, CARL A ALLEGHENY
MASTER, MD, KENNETH V PHILADELPHIA
MASTERS, MD, RAYMOND E ALLEGHENY
MASTERS, MD, RUTH S ALLEGHENY
MASTERS, DO, THOMAS R ERIE
MASTERSON, DO, JAMES N WESTMORELAND
MASTRI, MD, THOMAS A LUZERNE
MASTRIAN, MD, ANTHONY S LAWRENCE
MASTRINE, MD, LARRY R CAMBRIA
MASUCCI, MD, DOUGLAS J YORK
MASUD, MD, FAISAL N BUCKS
MATADAR, MD, AKBAR G ALLEGHENY
MATARAZZO, MARC F STUDENT
MATARESE, MD, EMIL L BUCKS
MATEER, MD, FRANK ALLEGHENY
MATEER, MD, JOHN E CENTRE
MATEER JR, MD, HARRY O SCHUYLKILL
MATEO, MD, MICHAEL G MONTGOMERY
MATGOURANIS, MD, PETER M BLAIR
MATHAI, MD, JOHN YORK
MATHEO, MD, LORETA M ALLEGHENY
MATHEW, MD, ANNA ALLEGHENY
MATHEWS, DO, JAMES C BUTLER
MATHEWS, MD, ROBERT A PHILADELPHIA
MATHEWS, MD, ROBERT S LANCASTER
MATHEWS JR, MD, NEILSON M MONTGOMERY
MATHIAS, MENEN A STUDENT
MATHIS, MD, JAMES G BERKS
MATHIS, MD, JERRY L BLAIR
MATHISUTHAN, MD,
GANGATHARAN DAUPHIN
MATHOS, DO, KIMBERLY K ALLEGHENY
MATHOS, DO, THOR C ALLEGHENY
MATHUR, MD, AJAY K ALLEGHENY
MATHUR, MD, DINESH P CAMBRIA
MATHUR, MD, KAILASH SCHUYLKILL
MATHUR, MD, RAKESH K PHILADELPHIA
MATLIN, DO, EMILY W DAUPHIN
MATRAGRANO, MD,
ANDREW P MONTOUR
MATSKO, MD, JANE R BERKS
MATSKO, MD, JANINE A PHILADELPHIA
MATSKO, MD, MICHAEL E LUZERNE
MATSKO, DO, ROBERT P PERRY
MATSUMOTO, MD, TERUO PHILADELPHIA
MATTA, DO, ROBERT A LEHIGH
MATTA, MD, SHOUKRY LAWRENCE
MATTEI, MD, DENNIS M LACKAWANNA
MATTEI, MD, FRANK A PHILADELPHIA
MATTEUCCI, MD, WALTER V PHILADELPHIA
MATTHEWS, MD, GEORGE R BERKS
MATTHEWS, MD, JOHN T ALLEGHENY
MATTHEWS, MD, WARREN B MONTGOMERY
MATTHEWS, WILLIAM E STUDENT
MATTHEWS JR, MD, TED A WESTMORELAND
MATTHEWS-MLAKAR, DO,
MICHELE R ALLEGHENY
MATTHYS-OLLODART, MD,
SUSANNE E PHILADELPHIA
MATTIACE, MD, WILLIAM J LYCOMING
MATTLEMAN, DO, JOEL H LANCASTER
MATTLEMAN, MD, STEVEN J PHILADELPHIA
MATTSON, MD, RONALD J MONTGOMERY
MATULEWSKI, MD, THOMAS J DELAWARE
MATUNIS, MD, JOSEPH J PERRY
MATUS, MD, NANCY R NORTHAMPTON
MATZELLE, MD, DONALD W FRANKLIN
MAUE, MD, FREDERICK R LYCOMING
MAUK, MD, JOYCE E PHILADELPHIA
MAUPIN, MD, KEVIN D VENANGO
MAURER, MD, CAROL N VENANGO
MAURER, MD, PHILIP M PHILADELPHIA
MAURIELLO, DO, CHARLES A PHILADELPHIA
MAUS, MD, MARLON T PHILADELPHIA
MAUST, MD, PAUL E BUTLER
MAUTHE, MD, ROBERT W NORTHAMPTON
MAVRIDIS, SAVAS P STUDENT
MAX, MD, MARTIN H CAMBRIA
MAXIAN, DO, JOSEPH A BUCKS
MAXIN, MD, CHARLES W CENTRE
MAXSON JR, MD, CHESTER J PHILADELPHIA
MAXWELL, MD, BETH A WESTMORELAND
MAXWELL, MD, DORIS B WESTMORELAND
MAXWELL, MD, EMILIE L MONTGOMERY
MAXWELL, DO, STEVEN J MONROE
MAXWELL JR, MD, HENRY L ADAMS
MAXWELL JR, MD, ROBERT A MONTGOMERY
MAY, MD, JOHN C LANCASTER
MAY, MD, MARK M ALLEGHENY
MAY, MD, ROBERT E PHILADELPHIA
MAY JR, MD, KENNETH J DAUPHIN
MAYBERRY, DO, JOSEPH J LANCASTER
MAYDONOVITCH, DO, DANIEL J MONTGOMERY
MAYER, MD, DAVID P PHILADELPHIA
MAYER, MD, EUGENE M PHILADELPHIA
MAYER, MD, HENRY S MONTGOMERY
MAYER, MD, NATHANIEL H PHILADELPHIA
MAYERNIK, MD, DAVID G ALLEGHENY
MAYERS JR, MD, STANLEY P CENTRE
MAYLATH, CRAIG F STUDENT
MAYLOCK, MD, JOHN H BEDFORD
MAYLOCK, MD, JOHN V MONTOUR
MAYO, MD, EDITH A DELAWARE
MAYOCK, MD, ROBERT L PHILADELPHIA
MAYRO, MD, JULIAN PHILADELPHIA
MAYS, MD, RICHARD R LYCOMING
MAYS, WARREN L STUDENT
MAZAHERI, MD, AHMED BUCKS
MAZDA, DO, RUSSELL F LANCASTER
MAZER, MD, HOWARD PHILADELPHIA
MAZERO, MD, JOHN R WESTMORELAND
MAZGAJ, MD, JAMES P YORK
MAZICH, MD, THERESA E BUCKS
MAZLIN, MD, STEVEN E BUCKS
MAZUR, MD, DONALD W PHILADELPHIA
MAZURCZAK, MD,
MIROSLAW A NORTHAMPTON
MAZUZ, MD, MEIR BERKS
MAZZA, MD, JOSEPH L ALLEGHENY
MAZZA, MD, PATRICK A BERKS
MAZZACCO, MD, STACEY L PHILADELPHIA
MAZZEI, MD, JOSEPH M ALLEGHENY
MAZZONE, MD, MICHAEL F LANCASTER
MC ALLISTER, MD, JOSEPH C MONTGOMERY
MC ALLISTER, MD, NOREEN M ALLEGHENY
MC ALLISTER, MD, SCOTT J ALLEGHENY
MC BEE, MD, ALDEN G WASHINGTON
MC BREARTY, MD, FRANCIS X DELAWARE
MC BRIDE, MD, ANNE K ALLEGHENY
MC CARTHY, DO, JOSEPH P DELAWARE
MC CARTY, MD, CHRISTINE M DAUPHIN
MC CLAIN III, MD, EDWARD J ALLEGHENY
MC CLURE, MD, JONATHAN K BEAVER
MC CLUSKEY, MD, LEO F PHILADELPHIA
MC CRARY, MD, CHRISTINE T ALLEGHENY
MC CURLEY, SCOTT D STUDENT
MC DERMOTT, MD,
LAWRENCE J DELAWARE
MC DONALD, MD, BRADLEY A MONTOUR
MC DONALD, DO, GREGORY DELAWARE
MC DONALD, MD, MICHAEL A BUTLER
MC DONALD, MD, SARAH K MONTOUR
MC DONALD, MD, SKYE ALLEGHENY
MC ELWAIN, MD, MARIANN C ALLEGHENY
MC GAUGHRAN, MD, ALAN L JEFFERSON
MC GEHEE, MD, EDWARD H PHILADELPHIA
MC GOVERN JR, MD,
THOMAS M BRADFORD
MC GOWAN, MD, DAVID G PHILADELPHIA
MC GREGOR, MD, SHARON A MONTOUR
MC GUIRE, MD, BIRGITTA T CRAWFORD
MC GUIRE, MD, JOHN F LYCOMING
MC GUIRE, MD, MICHAEL D MONTGOMERY
MC HARG, MD, MALCOLM L MONTGOMERY
MC INTYRE, CATHERINE J STUDENT
MC KAY, MD, ROBERT CAMBRIA
MC KENZIE, MD, STEVEN E PHILADELPHIA
MC KEOWN JR, MD, JOHN J PHILADELPHIA
MC LINTOCK, GLENN R STUDENT
MC MULLEN, TRACY L STUDENT
MC NEAL, AMY R STUDENT
MC NEILL, MD, LAURA V ALLEGHENY
MC NIESH, MD, LAWRENCE M CAMBRIA
MC PHERSON, MD,
ELIZABETH W ALLEGHENY
MC TIGHE, MD, ARTHUR H UNION
MC WILLIAMS, WAYNE F STUDENT
MCADAMS, MD, ANDREW J ALLEGHENY
MCAFOOS, MD, GARY L WARREN
MCAFOOS, MD, J ALLEN ALLEGHENY
MCALEER, MD, DAVID J DELAWARE
MCALLISTER, MD, HELEN B PHILADELPHIA
MCALLISTER, MD, JOHN D ALLEGHENY
MCALLISTER, MD, MEADA J DAUPHIN
MCANDREW, MD, JOHN J LACKAWANNA
MCANDREW, DO, PATRICK J LACKAWANNA
MCARDLE, MD, DAVID Q CAMBRIA
MCARDLE, MD, GILBERT C ADAMS
MCARDLE, MD, M JACQUELYN ADAMS
CAULIFFE, MD, THOMAS C PHILADELPHIA
MCAVOY, MD, WILLIAM B ALLEGHENY
MCBETH JR, MD, ORVILLE G ADAMS
MCBRIDE, DAVID R STUDENT
MCBRIDE, MD, JAMES G NORTHAMPTON
MCBRIDE, MD, THOMAS J DELAWARE
MCBRYAN JR, DONALD J STUDENT
MCCABE, MD, JAMES L MONTGOMERY
MCCABE, MD, JOHN S WASHINGTON
MCCADDEN, MD, JOSEPH A DELAWARE
MCCAFFERTY, MD, JOHN P PHILADELPHIA
MCCAFFERTY, MD, LEO R ALLEGHENY
MCCAFFERTY, MD, MICHAEL H ALLEGHENY
MCCAGUE, MD, NED J ALLEGHENY
MCCAHAN, MD, WESLEY F BEDFORD
MCCAIRNS, MD, ROBERT G PHILADELPHIA
MCCALL, MD, WILLIAM M DAUPHIN
MCCANDLESS, MD, DAVID P VENANGO
MCCANDLESS, MD, WARREN J VENANGO
MCCANN, MD, WILLIAM D LANCASTER
MCCARRON, MD, DANIEL J PHILADELPHIA
MCCARTER, MD, PAMELA F Y MIFFLIN/JUNI
MCCARTER JR, MD,
THOMAS G PHILADELPHIA
MCCARTHY, DO, BRYAN S PHILADELPHIA
MCCARTHY, DO, MATTHEW T ERIE
MCCARTHY III, MD, JOHN J ALLEGHENY
MCCARTNEY, MD, LESTER D ERIE
MCCARTNEY, MD, RONALD L ERIE
MCCASLIN, TODD A STUDENT
MCCAULEY, MD, WILLIAM C LYCOMING

MCCAUSLAND, MD, PAUL J	DELAWARE
MCCENSKY, MD, GAIL M	ALLEGHENY
MCCHESNEY JR, MD, CHARLES T	CHESTER
MCCLAIN, MD, CHARLES B	MIFFLIN/JUNI
MCCLAIN, DO, DIANE M	BLAIR
MCCLAIN JR, MD, EDWARD J	ALLEGHENY
MCCLELLAN, MD, R MICHAEL	DELAWARE
MCCLENATHAN, MD, JAMES E	ADAMS
MCCLINTIC, DO, WILLIAM R	BRADFORD
MCCLINTOCK, MD, W CREIGHTON	ALLEGHENY
MCCLOSKEY, MD, DAVID S	DELAWARE
MCCLOSKEY, MD, RICHARD C	ALLEGHENY
MCCLOSKEY, MD, RICHARD V	PHILADELPHIA
MCCLOSKEY, MD, SISTER ANN M	SCHUYLKILL
MCCLOSKEY, DO, TIMOTHY J	LYCOMING
MCCLOWRY, MD, JAMES T	ALLEGHENY
MCCLOY, MD, MERRITT J	WESTMORELAND
MCCLUNG, MD, LARRY S	WESTMORELAND
MCCLURE, MD, JAMES E	SUSQUEHANNA
MCCLURE, MD, THOMAS A	ALLEGHENY
MCCLURE, MD, THOMAS D	WESTMORELAND
MCCOLLUM, MD, GEORGE R	ALLEGHENY
MCCOMBS, MD, ELAINE M	MONTGOMERY
MCCOMBS, MD, PETER R	MONTGOMERY
MCCOMBS, MD, RAY D	ERIE
MCCONAGHY, MD, JOHN R	ALLEGHENY
MCCONAHY, MD, JOHN G	LAWRENCE
MCCONNEL JR, MD, CHARLES S	LEHIGH
MCCONNELL, MD, BRIAN A	ALLEGHENY
MCCONNELL JR, MD, EDWARD L	PHILADELPHIA
MCCONVILLE, MD, JOHN H	YORK
MCCORD, MD, JAMES A	MONTGOMERY
MCCORMACK, MD, PATRICIA A	LACKAWANNA
MCCORMACK, MD, THOMAS M	PHILADELPHIA
MCCORMICK, DO, ALICE	WAYNE/PIKE
MCCORMICK, DO, DANIEL J	PHILADELPHIA
MCCORMICK, MD, GEORGE M	CENTRE
MCCORMICK, MD, JOHN L	PHILADELPHIA
MCCORMICK, MD, JOHN V	MONTOUR
MCCORMICK, MD, LEE H	ALLEGHENY
MCCORVEY, V MONIQUE	STUDENT
MCCOY, MD, ANDREA C S	DAUPHIN
MCCOY, MD, ROBERT L	NORTHAMPTON
MCCOY, MD, THOMAS D	INDIANA
MCCOY III, MD, WILLIAM H	ALLEGHENY
MCCREARY III, MD, THOMAS W	BEAVER
MCCULLOUGH JR, MD, JAMES L	LEHIGH
MCCUNE, MD, ANN B	ALLEGHENY
MCCUNE, MD, WALLACE G	PHILADELPHIA
MCCURDY, MD, DINO E P	PHILADELPHIA
MCCURDY, MD, RICHARD R	DELAWARE
MCCUSKER, MD, FRANCIS X	MONTGOMERY
MCDERMIT, MD, JOHN R	PHILADELPHIA
MCDERMOTT, MD, ROBERT W	ALLEGHENY
MCDONALD, MD, HERBERT M	LACKAWANNA
MCDONALD, JEROME M	STUDENT
MCDONALD, MD, KENNETH M	LEHIGH
MCDONALD, MD, MARILYN R	NORTHAMPTON
MCDONALD JR, DO, JAMES F	PHILADELPHIA
MCDONALD JR, MD, ROBERT H	ALLEGHENY
MCDONALD JR, MD, THOMAS J	BRADFORD
MCDONNELL-DATTILO, MD, COLLEEN	ALLEGHENY
MCDONOUGH, MD, GERARD A	LEHIGH
MCDONOUGH, MD, KATHLEEN M	LANCASTER
MCDOUGALL, MD, WILLIAM A	ALLEGHENY
MCDOWELL, MD, EDWARD P	INDIANA
MCDOWELL, MD, MARY J	ALLEGHENY
MCDOWELL, MD, RICHARD M	DELAWARE
MCDOWELL, DO, WILLIAM G	MERCER
MCELREE, MD, JAMES C	MERCER
MCELREE JR, MD, FRANK E	MERCER
MCELROY, MD, PHILIP K	MONTGOMERY
MCEVOY, MD, ROBERT F	NORTHAMPTON
MCFADDEN, MD, DEBRA R	WESTMORELAND
MCFARLAND, MD, JAMES J	LUZERNE
MCFARLAND, MD, MALCOLM D	PHILADELPHIA
MCGANNON, MD, PATRICK K	YORK
MCGARR, MD, JANET A	ALLEGHENY
MCGARRITY, MD, SUSAN J	LEBANON
MCGARRY, MD, THOMAS E	BUCKS
MCGARVEY, MD, EILEEN F	BUCKS
MCGARVEY, MD, JOSEPH F	BUCKS
MCGARVEY, MD, RICHARD N	ALLEGHENY
MCGAVIC, MD, JOHN S	MONTGOMERY
MCGEADY, MD, STEPHEN J	PHILADELPHIA
MCGEARY, MD, LESTER E	WESTMORELAND
MCGEE, MD, DALE L	ALLEGHENY
MCGEE, MD, DAVID M	ERIE
MCGEE, MD, ELIZABETH L	MONTGOMERY
MCGEE, MD, MICHAEL J	LANCASTER
MCGEE JR, MD, JOSEPH P	DELAWARE
MCGEEHAN, MD, ANN M	MONTOUR
MCGEEHAN, MD, JOHN F	LACKAWANNA
MCGEEHAN, MD, JOHN T	CHESTER
MCGEEHAN, MD, PAUL A	ERIE
MCGEORGE, MD, FRANCIS R	ALLEGHENY
MCGHEE, MD, JAMES C	CUMBERLAND
MCGILL, MD, CHARLES W	MONTOUR
MCGILL, MD, HERMAN I	PHILADELPHIA
MCGILL, MD, RITA L	ALLEGHENY
MCGINLEY, MD, GEORGE W	LEHIGH
MCGINN, JOHNATHAN D	STUDENT
MCGINNIS, MD, ANDREW W	DELAWARE
MCGINNIS, MD, DAVID E	PHILADELPHIA
MCGLAMERY, MD, MURIEL E	PHILADELPHIA
MCGLUMPHY, MD, THOMAS H	MONTGOMERY
MCGLYNN, MD, JAMES T	DELAWARE
MCGONIGAL, MD, MICHAEL P	ALLEGHENY
MCGORRIAN, MD, GRACE M	ALLEGHENY
MCGOWAN, MD, TRACY A	MONTGOMERY
MCGOWAN, MD, WILLIAM E	DELAWARE
MCGRATH, MD, GLENN A	MONTGOMERY
MCGRATH, MD, JOSEPH M	DAUPHIN
MCGRATH, DO, ROBERT C	WESTMORELAND
MCGRATH, MD, THOMAS J	PHILADELPHIA
MCGRATH, DO, WILLIAM J	WESTMORELAND
MCGRAW, MD, THOMAS E	PHILADELPHIA
MCGRAW, DO, THOMAS P J	YORK
MCGREGOR, MD, DEBORAH	PHILADELPHIA
MCGREGOR, MD, ROBERT S	MONTOUR
MCGROGAN, MD, FRANK P	WESTMORELAND
MCGUINN, MD, WILLIAM J	YORK
MCGUIRE, MD, FRANCIS E	BEAVER
MCGUIRE, MD, JAMES J	NORTHAMPTON
MCGUIRE, MD, RICHARD J	CENTRE
MCGUIRE, MD, THOMAS E	ERIE
MCHENRY, MD, D J	YORK
MCHENRY, MD, JOHN G	YORK
MCHENRY, MD, THOMAS	ALLEGHENY
MCHUGH, MD, ELMER F	ALLEGHENY
MCHUGH, MD, MARY P	PHILADELPHIA
MCHUGH, MD, REGIS W	WESTMORELAND
MCHUGH, MD, RICHARD D	ALLEGHENY
MCILVAINE, MD, PAUL W	BUCKS
MCINTYRE, PATRICK E	STUDENT
MCJUNKIN, MD, CHERYL L	ERIE
MCKEATING, MD, PHILIP J	ALLEGHENY
MCKEE, MD, ROBERT E	BUTLER
MCKEE, MD, RODERICK S	PHILADELPHIA
MCKEE, MD, WAYNE O	SOMERSET
MCKEIGHAN, EXEC DIR, DAVID	DELAWARE
MCKELVY, MD, CONSTANCE C	DELAWARE
MCKENNA, MD, JAMES P	BEAVER
MCKENNA, MD, MARC W	MONTGOMERY
MCKENNA, MD, SCOT R	ALLEGHENY
MCKENNA, MD, THOMAS J	CAMBRIA
MCKENNA III, DO, JAMES J	LACKAWANNA
MCKENNA JR, MD, ERNEST L	MONTGOMERY
MCKENZIE, MD, HARRY J	CAMBRIA
MCKENZIE, MD, JAMES G	FRANKLIN
MCKINLEY, MD, DONALD R	CAMBRIA
MCKINLEY, MD, ERIN A	VENANGO
MCKINLEY, MD, RICHARD G	CAMBRIA
MCKINLEY, MD, WAYNE S	JEFFERSON
MCKINLEY, MD, WILLIAM M	CLARION
MCKINNEY, MD, HENRY D	BLAIR
MCKINSTRY, MD, ROBERT B	CHESTER
MCKNIGHT, MD, LANCESS	DELAWARE
MCLAMB, MD, JAMES R	CRAWFORD
MCLANE, MD, ROGERS D	CLEARFIELD
MCLAUCHLAN, GAIL L	STUDENT
MCLAUGHLIN, MD, EDWARD	DELAWARE
MCLAUGHLIN, MD, EDWARD D	PHILADELPHIA
MCLAUGHLIN, MD, FRANK W	LANCASTER
MCLAUGHLIN, MD, GEORGE E	PHILADELPHIA
MCLAUGHLIN, DO, JAMES R	VENANGO
MCLAUGHLIN, MD, JAMES T	ALLEGHENY
MCLAUGHLIN, DO, JOHN P	DAUPHIN
MCLAUGHLIN, MD, RAYMOND S	CHESTER
MCLAUGHLIN, MD, THOMAS W	SCHUYLKILL
MCLAUGHLIN, MD, WILLIAM B	ALLEGHENY
MCLEAN, MD, GORDON K	ALLEGHENY
MCLEAN, MD, JAMES J	BERKS
MCLEAN, MD, THOMAS W	PHILADELPHIA
MCLEER, MD, SUSAN V	PHILADELPHIA
MCLELLAN JR, MD, THOMAS G	FAYETTE
MCLEOD, DO, ALLAN M	PHILADELPHIA
MCLEOD, MD, RODERICK R	ARMSTRONG
MCLIN, MD, LEON N	YORK
MCLOUGHLIN, MD, PATRICK T	BUCKS
MCMAHAN, MD, JOSEPH N	WASHINGTON
MCMAHON, MD, WILLIAM J	WASHINGTON
MCMAHON JR, MD, JOSEPH F	NORTHAMPTON
MCMASTER, MD, JAMES H	ALLEGHENY
MCMILLAN, MD, DEBORAH M	YORK
MCMILLAN, MD, DONALD L	ALLEGHENY
MCMILLAN, MD, JAMES E	ALLEGHENY
MCMILLAN, MD, WILLIAM B	ALLEGHENY
MCMILLEN, MD, JAMES I	DAUPHIN
MCMONAGLE, MD, CAREY L	FAYETTE
MCMULLIN, DANA F	STUDENT
MCMURRY, MD, FRED G	MONTOUR
MCNABB, MD, DANIEL M	LACKAWANNA
MCNALL, MD, PEARL G	ALLEGHENY
MCNAMARA, MD, J ARCH	PHILADELPHIA
MCNAMARA, MD, ROBERT M	MONTGOMERY
MCNAMEE SR, MD, WILLIAM B	DELAWARE
MCNAUGHER, MD, WILLIAM M	ALLEGHENY
MCNEELY, MD, BONNIE L	CAMBRIA
MCNEIL, BRYON K	STUDENT
MCNEIL, MD, PETER E	NORTHIMBRLAND
MCNEIL-JACOBI, MD, ATHOLE G	PHILADELPHIA
MCNEILL, MD, DONALD B	ERIE
MCNELLIS, MD, DONALD R	NORTHAMPTON
MCNETT, MD, DALE L	WARREN
MCNULTY, MD, BARBARA M	ALLEGHENY
MCNULTY, MD, LARRY P	ALLEGHENY
MCNULTY, MD, TIMOTHY P	BEAVER
MCPEAK, MD, VINCENT J	PHILADELPHIA
MCSORLEY, MD, JOHN	ALLEGHENY
MCSORLEY, MD, MARYANN BIDI	PHILADELPHIA
MCTAMMANY, MD, J ROBERT	BERKS
MCVAY, MD, EDWARD J	ALLEGHENY
MCVAY, MD, WILLIAM J	ALLEGHENY
MCWILLIAMS, MD, FRED D	WESTMORELAND
MEADAA, MD, REYMOND	PHILADELPHIA
MEADE, MD, THOMAS D	LEHIGH
MEADOWCROFT, MD, JAMES A	MONTGOMERY
MEADOWS, MD, ANNA T	PHILADELPHIA
MEAKEM, MD, TIMOTHY D	LYCOMING
MEALS, MD, MARGARET	ALLEGHENY
MEARS, MD, DANA C	ALLEGHENY
MEARS, MD, ELMER E	BUCKS
MEARS, SIMON C	STUDENT
MEARS, MD, VIRGINIA G	LANCASTER
MEASE, MICHAEL R	STUDENT
MEBANE, MD, TOM S	CENTRE
MEBANE III, MD, TOM S	CENTRE
MEBUS, LISA JANE C	STUDENT
MECCA, MD, DONATO D	LACKAWANNA
MECCA, MD, JOHN J	LEHIGH
MECS, MD, SANDOR	ALLEGHENY
MEDDEN, MD, EDWIN J	MCKEAN
MEDIC JR, DO, DANIEL	WESTMORELAND
MEDICH, MD, GEORGE F	BEAVER
MEDINA, MD, RODRIGO D	CARBON
MEDINGER, MD, FRED G	PHILADELPHIA
MEDLOCK, MD, JAMES B	LAWRENCE
MEDWAY, MD, MARC J	MONTGOMERY
MEDWICK, DO, DENISE M M	ALLEGHENY
MEDWICK, DO, GERALD R	ALLEGHENY
MEEHAN, MD, JOHN J	PHILADELPHIA
MEERAN, MD, M MOHAMED	SCHUYLKILL
MEGALUDIS, MD, ALEXIS M	ALLEGHENY
MEGIVERN, MD, DANIEL G	DAUPHIN
MEHALICK, DO, PAMELA G	DELAWARE
MEHARG JR, MD, JOHN G	BERKS
MEHDI, MD, IFTIKHAR J	DAUPHIN
MEHLMAN, MD, THOMAS W	CUMBERLAND
MEHOK, MD, RONALD G	ALLEGHENY
MEHTA, MD, BHARAT K	NORTHAMPTON
MEHTA, MD, HARSHAD	ALLEGHENY
MEHTA, MD, NIHARIKA D	COLUMBIA
MEHTA, MD, PANKAJ	LYCOMING
MEHTA, MD, RAVINDRA K	ALLEGHENY
MEHTA, MD, SANJAY M	DAUPHIN
MEHTA, MD, SUNIL K	MERCER
MEHTA, MD, YOGIN P	MIFFLIN/JUNI
MEHTA, MD, YOGINI R	ALLEGHENY
MEIHOFER, MD, MARY A	PHILADELPHIA
MEIKLE, MD, CHARLES E	BRADFORD
MEINDL, MD, GEORGE T	WASHINGTON
MEISLER, MD, WILLIAM J	ALLEGHENY
MEISNER, MD, DENNIS J	ALLEGHENY
MEISTER, MD, DONALD G	ALLEGHENY
MELADA, MD, GARY A	ALLEGHENY
MELAMED, MD, BRIAN R	LANCASTER
MELANI, MD, KENNETH R	ALLEGHENY
MELDRUM, MD, ROBERT W	COLUMBIA
MELEN, MD, KIMBERLY A	ALLEGHENY
MELICK, MD, JUDITH E	PHILADELPHIA
MELIN, MD, JEFFREY M	PHILADELPHIA
MELITO, MD, BRIAN V	MONTGOMERY
MELLENCAMP, MD, ERIC J	LYCOMING
MELLER, MD, MENACHEM M	PHILADELPHIA
MELLER, MD, STEVEN	MONTGOMERY
MELLI, MD, MARIA G	DELAWARE
MELLINGER, MD, RICHARD W	LANCASTER
MELLINS, MD, ELIZABETH D	PHILADELPHIA
MELLON, MD, ROBERT	BERKS
MELLON JR, MD, LAWRENCE J	DELAWARE
MELMAN, MD, JAY E	LEHIGH
MELNICK, MD, HOWARD B	LEBANON
MELNICK, MD, JOSEPH L	PHILADELPHIA
MELNICK, MD, MELVIN P	ALLEGHENY
MELNICK, MD, SANDY D	PHILADELPHIA
MELOTTI, MD, PETER M	ALLEGHENY
MELOY, MD, THOMAS R	HUNTINGDON
MELTZER, MD, ARTHUR H	WESTMORELAND
MELTZER, MD, DAVID	MONTGOMERY
MELTZER, MD, MICHELE S	PHILADELPHIA
MELVIN, MD, JOHN L	PHILADELPHIA
MELZER, MD, PATRICIA S	WAYNE/PIKE
MEMARZADEH, SANAZ	STUDENT
MEMON, MD, MOHAMMAD K	WESTMORELAND
MENA, MD, LILIA D	MONTGOMERY
MENACKER, MD, SHERYL J	BUCKS
MENAPACE JR, MD, FRANCIS J	MONTOUR
MENCHEY, MD, MILTON J	YORK
MENCIA, MD, PEDRO R	WAYNE/PIKE
MENDEL, MD, HOWARD G	PHILADELPHIA
MENDEL, MD, KENNETH D	DELAWARE
MENDEL, MD, RICHARD C	PHILADELPHIA
MENDELL, MD, THEODORE H	PHILADELPHIA
MENDELSOHN, MD, EUGENE	BERKS
MENDELSON, MD, ELLEN B	ALLEGHENY
MENDELSON, MD, MYER	PHILADELPHIA
MENDELSON, MD, S ROBERT	ALLEGHENY
MENDELSSOHN, MD, EDWIN	PHILADELPHIA
MENDELSSOHN, MD, SAUL	LUZERNE
MENDEZ, MD, LEONARDO	PHILADELPHIA
MENEELY, MD, ALFRED W	DAUPHIN
MENGEL, MD, ROGER G	BERKS
MENGES JR, MD, JOB F	BERKS
MENIN, MD, RICHARD A	PHILADELPHIA
MENIN, MD, WILLIAM	PHILADELPHIA
MENIO, MD, GREGORY J	MONROE
MENIO, MD, JOHN N	LUZERNE
MENKOWITZ, MD, ELLIOT	MONTGOMERY
MENNA, MD, VINCENT J	BUCKS
MENON, MD, VENU G	PHILADELPHIA
MENON, MD, VIKRAM G	LUZERNE
MENOTIADES, MD, JOHN C	ALLEGHENY
MENTYKA, MD, ROBERT A	CENTRE
MENZA, MD, ANTHONY G	MONROE
MENZEL, MD, PAUL H	LACKAWANNA
MENZIES JR, MD, WILLIAM C	MERCER
MERCADER, MD, LUIS	PHILADELPHIA
MERCADER, MD, VIRGINIA	PHILADELPHIA
MERCADO, MD, MODESTO G	LEHIGH
MERCIER, MD, EDWARD E	ERIE
MERCOGLIANO, MD, GIANCARLO	MONTGOMERY
MERCUGLIANO, MD, MARIANNE	PHILADELPHIA
MERCURIO, MD, RICHARD A	ARMSTRONG
MERCURIO, MD, TERESA	BERKS
MERENSTEIN, MD, JOEL H	ALLEGHENY
MERING, MD, THOMAS W	GREENE
MERING JR, MD, JAMES H	ALLEGHENY
MERKIN, MD, ALVIN	PHILADELPHIA
MERKLE, MD, LARRY N	LEHIGH
MERLIN, MD, KEITH S	MONTGOMERY
MERLIN, MARK A	STUDENT
MERLO, DO, FRANCIS A	WAYNE/PIKE
MEROLA, MD, JOSEPH C L	NORTHAMPTON
MERRIMAN, MD, W CLAIR	BEAVER
MERSHON, MD, CHARLES R	LANCASTER
MERSKI, MD, ANTHONY T	ERIE
MERSKY, MD, MARTIN R	BUCKS
MERSKY, MD, STEVEN A	PHILADELPHIA
MERSON, MD, ERICH R	CHESTER
MESCHEVITZ, MD, CARLTON K	MONROE
MESCHTER, MD, STEVEN C	MONTOUR
MESETE, MD, A FRANCIS	DELAWARE
MESHKOV, MD, ARNOLD B	PHILADELPHIA
MESSINA, DO, MICHAEL P	MERCER
MESSINESE, MD, MARK A	CAMBRIA
MESSMER, MD, JOHN J	LEBANON
MESSNER, MD, JEAN T	DAUPHIN
MESSNER, MD, KENNETH H	LANCASTER
MESSORI, MD, DIVO A	PHILADELPHIA
META, MD, LOUIS D	ALLEGHENY
METCALFE, MD, MARC F	ALLEGHENY
METHRATTA, MD, SOSAMMA T	PHILADELPHIA
METKUS, MD, FRANCIS M	BUCKS
METRO, MICHAEL J	STUDENT
METRO JR, DAVID G	STUDENT
METRY, MD, NAWAL G	CHESTER
METZGER, MD, PAUL C	LACKAWANNA
MEUSBURGER, MD, CHARLES E	PHILADELPHIA
MEUSER, MD, ROBERT M	BEAVER
MEYER, MD, ALLEN E	DELAWARE
MEYER, MD, DAVID G	WESTMORELAND
MEYER, MD, KATHRYN J	PHILADELPHIA
MEYER, MD, THOMAS M G	DELAWARE
MEYERS, MD, FREDERIC A	CHESTER
MEYERS, MD, JOHN L	BERKS
MEYERS, MD, KARL R	PHILADELPHIA
MEYERS, MD, PAUL T	CAMBRIA
MEYERS, MD, ROBERT W	PHILADELPHIA
MEYERSON, MD, ARTHUR T	PHILADELPHIA
MEZEY, MD, ALAN L	PHILADELPHIA
MEZZANOTTE, MD, JOHN J	PHILADELPHIA
MIANO, MD, LIDIA	BEAVER
MIASKIEWICZ, MD, STASIA L	ALLEGHENY
MICAILY, MD, BIZHAN	PHILADELPHIA
MICCHIA JR, JOSEPH M	STUDENT
MICEK, MD, EDWARD W	PHILADELPHIA
MICHAEL, MD, DWIGHT I	ADAMS
MICHAEL, MD, JOSEPH T	ALLEGHENY
MICHAELS, MD, BERNARD I	ALLEGHENY
MICHAELS, MD, MILTON M	ALLEGHENY
MICHAELS, MD, ROBERT M	BRADFORD
MICHAELSON, MD, CAROLYN Z	PHILADELPHIA
MICHAELSON, MD, JANET M	MONTGOMERY
MICHAELSON, MD, ROBERT I	MONTGOMERY
MICHAELSON, MD, THOMAS C	CHESTER
MICHALAK, MD, DENNIS M W	ERIE
MICHALAK, MD, WILLIAM A	LUZERNE
MICHALEK, MD, MARIA	DAUPHIN
MICHALOPOULOS, MD, GEORGE K	ALLEGHENY
MICHALS, MD, TIMOTHY J	PHILADELPHIA
MICHAUD, MD, JOSEPH E	CAMBRIA
MICHAUD, MD, LINDA J	PHILADELPHIA
MICHEEL-MARRIE, MD, STACIE A	DAUPHIN
MICHEL, MD, ELLIOT M	ALLEGHENY
MICHEL, MD, JOHN P	BEAVER
MICHEL, MD, SHOBHA	PHILADELPHIA
MICHELSON, MD, ROBERT	MONTGOMERY
MICHELSTEIN, MD, RICHARD D	LUZERNE
MICHIE, MD, ALEXANDER J	MONROE
MICKLER, MD, THOMAS A	PHILADELPHIA
MIDDLEMAN, MD, ROSE R	ALLEGHENY
MIDDLETON, MD, DONALD B	ALLEGHENY
MIDDLETON, MD, ROBERT J	COLUMBIA
MIELCAREK JR, MD, LEON M	DELAWARE
MIGLIORE, MD, JOSEPH J	LYCOMING
MIGNOTT, MD, HAROLD L	PHILADELPHIA
MIHELIC, MD, NICHOLAS E	HUNTINGDON
MIKAELIAN, MD, DIRAN O	PHILADELPHIA
MIKAYA, MD, MARTIN L	BRADFORD
MIKE-MAYER, MD, HENRIK	BLAIR
MIKELBERG, MD, ROSE R	PHILADELPHIA
MIKELL, JEFFREY E	STUDENT
MIKELONIS, MD, ROBERT J	ERIE
MIKESELL, MD, JERRY F	CENTRE
MIKETIC, MD, LINDA M	ALLEGHENY
MIKITA, MD, JOHN J	ALLEGHENY
MIKLOS, MD, BERNARD G	ALLEGHENY
MIKLOS, MD, JOHN R	PHILADELPHIA
MIKNEVICH, MD, MARYANN	ALLEGHENY
MIKULLA, MD, JOHN M	ALLEGHENY
MIKUTA, MD, JOHN J	PHILADELPHIA

MILAI JR, MD, AHMED S	ALLEGHENY
MILANI, MD, FRANK A	LACKAWANNA
MILAZZO, MD, JOHN V	BUCKS
MILCHAK, MD, MARK A	BEAVER
MILDENBERG, MD, BUDD J	MONTGOMERY
MILES, DO, G BRUCE	NORTHAMPTON
MILEWSKI, MD, LEONARD F	DELAWARE
MILGRAM, MD, KENNETH K	WARREN
MILHOAN, KIRK A	STUDENT
MILICH, MD, ZARKO D	MONROE
MILICIA, MD, ANTHONY P	PHILADELPHIA
MILITO, MD, STEPHEN J	MONTGOMERY
MILKE, MD, DENIS J	DAUPHIN
MILKS, MD, CARL J	WAYNE/PIKE
MILLAR, MD, DEBORAH L	ALLEGHENY
MILLER, MD, ALAN M	MONTGOMERY
MILLER, MD, ALLEN C	PHILADELPHIA
MILLER, MD, ANN C	MONTGOMERY
MILLER, MD, BARBARA A	PHILADELPHIA
MILLER, MD, BRIAN A	BUCKS
MILLER, MD, C EUGENE	LANCASTER
MILLER, MD, C JOSEPH	PHILADELPHIA
MILLER, MD, CARL S	LEBANON
MILLER, MD, CLAUDE J	LEBANON
MILLER, MD, CURT D	DELAWARE
MILLER, MD, CYNTHIA L	PHILADELPHIA
MILLER, MD, D SCOTT	ALLEGHENY
MILLER, MD, DAVID	PHILADELPHIA
MILLER, MD, DAVID H	BUCKS
MILLER, DO, DAVID J	BUCKS
MILLER, MD, DAVID L	CLARION
MILLER, MD, DAVID L	ALLEGHENY
MILLER, MD, DAVID M	PHILADELPHIA
MILLER, MD, DAVID S	HUNTINGDON
MILLER, MD, DONALD S	MONTGOMERY
MILLER, MD, EARL R	LYCOMING
MILLER, MD, EDWARD B	ALLEGHENY
MILLER, MD, EDWARD J	CARBON
MILLER, MD, FRANCINE J	PHILADELPHIA
MILLER, MD, FRANK L	MONTGOMERY
MILLER, MD, FREDERICK A	ALLEGHENY
MILLER, MD, G GEOFFREY	LUZERNE
MILLER, MD, GERALD E	LANCASTER
MILLER, MD, GLADYS M	PHILADELPHIA
MILLER, MD, GLENN D	PHILADELPHIA
MILLER, MD, HARRY I	ALLEGHENY
MILLER, MD, HERBERT D	ALLEGHENY
MILLER, MD, HERMAN	DELAWARE
MILLER, MD, HOWARD J	POTTER
MILLER, DO, JAMES C	DAUPHIN
MILLER, MD, JAMES M	SUSQUEHANNA
MILLER, MD, JAY B	BERKS
MILLER, MD, JEFFREY J	STUDENT
MILLER, MD, JEFFREY L	PHILADELPHIA
MILLER, DO, JERI L	PHILADELPHIA
MILLER, DO, JEROME	PHILADELPHIA
MILLER, MD, JEROME	PHILADELPHIA
MILLER, MD, JOHN L	MERCER
MILLER, MD, JOSEPH A	LEHIGH
MILLER, MD, JOSEPH J	FRANKLIN
MILLER, MD, KERRY D	LEHIGH
MILLER, MD, LAWRENCE S	DELAWARE
MILLER, MD, LEE H	BUCKS
MILLER, MD, LEONARD D	PHILADELPHIA
MILLER, DO, LOIS M	MONTOUR
MILLER, MD, MARK A	PHILADELPHIA
MILLER, MD, MATTHEW C	MONTGOMERY
MILLER, MD, MICHAEL D	ALLEGHENY
MILLER, DO, MORRIS	PHILADELPHIA
MILLER, MD, MYRON D	LEBANON
MILLER, PAMELA M	STUDENT
MILLER, MD, PARRY J	LANCASTER
MILLER, MD, PATRICIA S	ALLEGHENY
MILLER, MD, RALPH J	ALLEGHENY
MILLER, MD, RICHARD E	SCHUYLKILL
MILLER, MD, ROBERT W	BUCKS
MILLER, MD, ROLAND E	ERIE
MILLER, MD, SARA B	DELAWARE
MILLER, MD, STEPHEN J	ALLEGHENY
MILLER, MD, THOMAS J	MONTGOMERY
MILLER, MD, THOMAS L	LANCASTER
MILLER, MD, WAYNE R	NORTHUMBRLAND
MILLER, MD, WILLIAM B	ALLEGHENY
MILLER, MD, WILLIAM H	ALLEGHENY
MILLER II, MD, GEORGE C	UNION
MILLER II, MD, TOM R	ERIE
MILLER III, MD, O FRED	MONTOUR
MILLER JR, MD, CLARENCE M	ALLEGHENY
MILLER JR, MD, IVAN L	ADAMS
MILLER JR, MD, JOHN W	LANCASTER
MILLER JR, MD, WILLIAM B	DAUPHIN
MILLER-SCHAEFFER, MD, CAROL A	SCHUYLKILL
MILLIGAN, MD, MARK K	ERIE
MILLIGAN, MD, ROBERT S	ALLEGHENY
MILLINER, MD, DAVID H	DELAWARE
MILLMAN, MD, DARLENE W	STUDENT
MILLMOND, MD, STEVEN H	PHILADELPHIA
MILLS, MD, JOHN W	INDIANA
MILLS, MD, M DUANE	DAUPHIN
MILLS, MD, WILLIAM L	BUCKS
MILLS, EXEC DIR, CAROLINE	BEAVER
MILLSTEIN, MD, JEFFREY H	PHILADELPHIA
MILLWARD JR, CARL L	STUDENT
MILNER, ROSS	STUDENT
MILON, MD, CHARLES F	PHILADELPHIA
MILORO, MD, MICHAEL J	PHILADELPHIA
MILROTH, MD, WILLIAM L	FRANKLIN
MILSTEEN, MD, SCOTT A	DAUPHIN
MILSTEIN, MD, HAROLD J	LUZERNE
MILSTEIN, MD, SEYMOUR W	DELAWARE
MILSTEN, MD, RICHARD	PHILADELPHIA
MIN, MD, JUNG T	BEAVER
MIN, MD, TAE C	BEAVER
MINARD, MD, WILLIAM D	MONTGOMERY
MINCZAK, BOHDAN M	STUDENT
MINDRUM, MD, GERALD G	FRANKLIN
MINEHART, MD, CHARLES R	BERKS
MINEHART, MD, JOHN R	PHILADELPHIA
MINELLA, MD, RICCI A	ALLEGHENY
MINEO, MD, CYRUS L	CHESTER
MINERVA, MD, FELICISIMA B	PHILADELPHIA
MINES, MD, SAMUEL C	ALLEGHENY
MINGEY, MD, DEBORAH L	ERIE
MINGEY, MD, JOHN R	ERIE
MINGRONI, DO, JULIUS A	PHILADELPHIA
MINHAS, MD, TASEER A	ALLEGHENY
MINION, MD, STEVEN L	PHILADELPHIA
MINK, MD, KENNETH R	ERIE
MINN, MD, FREDRICK L	MONTGOMERY
MINNARD, MD, EMERY A	PHILADELPHIA
MINNICH, MD, KEITH A	BERKS
MINNICH, MD, MARIE E	MONTOUR
MINNICH, MD, PHILIP H	YORK
MINNICH, MD, STEPHEN J	MONTOUR
MINNO, MD, ALEXANDER M	ALLEGHENY
MINO, MD, DAVID E	BUCKS
MINO, MD, ROBERT D	MONTGOMERY
MINORA, MD, BARRY A	LACKAWANNA
MINORA, MD, MICHAEL A	LACKAWANNA
MINORA, MD, THOMAS L	LACKAWANNA
MINTEER, MD, JEFFREY F	WASHINGTON
MINTEER JR, DO, DONALD W	ARMSTRONG
MINTON, MD, MICHAEL D	ALLEGHENY
MINTON, MD, RUSSELL F	PHILADELPHIA
MINTZ, MD, PAUL S	BERKS
MINTZER, MD, DAVID M	PHILADELPHIA
MINTZER, DO, HARRY D	LYCOMING
MIR, MD, DAVID J	ERIE
MIR, MD, TAHIR U	INDIANA
MIRA, MD, ALLAN J	CUMBERLAND
MIRABILE, MD, ROBERT J	MONTGOMERY
MIRAGLIA, MD, RICHARD J	MONROE
MIRALIAKBARI, REZA	STUDENT
MIRANDA, MD, AURORA M	ALLEGHENY
MIRANDA, MD, CESAR P	BUTLER
MIRARCHI, MD, VINCENZO	NORTHUMBRLAND
MIRCHANDANI, MD, HARESH G	PHILADELPHIA
MIRRO, MD, BETTY J	ALLEGHENY
MIRSKY, MD, HOWARD A	YORK
MIRSKY, MD, ROBERT S	BUCKS
MIRZA, MD, AYESHA	DAUPHIN
MIRZA, MD, MOHAMMAD R	LYCOMING
MISAGE, MD, JOHN R	ALLEGHENY
MISCHLER, MD, FORREST C	ERIE
MISENHIMER, MD, MARTIN D	LEHIGH
MISHALOVE, MD, R DAVID	DELAWARE
MISHEL, MD, HENRY S	MONTGOMERY
MISHER-HARRIS, DO, MICHELE I	DELAWARE
MISHKIN, MD, MARK H	LEHIGH
MISHKIN, MD, MARK M	PHILADELPHIA
MISHRA, MD, RANDHIR	CLINTON
MISRA, MD, HARI K	WESTMORELAND
MISTRY, MD, MEHERWAN J	WAYNE/PIKE
MITAL, MD, MOHAN S	CAMBRIA
MITAL, MD, NIRMAL G	CAMBRIA
MITCHELL, MD, ARTHUR B	LUZERNE
MITCHELL, MD, DAVID R	ALLEGHENY
MITCHELL, MD, DONALD G	PHILADELPHIA
MITCHELL, MD, FENTON M	ALLEGHENY
MITCHELL, MD, HAROLD L	ALLEGHENY
MITCHELL, MD, HENRY	INDIANA
MITCHELL, MD, JOHN F	LEHIGH
MITCHELL, MD, ROBERT M	PHILADELPHIA
MITCHELL, MD, WILLIAM J	FAYETTE
MITNICK, MD, PAUL D	BERKS
MITRA, MD, ATIN K	ERIE
MITRE, MD, BLIMA K	ALLEGHENY
MITRE, MD, RICARDO J	ALLEGHENY
MITRO, DO, ROBERT N	ALLEGHENY
MITRO, MD, WILLIAM	ALLEGHENY
MITROS, MD, MARK M	ALLEGHENY
MITTAL, MD, BASANT K	NORTHUMBRLAND
MITTAL, MD, SUNEET	PHILADELPHIA
MITTELDORF, MD, STEPHEN E	PHILADELPHIA
MITTELL, MD, DAVID C	WASHINGTON
MITTICA, NICHOLAS M	STUDENT
MITTL JR, MD, ROBERT L	DELAWARE
MITTMAN, MD, DEAN	LACKAWANNA
MITZEL, DO, TIMOTHY S	ALLEGHENY
MIURA, MD, KAREN K	PHILADELPHIA
MIX, MD, WILLIAM A	ERIE
MIYAMOTO, MD, CURTIS T	DELAWARE
MIZIN, MD, LAKSHMI D J	LACKAWANNA
MLECKO, MD, LAWRENCE M	ALLEGHENY
MLINAR, LAURA S	STUDENT
MOATS, MD, ANTHONY W	ALLEGHENY
MOBARAKAI, MD, NEVILLE K	ERIE
MOBERG, MD, F BARRIE	LANCASTER
MOBLEY, MD, DERRICK K	PHILADELPHIA
MOCH, ANNE L	STUDENT
MOCK, MD, GREGORY D	CAMBRIA
MOCLOCK, MD, MICHAEL A	LUZERNE
MODARRESS, MD, JOHN Y	SCHUYLKILL
MODERY, MD, MARSHA E	ALLEGHENY
MODI, MD, JASHWANT B	ALLEGHENY
MODY, MD, MAHENDRA I	BUCKS
MOERKIRK, MD, GEORGE E	LEHIGH
MOFFA, MICHAEL A	STUDENT
MOFFITT, MD, JOHN J	PHILADELPHIA
MOFFITT, MD, VINCENT J	BERKS
MOFFITT JR, MD, GEORGE R	DAUPHIN
MOFFSES, MD, GARABED H	PHILADELPHIA
MOGERMAN, MD, JEFFREY A	LACKAWANNA
MOGERMAN, MD, RICHARD L	LACKAWANNA
MOGHADAM, MD, ABDOL NABI	PHILADELPHIA
MOGHADAM, MD, EILEEN S	PHILADELPHIA
MOGIL, MD, ROBERT A	PHILADELPHIA
MOGUL, MD, ROBERT	BUCKS
MOHAMADI, MICHELE S	STUDENT
MOHAMED-ALI, MD, ABUL-KASSIM	LACKAWANNA
MOHAN, MD, BRIJ	NORTHAMPTON
MOHAN, MD, FRANCIS P	SCHUYLKILL
MOHAN, MD, KRISHNA K	PHILADELPHIA
MOHEIMANI, MD, CHRISTOPHER H	STUDENT
MOHIUDDIN, MD, M AZAM	PHILADELPHIA
MOHIUDDIN, MD, MOHAMMED	PHILADELPHIA
MOHLER, MD, J HAROLD	LANCASTER
MOHR, MD, ROSE M	PHILADELPHIA
MOHYUDDIN, MD, MOIZ	MONROE
MOIDEL, MD, ROBERT A	MONTGOMERY
MOKRYNSKI, MD, GREG	PHILADELPHIA
MOKYCHIC, MD, WALTER E	LUZERNE
MOLDOFSKY, MD, PHILIP J	PHILADELPHIA
MOLINDA, MD, LAURIE S	ALLEGHENY
MOLL, MD, ALISON	YORK
MOLL, MD, DAVID C	BUCKS
MOLL, MD, GEORGE A	PHILADELPHIA
MOLL, MD, THOMAS B	BERKS
MOLLICK, MD, JAMES A	MONTGOMERY
MOLLICK, MD, JAMES L	MONTGOMERY
MOLLOY, MD, PATRICIA T	PHILADELPHIA
MOLLOY, MD, PETER J	ALLEGHENY
MOLONEY, MD, JOSEPH D	DAUPHIN
MOMAN JR, MD, LAWRENCE C	ALLEGHENY
MOMIN, MD, MALIK N	DAUPHIN
MONAHAN, FRANCINE M	STUDENT
MONAHAN, MD, GEORGE R	MONTGOMERY
MONAHAN, MD, MARYELLEN R O	LACKAWANNA
MONARDO, MD, ALFRED	ALLEGHENY
MONASTERIO, MD, JOSE R	CHESTER
MONCMAN, DO, MICHAEL-GERARD	BLAIR
MONDALA-OCBO, MD, ELISA V	BERKS
MONDEREWICZ, KATHLEEN M	STUDENT
MONDERO, DO, NANCY A	DELAWARE
MONDZELEWSKI, MD, JAMES P	ALLEGHENY
MONG, MD, KAM W	YORK
MONGIA, SUMEDHA	STUDENT
MONGIARDO, JAY P	STUDENT
MONHEIT, MD, RICHARD S	PHILADELPHIA
MONITTO, MD, CONSTANCE L	PHILADELPHIA
MONK, MD, JOHN S	YORK
MONK JR, MD, JOHN S	YORK
MONKOWSKI, MD, ALFRED M	BUCKS
MONSAERT, MD, RONALD P	MONTOUR
MONSOUR, MD, GEOFFREY B	WESTMORELAND
MONSOUR, MD, MIROYA J	ALLEGHENY
MONSOUR, MD, ROBERT G	WESTMORELAND
MONSOUR, MD, ROY CHARLES	WESTMORELAND
MONSOUR, MD, ROY CHRISTOPHER	WESTMORELAND
MONSOUR, MD, ROY E	ADAMS
MONSOUR, MD, WILLIAM J	WESTMORELAND
MONTAG, MARK C	STUDENT
MONTAGUE, MD, JAMES W	LYCOMING
MONTALBO, MD, ANTONIO A	CENTRE
MONTANER, MD, CARMEN S	LEHIGH
MONTANER, MD, JOSE L	DAUPHIN
MONTANTE, STEVEN J	STUDENT
MONTE, MD, D MARIE	CHESTER
MONTEFORTE, MD, JOSEPH S	PHILADELPHIA
MONTEFORTE, MD, MARK J	STUDENT
MONTEIRO, MD, DENNIS T	PHILADELPHIA
MONTELEONE, MD, PAUL N	CAMBRIA
MONTELLA, MD, DIANE L	LEHIGH
MONTELLA, MD, MICHAEL	LACKAWANNA
MONTELLO, MD, JOAN M	CUMBERLAND
MONTES, MD, MANUEL Y	CARBON
MONTESANO, MD, ANGELICA T	PHILADELPHIA
MONTGOMERY, MD, BRUCE B	CUMBERLAND
MONTGOMERY, MD, ERNEST J	ARMSTRONG
MONTGOMERY, MD, KARLA J	PHILADELPHIA
MONTGOMERY, MD, LYNN C	PHILADELPHIA
MONTGOMERY, MD, MARK R	FAYETTE
MONTGOMERY, MD, OWEN C	PHILADELPHIA
MONTGOMERY, MD, PATRICIA A	DELAWARE
MONTGOMERY, MD, THADDEUS L	PHILADELPHIA
MONTGOMERY JR, MD, GEORGE A	SOMERSET
MONTOURIS, MD, ELAINE A	ALLEGHENY
MONTZKA, MD, DAN P	DELAWARE
MONYAK, MD, JOHN G	BEAVER
MONYAK, MD, SANDRA G	ALLEGHENY
MOODY, MD, JACK H	DAUPHIN
MOODY, MD, ROBERT A	BRADFORD
MOON, MD, BRIAN W	STUDENT
MOON, MD, SANGGIU	MERCER
MOON, MD, SUNG B	WESTMORELAND
MOONDA, MD, GULAMHUSAIN	MERCER
MOONEY, MD, BENJAMIN R	YORK
MOONEY, MD, WILLIAM E	ALLEGHENY
MOORE, MD, BARRY B	DAUPHIN
MOORE, MD, CHARLES A	GREENE
MOORE, MD, DANIEL W	BUCKS
MOORE, MD, DAVID H	YORK
MOORE, MD, DAVID H	LUZERNE
MOORE, ELIZABETH A	STUDENT
MOORE, MD, ERNEST E	BUTLER
MOORE, MD, GEORGE W	LAWRENCE
MOORE, MD, JAMES P	ARMSTRONG
MOORE, MD, JAY R	PHILADELPHIA
MOORE, DO, JOHN F	ERIE
MOORE, MD, JOSEPH J	TIOGA
MOORE, MD, LEROY C	ALLEGHENY
MOORE, MD, MATTHEW T	PHILADELPHIA
MOORE, MD, MICHAEL F	LACKAWANNA
MOORE, MD, RICHARD A	CAMBRIA
MOORE, MD, TERENCE E	ARMSTRONG
MOORE, MD, TERENCE N	LANCASTER
MOORE, DO, WILLIAM D	BUCKS
MOORE JR, MD, JOHN H	PHILADELPHIA
MOORE JR, MD, SAMUEL R	PHILADELPHIA
MOORE SR, MD, ROBERT G	LANCASTER
MOOREVILLE, MD, MICHAEL	DELAWARE
MOORTHY, MD, GITA	YORK
MOOSSY, MD, JOHN J	ALLEGHENY
MORACA, MD, JOHN I	ALLEGHENY
MORAITIS, MD, CONSTANTINE Z	ALLEGHENY
MORALE, MD, SAMUEL G	PHILADELPHIA
MORALES, MD, AUGUSTIN F M P	BERKS
MORALES, MD, DIEGO	PHILADELPHIA
MORALES, MD, FRANCISCO J	LEBANON
MORALES, MD, GLADYS D	NORTHAMPTON
MORALES-PELAEZ, MD, EILEEN S	PHILADELPHIA
MORAN, MD, JOHN J	MONTOUR
MORAN, MD, KURT P	LACKAWANNA
MORAN, DO, MARK E	LEHIGH
MORAN JR, MD, THOMAS W	WESTMORELAND
MORANDI, NEIL P	STUDENT
MORANI, MD, ALMA D	PHILADELPHIA
MORANZ, MD, JOEL G	DELAWARE
MORASCO, MD, EDWARD R	LEBANON
MORENO, MD, HERMANN A	STUDENT
MORENO, MD, MANUEL V	LYCOMING
MORESEA, MD, GEORGE A	STUDENT
MORETTO, MD, JOSEPH L	LAWRENCE
MORFFI, MD, OSCAR A	LEHIGH
MORGAN, MD, ALLAN V	ALLEGHENY
MORGAN, MD, CORINNE M	MONTGOMERY
MORGAN, MD, JAMES J	MIFFLIN/JUNI
MORGAN, MD, JEFFREY F	WARREN
MORGAN, MD, JOHN M	DELAWARE
MORGAN, MD, RUSSELL E	NORTHAMPTON
MORGAN, MD, VINCENT F	BLAIR
MORGAN, MD, WILLIAM F	NORTHAMPTON
MORGAN, MD, YVONNE G	BERKS
MORGAN JR, MD, JAMES W	UNION
MORGAN JR, MD, VERNON W	LACKAWANNA
MORGAN-IHRIG, MD, CHERYL L	ALLEGHENY
MORGANROTH, MD, JOEL	PHILADELPHIA
MORGART, MD, DOUGLAS R	LUZERNE
MORGENLANDER, MD, LYNN E	PHILADELPHIA
MORGENSTERN, MD, DIANA M	PHILADELPHIA
MORGENSTERN, KENNETH E	STUDENT
MORGENSTERN, MD, STEPHEN A	MONTGOMERY
MORGENSTERN, STEVEN A	STUDENT
MORI, MD, GINO	LACKAWANNA
MORI, MD, HUGO	LACKAWANNA
MORIARTY, MD, RICHARD W	ALLEGHENY
MORINIGO-MESTRE, MD, GLADYS	PHILADELPHIA
MORITZ, MD, MICHAEL J	YORK
MORITZ, MD, MORDEKHAI	LACKAWANNA
MORK, MD, GUSTAVE W	ERIE
MORLEY, MD, ROBERT R	DELAWARE
MORONEY, MD, JOHN F	PHILADELPHIA
MORREELS JR, MD, CHARLES L	YORK
MORRELL, DO, ROGER W	CAMBRIA
MORRIS, MD, ADRIAN J	LACKAWANNA
MORRIS, MD, DAVID W	ALLEGHENY
MORRIS, MD, DENNIS L	LEHIGH
MORRIS, MD, ELEANOR G	SOMERSET
MORRIS, MD, JON B	PHILADELPHIA
MORRIS, MD, LESLIE E	ALLEGHENY
MORRIS, DO, MATILDA J	MERCER
MORRIS, MD, MICHAEL C	PHILADELPHIA
MORRIS, MD, PATRICIA A	NORTHAMPTON
MORRIS, MD, RICHARD J	DELAWARE
MORRIS, MD, ROBERT S	MONTGOMERY
MORRIS, MD, SHELDON L	DELAWARE
MORRIS, DO, WILLIAM F	DAUPHIN
MORRIS JR, MD, JAMES A	DELAWARE
MORRIS JR, MD, ROBERT G	WYOMING
MORRIS JR, MD, VERNON R	BERKS
MORRIS JR, DO, WILSON S	LEBANON
MORRISON, ALAN L	STUDENT
MORRISON, MD, ALAN N	LEHIGH
MORRISON, MD, BRUCE W	ALLEGHENY
MORRISON, MD, KEVIN S	YORK
MORRISON, MD, MARJORIE G	LEHIGH
MORRISON, MD, SAMUEL S	MONTOUR
MORRISSEY, MD, WILLIAM L	PHILADELPHIA
MORRISSEY JR, MD, E JAMES	BERKS
MORRONE, DO, CHARLES C	PHILADELPHIA
MORROW, DO, ARTHUR W	BLAIR
MORROW, MD, BERT A	BERKS
MORROW, MD, HERBERT J	WESTMORELAND
MORROW, MD, LINDA C	LUZERNE
MORROW, MD, ROBERT A	LEHIGH
MORROW, MD, THAYER K	WESTMORELAND
MORROW JR, MD, JOHN A	STUDENT
MORROW-CONNELLY, DO, RENEE D	LEHIGH
MORSE, MD, RICHARD J	BERKS
MORSE, MD, W SCOTT	ALLEGHENY
MORTEL, MD, RODRIGUE	DAUPHIN
MORTENSEN, ERIC M	STUDENT
MORTIMER, MD, GREGORY P	ALLEGHENY
MORTON, MD, JOHN C	DAUPHIN

MORTON, MD, MARGARET S	ALLEGHENY
MORTON, MD, ROBERT J	WAYNE/PIKE
MOSCATO, MD, ANTHONY F	NORTHAMPTON
MOSCH, MD, GEORGE C	POTTER
MOSCH, MD, HERMAN C	POTTER
MOSER, MD, EDWARD N	LYCOMING
MOSER, MD, JOHN C	BERKS
MOSES, MD, JAMES M	CAMBRIA
MOSES, MD, MELVIN L	PHILADELPHIA
MOSHANG JR, MD, THOMAS	PHILADELPHIA
MOSKAL, MD, JOSEPH P	PHILADELPHIA
MOSKOVITZ, MD, MORRY	BEAVER
MOSKOWITZ, MD, BARRY D	ALLEGHENY
MOSS, MD, DAVID A	PHILADELPHIA
MOSS, MD, EDWARD R	PHILADELPHIA
MOSS JR, MD, VASSAR Y	ALLEGHENY
MOST-LEVIN, MD, CAROL	MONTGOMERY
MOSTER, MD, MARK L	PHILADELPHIA
MOSTER, MD, MARLENE R	PHILADELPHIA
MOSTOUFIZADEH, MD, MAHPAREH	ALLEGHENY
MOTLEY, DARLENE M	STUDENT
MOTLEY, MD, JOHN F	MONTGOMERY
MOTRONI, MD, ALEXSANDRA K	LEHIGH
MOULTON, MD, MICHAEL P	PHILADELPHIA
MOURADIAN, ROBERT D	STUDENT
MOURY JR, MD, NELSON F	MONTGOMERY
MOUTSOS, MD, SPERO E	CRAWFORD
MOWAD, MD, JOSEPH J	MONTOUR
MOWERY, DAVID C	STUDENT
MOXEN, MD, JOHN M	LACKAWANNA
MOY, MD, KAI H	BERKS
MOYER, MD, DENNIS L	BUCKS
MOYER, MD, EARL S	DAUPHIN
MOYER, MD, GLENN E	NORTHAMPTON
MOYER, MD, JAMES E	MONROE
MOYER, MD, JOHN H	DAUPHIN
MOYER, MD, JOHN P	BUCKS
MOYER, MD, PAUL R	BUCKS
MOYER, MD, RAY A	PHILADELPHIA
MOYER, MD, THELBERT R	ERIE
MOYER JR, MD, ROBERT D	ALLEGHENY
MOYERS, MD, ROBERT N	CRAWFORD
MOYLAN, MD, JOSEPH E	LACKAWANNA
MOZERSKY, DO, ROBERT P	LANCASTER
MOZLEY JR, MD, P DAVID	PHILADELPHIA
MRAZ, MD, JAMES E	ERIE
MRAZ, MD, JOHN P	ERIE
MRKICH, MD, ROBERT	CAMBRIA
MRVOS, MD, DIANA L	ALLEGHENY
MRVOS, MD, DONALD M	ALLEGHENY
MSZANOWSKI, MD, EDWIN M	ERIE
MUALLEM, MD, NABIL S	BERKS
MUCCIO, MD, DANIEL J	WESTMORELAND
MUCH, DO, MANDELL J	DELAWARE
MUCHA, MD, STEPHEN J	MONTGOMERY
MUCHLADO, MD, FELIX J	ALLEGHENY
MUDGE, MD, FIONA Y	DELAWARE
MUDRICK, MD, DAVID L	DELAWARE
MUELLER, MD, HENRY M	MERCER
MUENKE, MD, MAXIMILIAN	PHILADELPHIA
MUETTERTIES, MD, CRAIG L	DELAWARE
MUFSON, MD, RICHARD A	BUCKS
MUHLENBERG, MD, J PETER	BERKS
MUHLFELDER, MD, WARREN J	BLAIR
MUHONEN, D, OLIVER A	ALLEGHENY
MUKHERJEE, MD, SHANKER	NORTHAMPTON
MULHATTEN, MD, DONALD E	CENTRE
MULHERN, MD, LAWRENCE M	ALLEGHENY
MULHOLLAND, MD, S GRANT	PHILADELPHIA
MULL, MD, JOSEPH C	WARREN
MULL, MD, THOMAS D	MONTGOMERY
MULLA, MD, OMAR P	ERIE
MULLEN, MD, EDWARD E	ALLEGHENY
MULLEN, MD, JAMES L	PHILADELPHIA
MULLEN, MD, MARK J	PHILADELPHIA
MULLER, MD, ALFONS J	PHILADELPHIA
MULLER, DO, ARTHUR J	DAUPHIN
MULLER, MD, GARY W	PHILADELPHIA
MULLER, MD, H ARNOLD	LEBANON
MULLER, MD, OTTO F	DELAWARE
MULLICK, MD, JOWHERI J	VENANGO
MULLICK, MD, PRABIR K	ALLEGHENY
MULLIGAN, MD, JAMES F	YORK
MULLIGAN, MD, MICHAEL G	ALLEGHENY
MULLIGAN, MD, ROBERT L	BERKS
MULLIN JR, MD, EDWARD M	LEHIGH
MULLIN JR, MD, HUGH J	BUCKS
MULUKUTLA, MD, RAJYALAKSHMI	PHILADELPHIA
MULVANEY, MD, DENISE A	DELAWARE
MULVIHILL, MD, JOHN J	ALLEGHENY
MUMBAUER, STEVEN W	STUDENT
MUNCHAK JR, MD, JOHN	LEHIGH
MUNDTH, MD, ELDRED D	DELAWARE
MUNGUL, MD, LISE M	PHILADELPHIA
MUNIR, MD, MOHAMMAD M	NORTHMBRLAND
MUNIR, MD, MUHAMMAD	SCHUYLKILL
MUNLEY, MD, BRIAN J	BUCKS
MUNSHOWER, DO, JOHN C	PHILADELPHIA
MUNSHOWER, DO, THOMAS E	CARBON
MUNSON, MD, FREDERICK J	NORTHAMPTON
MUNTHER, MD, ANTOINE S	ERIE
MUNVES, MD, JONATHAN H	NORTHAMPTON
MUNZER, MD, STEVEN J	PHILADELPHIA
MURCEK, MD, MARTIN A	WESTMORELAND
MURDOCK, MD, FRED E	JEFFERSON
MURDOCK, MD, MORTON G	PHILADELPHIA
MUREEBE, MD, LEILA	PHILADELPHIA
MURELLO, MD, DAVID M	FAYETTE
MURILLO, MD, OSCAR	NORTHAMPTON
MUROFF, DO, ROBERT E	DELAWARE
MURPHEY, MD, SHEILA A	PHILADELPHIA
MURPHEY, MD, STEPHEN M	ALLEGHENY
MURPHY, MD, ANDREW W	DAUPHIN
MURPHY, MD, BARBARA J	DELAWARE
MURPHY, BRIAN J	STUDENT
MURPHY, MD, BRIAN P	LEHIGH
MURPHY, MD, EDITH L	LYCOMING
MURPHY, EDWARD	STUDENT
MURPHY, MD, J THOMAS	MONTGOMERY
MURPHY, MD, JOHN B	PHILADELPHIA
MURPHY, MD, JOHN D	PHILADELPHIA
MURPHY, JOSEPH J	STUDENT
MURPHY, DO, PATRICK	DELAWARE
MURPHY, MD, TERRANCE P	CENTRE
MURPHY, MD, THOMAS W	PHILADELPHIA
MURPHY, DO, WILLIAM C	DELAWARE
MURPHY, MD, WINDELL H A	PHILADELPHIA
MURPHY JR, MD, ARTHUR I	ALLEGHENY
MURPHY JR, MD, ROBERT X	LEHIGH
MURR III, MD, GEORGE A	PHILADELPHIA
MURRAY, MD, CARROLL A	JEFFERSON
MURRAY, MD, CHERYL L	YORK
MURRAY, MD, JOHN P	MONTGOMERY
MURRAY, JOSEPH F	STUDENT
MURRAY, DO, MICHAEL L	BUCKS
MURRAY, MD, PETER D	ALLEGHENY
MURRAY, MD, RICHARD C	CAMBRIA
MURRAY, MD, RICHARD S	BUCKS
MURRAY, MD, STEPHEN R	NORTHAMPTON
MURRAY, MD, THOMAS R	PHILADELPHIA
MURRAY, MD, WILLIAM M	DAUPHIN
MURRAY JR, MD, RICHARD J	YORK MURRAY-
LEISURE, MD, KATHERINE A	LEBANON
MURTAGH JR, MD, FREDERICK	PHILADELPHIA
MURTHY, MD, MOLAKALMURU H	ALLEGHENY
MURTHY, MD, MSJ	PHILADELPHIA
MURTLAND, MD, ALBERT M	BRADFORD
MUSA, MD, ALIMAD N	CARBON
MUSGRAVE, MD, ROSS H	ALLEGHENY
MUSGRAVE, MD, STEVEN P	MONTOUR
MUSHO, MD, MICHAEL A	MONTGOMERY
MUSKAT, MD, DAVID I	ALLEGHENY
MUSMANNO, MD, MARK C	ALLEGHENY
MUSMANNO, MD, SAMUEL A	ALLEGHENY
MUSSER, MD, BENJAMIN G	DAUPHIN
MUSSER, MD, WILLIAM T	UNION
MUSSER JR, MD, HAROLD E	SOMERSET
MUSSEY, MD, STEVEN W	FRANKLIN
MUSSOLINE JR, MD, JOSEPH F	PHILADELPHIA
MUSTIN, MD, ANDREW J	PHILADELPHIA
MUSTOVIC, MD, ELLEN H	ALLEGHENY
MUTHA, MD, SUNITA	ALLEGHENY
MUTSCHLER, MD, THOMAS A	ALLEGHENY
MUTTREJA, MANOJ R	STUDENT
MYCHAK, MD, DENNIS R	NORTHMBRLAND
MYEROWITZ, MD, RICHARD L	ALLEGHENY
MYERS, MD, ABRAHAM	PHILADELPHIA
MYERS, MD, ALLEN R	PHILADELPHIA
MYERS, MD, AMY A	LANCASTER
MYERS, MD, ANDREW H	ALLEGHENY
MYERS, MD, CHARLES E	LUZERNE
MYERS, MD, DANIEL T	MONTOUR
MYERS, MD, DAVID	PHILADELPHIA
MYERS, MD, DONALD L	PHILADELPHIA
MYERS, MD, EUGENE N	ALLEGHENY
MYERS, MD, FREDERICK B	LUZERNE
MYERS, MD, G BRADFORD	YORK
MYERS, MD, GERALD I	ALLEGHENY
MYERS, DO, GERARD A	ALLEGHENY
MYERS, MD, GORDON D	DAUPHIN
MYERS, DO, JOHN H	LANCASTER
MYERS, MD, JOHN L	DAUPHIN
MYERS, MD, LARRY S	ALLEGHENY
MYERS, MD, MARK D	PHILADELPHIA
MYERS, MELISSA A	STUDENT
MYERS, MD, PHILIP A	BUCKS
MYERS III, MD, FRANKLIN J	DAUPHIN
MYERSON, MD, RALPH M	PHILADELPHIA
MYRON, MD, CAROL S	ALLEGHENY
MYSLEWSKI, MD, WALTER J	WESTMORELAND
MYSTAKAS, MD, FOTIS G	LEBANON

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NABATCHI, MD, AHMAD	CLARION
NABATI, MD, ISMAIL	NORTHAMPTON
NABAVI, MD, ABDOLLAH	CENTRE
NACHLIS, MD, ALLAN D	DELAWARE
NACK, MD, STEVEN L	MONTGOMERY
NACKLEY, MD, DANIEL A	LUZERNE
NADAL, MD, RAMON B	BUCKS
NADAR, MD, VENKATESH K	DAUPHIN
NADEL, MD, MARCELL-BERNH	PHILADELPHIA
NADER, MD, JOSEPH N	LEHIGH
NADLER, MD, DANIEL J	ALLEGHENY
NADLER, MD, LEIGH H	ALLEGHENY
NADLER, MD, M PRINCETON	ALLEGHENY
NADLER, MD, MARCUS P	MONTGOMERY
NADWORNY, MD, HOWARD A	ERIE
NAEGLE, MD, MATTHEW B	CHESTER
NAFZIGER, MD, J CALVIN	LANCASTER
NAGARAJAN, RAJARAM	STUDENT
NAGEL, MD, DAVID B	LYCOMING
NAGELBERG, MD, STEVEN B	MONTGOMERY
NAGELKIRK, MD, JOAN E	ALLEGHENY
NAGIN, MD, JOSHUA G F	ALLEGHENY
NAGLE, MD, ARLINGTON A	BERKS
NAGLE, MD, DOUGLAS B	ERIE
NAGLE, MD, RICHARD W	ERIE
NAGLE, MD, W WILLIAM	DELAWARE
NAGLE, MD, WARREN C	BRADFORD
NAGLE, MD, WILLARD F	CHESTER
NAGLE JR, MD, FRANK O	PHILADELPHIA
NAGORSKY, MD, MATTHEW J	PHILADELPHIA
NAGPAL, MD, NARESH C	LYCOMING
NAGY, MD, ROBERT	BERKS
NAIBERT, MD, JAMES R	MIFFLIN/JUNI
NAIDE, MD, DAVID	PHILADELPHIA
NAIDE, MD, MEYER	PHILADELPHIA
NAIDOFF, MD, MICHAEL A	PHILADELPHIA
NAIDS, MD, RICHARD E	PHILADELPHIA
NAIDU, MD, JAI P	LYCOMING
NAIDU, MD, RAHUL K	WESTMORELAND
NAIK, MD, VAISHALI D	ERIE
NAIR, MD, KRISHNAN K	ERIE
NAIR, MD, MADHUSUDANAN	ALLEGHENY
NAIR, MD, SOMNATH N	PHILADELPHIA
NAIR, MD, V KRISHNAN	SOMERSET
NAJI, MD, ALI	PHILADELPHIA
NAJI, MD, MOHAMMED H	LAWRENCE
NAJM, MD, PIERRE S	PHILADELPHIA
NAJMI, MD, MOOSA	NORTHAMPTON
NAKAYAMA, MD, DON K	ALLEGHENY
NAKHJAVAN, MD, FRED K	PHILADELPHIA
NAKISBENDI, KARA M	STUDENT
NAKKACHE, MD, VICTOR B	LUZERNE
NALBANTIAN, MD, MICHEL S	PHILADELPHIA
NALEVANKO, MD, ALBERT M	LACKAWANNA
NALIN, MD, DAVID R	PHILADELPHIA
NALLATHAMBI, MD, HELGA N	BUTLER
NALLATHAMBI, MD, SWAMIKKAN A	BUTLER
NAMEY, MD, JOHN T	MERCER
NAMJOSHI, MD, SHASHIKALA D	PHILADELPHIA
NANCOLLAS, MD, PAUL H	MIFFLIN/JUNI
NANGIA, MD, SUSHMA R	ALLEGHENY
NANJUNDASWAMY, MD, HUNASAGATTA C	LAWRENCE
NANSTEEL JR, MD, JOHN F	DELAWARE
NAPIERKOWSKI, DO, STANLEY A	PHILADELPHIA
NAPLES, MD, JERRY F	BUCKS
NAPOLEON, MD, LOUIS N	ALLEGHENY
NAPOLITANO, MD, JOSEPH D	PHILADELPHIA
NAPPI, MD, DOMINIC F	PHILADELPHIA
NARANJA, MD, ROGELIO J	DELAWARE
NARASIMHAN, MD, SEETHALAKSHMI	ALLEGHENY
NARAYANAN, MD, EDATHIL K	BRADFORD
NARAYANAN, MD, SURYA	BRADFORD
NARDELLA JR, MD, GUY M	DELAWARE
NARDONE, MD, DONALD T	LYCOMING
NARDUZZI, MD, JOANN V	ALLEGHENY
NARLA, MD, SUDHIR K	ALLEGHENY
NARROW, MD, CHARLES M	BLAIR
NARTATEZ, MD, PEDRO C	CLEARFIELD
NARULA, MD, AMRIT P	SCHUYLKILL
NARUS, MD, VITOLD T	ERIE
NARVAEZ, MD, RICHARD A	PHILADELPHIA
NASCA, MD, THOMAS J	PHILADELPHIA
NASE, MD, DONALD F	BUCKS
NASE, MD, P KENNETH	BERKS
NASEEM, MD, MOHAMMAD	ALLEGHENY
NASEER, MD, MUHAMMAD A	LUZERNE
NASH, MD, DAVID B	PHILADELPHIA
NASH, MD, JAMES D	LANCASTER
NASO, MD, FRANCIS	PHILADELPHIA
NASRI, MD, HAMZEH	DELAWARE
NASSAR, MD, JAY P	DAUPHIN
NASSEF JR, MD, LOUIS A	MONTOUR
NASSUR, MD, ADNAN K	WESTMORELAND
NAST, MD, MAX S	BUTLER
NAST, MD, PHILIP R	PHILADELPHIA
NATALE, MELISSA A	STUDENT
NATALI, MD, DANIEL E	ALLEGHENY
NATH, MD, MANOJ	ALLEGHENY
NATHAN, MD, BARNETT R	PHILADELPHIA
NATHAN, DAVID L	STUDENT
NATHAN, MD, RADHA	LACKAWANNA
NATHANSON, MD, JULIET E	PHILADELPHIA
NATHANSON, MD, MICHAEL S	ALLEGHENY
NATICCHIA, MD, JENNIFER M	PHILADELPHIA
NATIVIDAD, MD, NITA C	LUZERNE
NATOLI, MD, THOMAS J	MONTGOMERY
NAUGLE, MD, INGRID E	ALLEGHENY
NAULTY, MD, JOHN S	PHILADELPHIA
NAUM, DO, SCOTT M	ALLEGHENY
NAUM III, DO, GEORGE P	BEAVER
NAUNCZEK, MICHAEL J	STUDENT
NAUSS, MD, THOMAS J	LUZERNE
NAWROCKI, MD, JOSEPH S	WASHINGTON
NAYAK, MD, KRISHEN K	ALLEGHENY
NAYAK, MD, NARAYAN P	MCKEAN
NAYAK, MD, NARAYAN T	ALLEGHENY
NAYAK, MD, PRADEEP R	PHILADELPHIA
NAYAK, MD, RAMESH M	BERKS
NAYAK, MD, SATISH R	SOMERSET
NAYAK, MD, SHANTERI U	WESTMORELAND
NAYAR, MD, SUDHA M	WASHINGTON
NAZ, MD, TEHMINA	PHILADELPHIA
NAZAR, MD, JOSE E	BRADFORD
NAZARI, MD, AHMAD	PHILADELPHIA
NAZZARO, MD, RALPH	VENANGO
NDETO, MD, GEOFFREY W T	PHILADELPHIA
NEAL, MD, HUNTER S	DELAWARE
NEAL, MD, ROLAND A	ALLEGHENY
NEAL JR, MD, HARRY B	INDIANA
NEALE, MD, JOHN M	INDIANA
NEALIS, MD, HENRY J	MONTGOMERY
NECAS, MD, MICHAEL G	VENANGO
NEDRESKY, MD, JOSEPH P	ERIE
NEDWICH, MD, ALEXANDER	LEHIGH
NEE JR, MD, MARTIN P	ALLEGHENY
NEEDELL, JAMES E	STUDENT
NEEFE, MD, D LYNNE	CHESTER
NEELEY, MD, STEVEN W	BEAVER
NEELY, MD, EILEEN P	ALLEGHENY
NEFCY, MD, PETER M	CAMBRIA
NEFF, MD, CHARLES A	LEBANON
NEFF, MD, SAMUEL R	MONTGOMERY
NEFT, MD, BURTON H	ALLEGHENY
NEGREY JR, MD, JOHN N	DELAWARE
NEGRI, MD, ANN M	ALLEGHENY
NEGRIN, MD, EYLIN M	DELAWARE
NEGRO, MD, ATTILIO G	WESTMORELAND
NEGRON, MD, ANGEL M	ERIE
NEIDERER, DO, PHILIP A	CUMBERLAND
NEIDHARDT, MD, PAUL W	LANCASTER
NEIFELD, MD, KENNETH A	PHILADELPHIA
NEIGH, MD, JOHN L	PHILADELPHIA
NEILL, DO, THOMAS H	NORTHAMPTON
NEILSON, MD, ROBERT N	MONTGOMERY
NEILSON, MD, THOMAS J	ALLEGHENY
NEIMAN, MD, HARVEY L	ALLEGHENY
NEIMAN, MD, LEE M	ALLEGHENY
NEJMAN, MD, JOSEPH H	MONTGOMERY
NELL-BADRA, MD, ROCIO E	MONTGOMERY
NELLHAUS, MD, KURT M	ALLEGHENY
NELSON, MD, ANDERS P	LACKAWANNA
NELSON, MD, ANNE S	PHILADELPHIA
NELSON, MD, BARRY K	MONTGOMERY
NELSON, MD, BEVERLY P	PHILADELPHIA
NELSON, MD, EDWARD A	YORK
NELSON, MD, ELEANOR C	PHILADELPHIA
NELSON, MD, FREDRIC P	PHILADELPHIA
NELSON, MD, GUY M	PHILADELPHIA
NELSON, MD, JAMES E	LUZERNE
NELSON, MD, LEONARD B	PHILADELPHIA
NELSON, MD, MORTIMER T	BUCKS
NELSON, MD, PHILIP K	LYCOMING
NELSON, MD, STEPHEN C	DELAWARE
NELSON, MD, THEODORE C	ALLEGHENY
NELSON, TIMOTHY S	STUDENT
NELSON, MD, WALDO E	PHILADELPHIA
NELSON JR, MD, HARRY M	MONTGOMERY
NEMANI, MD, PANDHARINATH	WASHINGTON
NEMEC, MD, JOHN E	WESTMORELAND
NEMEZ, MD, ALBERT	PHILADELPHIA
NEMEZ, MD, JACK S	PHILADELPHIA
NEMIROFF, MD, RICHARD L	PHILADELPHIA
NEMIROVSKY, MD, BORIS	PHILADELPHIA
NEMZOFF, MD, SOL L	MONTGOMERY
NESBITT, MD, ALEXANDER R	LYCOMING
NESBITT, MD, JOHN B	CRAWFORD
NESBITT, MD, RICHARD A	COLUMBIA
NESI, MD, DANIEL A	BUCKS
NESPAR, MD, JAMES A	INDIANA
NESPOLI, MD, ANTHONY M	NORTHMBRLAND
NESSEL, CHRISTOPHER C	STUDENT
NETTROUR, MD, LEWIS F	ALLEGHENY
NETTROUR III, MD, W SCOTT	ALLEGHENY
NETTROUR IV, MD, WALTER S	ALLEGHENY
NEUFELD, STEVEN K	STUDENT
NEUHAUSER, DO, JEFFREY H	PHILADELPHIA
NEUMAN, DO, PAUL C	BUCKS
NEUMANN, DO, MELISSA A	PHILADELPHIA
NEUREUTER, MD, LOUIS J	LANCASTER
NEUSCHWANDER, MD, DAVID C	ALLEGHENY
NEVILLE, MD, EDWIN C	LACKAWANNA
NEVIN, MD, JANICE E	PHILADELPHIA
NEVINS, DIANA L	STUDENT
NEVULIS, MD, JOHN J	MONTGOMERY
NEVYAS, MD, HERBERT J	PHILADELPHIA
NEVYAS, MD, JOANN Y	MONTGOMERY
NEVYAS-WALLACE, MD, ANITA S	PHILADELPHIA
NEW, BARBRA S	STUDENT
NEWBERG, MD, AARON N	PHILADELPHIA
NEWBERG, MD, JAY A	ALLEGHENY
NEWBROUGH, MD, ROBERT S	PHILADELPHIA
NEWCOMER, MD, DAVID L	LANCASTER
NEWCOMER, MD, JANET A	ALLEGHENY
NEWELL, MD, PAUL M	ERIE
NEWKIRK, MD, JOHN D	CENTRE
NEWMAN, MD, ANDREW	PHILADELPHIA
NEWMAN, MD, BENJAMIN E	PHILADELPHIA
NEWMAN, MD, DONALD A	SCHUYLKILL
NEWMAN, MD, ERIC D	MONTOUR
NEWMAN, MD, FRANK W	DELAWARE
NEWMAN, MD, GARY A	MONTGOMERY
NEWMAN, MD, LEROY	PHILADELPHIA
NEWMAN, MD, WILLIAM R	BEDFORD
NEWMAN, MD, WILLIAM T	WESTMORELAND
NEWMAN III, MD, WILLIAM H	LACKAWANNA
NEWMAN JR, MD, CLYDE F	MONTGOMERY
NEWSOM, MD, JOHN H	BUCKS
NEWTON, MD, CHARLES T	LACKAWANNA
NEWTON, MD, E DOUGLAS	ALLEGHENY
NEWTON, MD, FREDERICK C	DAUPHIN
NEWTON, MD, REX H	ALLEGHENY
NEY, MD, EUGENE C	ALLEGHENY
NEY, MD, F GREGG	BUTLER
NEYLON, MD, MICHAEL P	ERIE
NGEOW, MD, YIN K	FRANKLIN
NGUY, STEVEN T	STUDENT
NGUYEN, MD, BACH V	DELAWARE
NGUYEN, MD, DE	ALLEGHENY
NGUYEN, MD, HONG T	YORK
NGUYEN, MD, KENNETH V	PHILADELPHIA
NGUYEN, MD, MINH Q	NORTHAMPTON
NGUYEN, MD, MINHLY T	LEHIGH
NGUYEN, MD, NGHI V	ALLEGHENY
NGUYEN, MD, NHIEN D	LEBANON
NGUYEN, PETER-PHUOC T	STUDENT
NGUYEN, MD, THACH N	DAUPHIN
NGUYEN, MD, THOMAS A	DAUPHIN
NGUYEN, MD, TINH-CHAU	ALLEGHENY

NGUYEN, TRAN H P	STUDENT
NIAMI, MD, NEVSI	MONTGOMERY
NIBBELINK, MD, DONALD W	PHILADELPHIA
NICASSIO, MD, ANTHONY	ALLEGHENY
NICASTRO, MD, GENNARO C	PHILADELPHIA
NICHAMIN, MD, LOUIS D	CLARION
NICHINI, MD, FRANCO M	CHESTER
NICHOLAS, ANGELA M	STUDENT
NICHOLAS, MD, BRADLEY E	YORK
NICHOLAS, MD, GARY G	LEHIGH
NICHOLAS, MD, JAMES L	YORK
NICHOLAS, MD, LESLIE	PHILADELPHIA
NICHOLAS JR, MD, PETER D	BERKS
NICHOLLS, MD, JOAN E	SCHUYLKILL
NICHOLLS, MD, RICHARD H	SCHUYLKILL
NICHOLS, MD, CLAUDE E	DAUPHIN
NICHOLS, MD, DAVID P	JEFFERSON
NICHOLS, MD, STEPHEN F	LANCASTER
NICHOLS, MD, WARREN W	MONTGOMERY
NICHOLS, MD, WILLIAM R	ALLEGHENY
NICHOLS JR, MD, TRENT W	YORK
NICHOLSON, MD, JOSEPH T	MONTGOMERY
NICHOLSON JR, MD, WALTER J	YORK
NICKENS, MD, OSWALD J	ALLEGHENY
NICKESON, MD, ROBERT W	ALLEGHENY
NICKLAS, MD, DONALD A	CHESTER
NICKLAS, MD, GILBERT L	CLINTON
NICKOLAS-SWATSKI, MD, KARLA M	MONTGOMERY
NICOLAS, MD, RUDY J	CENTRE
NICOLAU, MARTIN F	STUDENT
NICOLO, MD, ENRICO	ALLEGHENY
NICOLOSI, MD, JOSEPH V	ALLEGHENY
NICOLSON, MD, SUSAN C	PHILADELPHIA
NICY, MD, NADIJA L	PHILADELPHIA
NIDO, MD, MICHAEL P	CAMBRIA
NIEDELMAN, MD, MEYER L	PHILADELPHIA
NIEDERMAYER, MD, GEORGE H	PHILADELPHIA
NIEHLS, MD, BEVERLY J	BERKS
NIELAND, MD, MICHAEL L	ALLEGHENY
NIELAND, MD, NANCY S	ALLEGHENY
NIELSEN, MD, R CRAIG	LYCOMING
NIELSEN, MD, ROBERT K	LEBANON
NIELSON, MD, DAVID H	PHILADELPHIA
NIES, MD, GERALD F	WASHINGTON
NIESEN, MD, EMIL T	WAYNE/PIKE
NIETO, MD, VICTOR E	BUTLER
NIEZGODA, MD, PAUL E	LUZERNE
NIGBOROWICZ, MD, RONALD J	ALLEGHENY
NIKOULA, MD, JAWDAT A	WESTMORELAND
NIMAN, DMITRY	STUDENT
NIMOITYN, MD, BENJAMIN S	PHILADELPHIA
NIMOITYN, MD, PHILIP	PHILADELPHIA
NINO, MD, RAYMOND F	WESTMORELAND
NISENBAUM, MD, HARVEY L	PHILADELPHIA
NISENBAUM, MD, MARCIA R	ALLEGHENY
NISHIMURA, GREGORY S	STUDENT
NISSIM, MD, KENNETH R	ALLEGHENY
NISSLEY, MD, JAY M	UNION
NISTA, MD, JOSEPH A	ALLEGHENY
NITKA, DO, DONNA M	CLARION
NITSKANSKY, MD, LEA	PHILADELPHIA
NITZBERG, MD, ROBERT S	ALLEGHENY
NIX, MD, COLLIER B	LYCOMING
NIX, MD, ROBERT D	ALLEGHENY
NIZEN, MD, JENNIFER S	PHILADELPHIA
NOAH, MD, JOSEPH	MONTGOMERY
NOBEL, MD, GOLDA R	PHILADELPHIA
NOBEL, MD, HELEN V	ALLEGHENY
NOBEL, MD, JOEL J	PHILADELPHIA
NOBLE, MD, ELLENETTA B	WASHINGTON
NOBLE, MD, JEYASEELAN	BUCKS
NOBLE, MD, S ROSS	BERKS
NOCHE, MD, CESAR N	FAYETTE
NODEN, MD, GEORGE T	ALLEGHENY
NOFSINGER, CHARLES C	STUDENT
NOFTZGER, MD, MARTHA R	GREENE
NOLAN, MD, J PHILIP	MONTGOMERY
NOLAN, MD, SEAN	ALLEGHENY
NOLAN, MD, TERESA A	ALLEGHENY
NOLT, MD, JEFFREY S	ADAMS
NOLTE, DO, ROBERT S	DAUPHIN
NONACK, MD, PETER B	DELAWARE
NOONE, MD, JAMES P	BRADFORD
NOONE, MD, R BARRETT	PHILADELPHIA
NOORBAKHSH, MD, HOSSEIN	ALLEGHENY
NORATO, MD, JOSEPH F	DAUPHIN
NORD, MD, D SCOTT	BERKS
NORD, MD, ROLAND E	LAWRENCE
NORDEN, MD, DANIEL K	DELAWARE
NORDENBERG, MD, AARON	DAUPHIN
NORIS, MD, MARYANNE	DAUPHIN
NORK, MD, EDWARD P	LUZERNE
NORKUS, MD, GREGORY	LYCOMING
NORMINGTON III, MD, ERNEST Y	MONTOUR
NORONHA, MD, ANANDPRAKASH I	DELAWARE
NORRIS, MD, CHARLES M	PHILADELPHIA
NORRIS, MD, DAVID C	ALLEGHENY
NORRIS, MD, ROBERT B	PHILADELPHIA
NORRIS, MD, ROBERT F	PHILADELPHIA
NORTHROP, MD, HERBERT L	MONTGOMERY
NORTHRUP, MD, BRUCE E	PHILADELPHIA
NORWOOD, MD, WILLIAM I	PHILADELPHIA
NOSHENY, MD, STANLEY Z	PHILADELPHIA
NOTARO, MD, JOHN	BEAVER
NOTHMANN, MD, BRUCE J	ALLEGHENY
NOTHSTEIN, DO, GARY D	LUZERNE
NOTTE, MD, MICHAEL A	STUDENT
NOTZ, MD, ROBERT G	MONTOUR
NOUD, MD, PATRICK J	CARBON
NOURIAN, MD, ALI A	LACKAWANNA
NOVAK, MD, CHRISTOPHER	NORTHAMPTON
NOVAK, MD, JOSEPH	SOMERSET
NOVAK, MD, JOSEPH F	ALLEGHENY
NOVAK, MD, KEVIN J	ERIE
NOVAKOVIC, MD, RACHEL L	BLAIR
NOVELLI, MD, PAULA M	ALLEGHENY
NOVROSKI, DO, HENRY C	LUZERNE
NOWACKI, MD, STANLEY M	MONTGOMERY
NOWAK, MD, TINA P	ALLEGHENY
NOWALK, ANDREW J	STUDENT
NOWOSIWSKY, MD, TARAS	PHILADELPHIA
NOWOSLAWSKI, MD, JOSEPH F	PHILADELPHIA
NSEIR, MD, NAWAF I	WESTMORELAND
NTOSO, MD, MAY-ANGE	PHILADELPHIA
NUCUM, MD, AFRODISIO N	LEBANON
NULL, MD, HARRY M	ALLEGHENY
NULLET, MD, FRANCIS R	ERIE
NUNEZ, MD, HERMES	ALLEGHENY
NUNEZ, TIMOTHY C	STUDENT
NUNGESSER, MD, RAYMOND F	COLUMBIA
NUNNA, MD, NAGABHUSHANAM	BUTLER
NURBHAI, MD, MURTAZA E	POTTER
NUSBAUM, MD, MOREYE	PHILADELPHIA
NUSCHKE, MD, JOHN D	BUCKS
NUSSBAUM, MD, ALLEN S	YORK
NUSSBAUM, MD, ARTHUR J	ALLEGHENY
NUSSBAUM, MD, ROBERT L	PHILADELPHIA
NUSSBAUM, MD, STEVEN J	DELAWARE
NUTT III, MD, JAMES N	MONTGOMERY
NUTTER, MD, DAVID E	LANCASTER
NUTTING, MD, RON D	BERKS
NUTZ JR, MD, JOSEPH F	ERIE
NYE, MD, ROBERT S	PHILADELPHIA
NYPAVER, MD, ANNETTE L	CHESTER

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O'BANION, MD, KATHLEEN S	PHILADELPHIA
O'BOYLE, DO, LOUIS J	DAUPHIN
O'BRIEN, MD, EDWARD T	ERIE
O'BRIEN, ERIN M	STUDENT
O'BRIEN, MD, JAMES J	MONTGOMERY
O'DONNELL, MD, BRENT J	DAUPHIN
O'DONNELL, MD, JAMES P	INDIANA
O'CONNOR, MD, ELLEN M	PHILADELPHIA
O'CONNOR, MD, THOMAS W	LANCASTER
O'CONNOR, MD, TIMOTHY P	PHILADELPHIA
O'DONNELL, MD, NANCY J	NORTHAMPTON
O'DONNELL, SEAN M	STUDENT
O'DONNELL, MD, WARD J	MONTGOMERY
O'DOWD, MD, LIZA C	PHILADELPHIA
O'FLYNN, MD, RICHARD P	DELAWARE
O'GRADY, MD, TIMOTHY J	PHILADELPHIA
O'HARA, MD, A EDWARD	PHILADELPHIA
O'HARA JR, MD, JOHN J	CHESTER
O'LEARY, MD, JAMES A	NORTHAMPTON
O'MALLEY, MD, DONALD F	ALLEGHENY
O'MALLEY, MD, ERIN A	STUDENT
O'MALLEY, MD, JOHN E	CHESTER
O'MALLEY, MD, JOSEPH F	MONTGOMERY
O'MALLEY, MD, KEVIN B	PHILADELPHIA
O'NEILL, MD, SHEA A	STUDENT
O'NEILL JR, MD, JAMES A	PHILADELPHIA
O'ROARK, DO, DANIEL M	ALLEGHENY
O'ROURKE, MD, JOHN N	MONTOUR
O'ROURKE, MD, TERENCE L	MONTOUR
O'SULLIVAN, MOLLY K	STUDENT
OAKES, EVAN M	STUDENT
OBAGI, SUZAN	STUDENT
OBER, MD, HENRY E	WESTMORELAND
OBER, MD, SCOTT K	ALLEGHENY
OBERFIELD, MD, WILLIAM J	DELAWARE
OBLEY, MD, DAVID L	ALLEGHENY
O'BOYLE, MD, TOMAS A	LACKAWANNA
O'BRIEN, MD, JAMES S	UNION
O'BRIEN, MD, ROBERT G	ALLEGHENY
O'BRIEN, MD, WILLIAM R	PHILADELPHIA
O'BRIEN II, MD, JOHN S	PHILADELPHIA
O'BRIEN III, MD, FRANK D	LUZERNE
OCAMPO, MD, RENATO G	MCKEAN
OCHENRIDER, MD, PAUL D	YORK
OCHOA, MD, E RICARDO	ALLEGHENY
OCHOCO-CAVANAUGH, MD, LILLIAN A	ALLEGHENY
OCKRYMIEK, DO, DOUGLAS A	LANCASTER
O'CONNELL, MD, C LEONARD	GREENE
O'DONNELL, MD, JAMES R	DELAWARE
O'CONNOR, MD, JOHN P	ALLEGHENY
O'CONNOR, MD, JOHN V	VENANGO
O'CONNOR, MD, LEO E	CAMBRIA
O'CONNOR, MD, MARY K	ALLEGHENY
O'CONNOR, MD, MAUREEN E	PHILADELPHIA
O'CONNOR, MD, MICHAEL J	PHILADELPHIA
O'CONNOR, MD, WILLIAM F	BEAVER
O'CONNOR JR, MD, JAMES J	LACKAWANNA
O'CONOR, MD, LORRAINE M	PHILADELPHIA
O'CONOR JR, MD, G THOMAS	LANCASTER
ODDI, MD, FREDERICK J	ALLEGHENY
ODIM, MD, USIM	ALLEGHENY
O'DONNELL, MD, CHRIS T	ALLEGHENY
O'DONNELL, MD, CHRISTINE S	BUCKS
O'CONNELL, MD, GEORGE J	LUZERNE
O'DONNELL, MD, WALTER F	ALLEGHENY
ODORICO, MD, JON S	PHILADELPHIA
ODORISIO, MD, LYNNE A	PHILADELPHIA
ODORIZZI, DO, MARK G	LYCOMING
OEHRLE, MD, JOHN S	ALLEGHENY
OELS, MD, HELEN C	MONTGOMERY
OESTERLING JR, MD, EVERETT F	ALLEGHENY
OFFERMAN, MD, JOOP	ALLEGHENY
OFFIT, MD, PAUL A	PHILADELPHIA
OFFNER, MD, THEODORE W	PHILADELPHIA
OGLE, MD, KIM	ALLEGHENY
OGUN, MD, DAVID J	STUDENT
OGUNRO, MD, CHARLES O	MERCER
OH, MD, CHANG W	LEBANON
OH, EUGENE	STUDENT
OH, MD, JANG K	PHILADELPHIA
OH, MD, KOOK-SANG	ALLEGHENY
OH, RICHARD W	STUDENT
OH, MD, SUNG-KYU H	PHILADELPHIA
OH, MD, YONG W	LUZERNE
OHANISSIAN, MD, HANRICK G	DELAWARE
OHARA, MD, KEVIN R	ALLEGHENY
OHENE-FREMPONG, MD, KWAKU	PHILADELPHIA
OHL, MD, BETTINA M G	ADAMS
OKAGAWA, MD, RICK	PHILADELPHIA
OKEN, MD, DONALD	PHILADELPHIA
OKUNSKI, MD, WALTER J	LEHIGH
OLAH, MD, GEORGE W	ALLEGHENY
OLASIN, DO, REGINA F	TIOGA
OLBRICH, MD, CHRISTOPHER D	ALLEGHENY
OLEARCHYK, MD, ANDREW S	PHILADELPHIA
OLECK, JOANNE R	STUDENT
OLENGINSKI, MD, THOMAS P	LYCOMING
OLEWILER, MD, SCOTT D	BERKS
OLEWILER JR, MD, H NEWTON	NORTHAMPTON
OLIM, MD, DAVE B	MONTGOMERY
OLIN, MD, STEPHEN T	LANCASTER
OLINSKY, MD, STUART M	LYCOMING
OLIVA, DO, JOSEPH E	PHILADELPHIA
OLIVENSTEIN, MD, ALAN E	ALLEGHENY
OLIVER, MD, GLEN L	LEHIGH
OLIVER, MD, JOHN G	NORTHAMPTON
OLIVER, MD, ORLANDO P	WESTMORELAND
OLIVER-SMITH, MD, DAVID R	ALLEGHENY
OLIVES, MD, MANUEL	DAUPHIN
OLIVIERI, MD, SUZANNE P	MONTGOMERY
OLIVIERY-LORENZO, MD, MILAGROS D	PHILADELPHIA
OLKEN, MD, MARK D	PHILADELPHIA
OLKOWSKI, MD, STEVEN T	YORK
OLLER, MD, SAMUEL	MONTGOMERY
OLNEY, MD, FRANKLIN B	CENTRE
OLSEN, MD, KARL R	ALLEGHENY
OLSEN, MD, KEVIN H	LACKAWANNA
OLSEN, LISA A	STUDENT
OLSHEMSKI, MD, FRANK C	LUZERNE
OLSHIN, MD, IRVING JOEL	PHILADELPHIA
OLSON, MD, EMIL W	MONTGOMERY
OLSON, MD, JANNE R	YORK
OLSON, MD, MARY K	ALLEGHENY
OLSON, MD, RONALD A	LUZERNE
OLSON, MD, STEVEN R	DAUPHIN
OMANA, MD, JESS E	BUCKS
O'NEAL JR, MD, ALEXANDER H	MONTGOMERY
O'NEIL, DO, ROBERT J	ALLEGHENY
O'NEILL, MD, HUGH	PHILADELPHIA
O'NEILL, MD, JOHN J	DELAWARE
ONG, MD, BIENVENIDO S	LAWRENCE
ONG, MD, GEORGE P	CUMBERLAND
ONG, MD, JIMMY J	ALLEGHENY
ONG, JOSEPH G	STUDENT
ONIFER, MD, THEODORE M	MONTGOMERY
ONOFREY, MD, DAVID	LACKAWANNA
ONQUE, MD, GLORIA C	ALLEGHENY
OPALACK, DO, CHERYL A	DAUPHIN
OPASS, MD, EDWARD S	BUCKS
OPIDA, MD, CICERON L	BLAIR
OPIDA, MD, MARINA	BLAIR
OPLINGER, MD, ARTHUR F	BERKS
OPSASNICK, MD, STEPHEN G	MONTGOMERY
ORAL, MD, ARSINUR	ALLEGHENY
ORAM, MD, ALAN J	COLUMBIA
ORAM, MD, MELVIN	LACKAWANNA
ORANGE, MD, PAUL D	FRANKLIN
ORDENTLICH, MD, ELENA	PHILADELPHIA
ORDINARIO JR, MD, VICENTE R	CRAWFORD
ORDIWAY, MD, LESTER C	CHESTER
ORDIWAY, MD, M VERNON	ELK/CAMERON
ORDOUKHANIAN, ELSA	STUDENT
ORDWAY JR, MD, EUGENE E	LEHIGH
ORECCHIA, MD, PAUL M	DAUPHIN
ORELLANA, MD, CHARLES F	PHILADELPHIA
ORELLANA, MD, JOSE R	PHILADELPHIA
OREN, MD, AHUVA	PHILADELPHIA
ORIE, MD, JOHN R	ALLEGHENY
ORIE, MD, JUDITH E	ALLEGHENY
ORLAND, MD, STEVEN M	BUCKS
ORLANDO, MD, DAVID C	PHILADELPHIA
ORLANDO, MD, JOSEPH D	LUZERNE
ORLANDO, MD, RALPH P	BRADFORD
ORLANDO, MD, SALVATORE J	ALLEGHENY
ORLEVITCH, MD, STEPHEN R	STUDENT
ORLIN, MD, STEPHEN E	MONTGOMERY
ORMAN, MD, JACK M	MONTGOMERY
ORMAN, MD, STEVEN K	DAUPHIN
ORNDORF, MD, THOMAS P	FRANKLIN
ORNE, MD, MARTIN T	PHILADELPHIA
ORONS, DO, PHILIP D	ALLEGHENY
ORPHANIDES, MD, TIMOTHY	BUCKS
ORQUIZA, MD, CLODUALDO S	BERKS
ORR, MD, ALEXANDER S	BRADFORD
ORR, MD, DONALD P	ALLEGHENY
ORR, MD, PAUL L	LEHIGH
ORR JR, MD, ROSS M	NORTHAMPTON
ORRINGER, MD, DAVID	ALLEGHENY
ORRIS, MD, DONALD J	JEFFERSON
ORSINI, MD, MICHAEL A	BEAVER
ORTEGA, DO, KENNETH D	BRADFORD
ORTEGA, MARCOS R	STUDENT
ORTIZ, MD, ROBERTO	CAMBRIA
ORY, ERIC	STUDENT
OSBERG, MD, LISA A	ALLEGHENY
OSBORN, MD, HAYLER H	MONTGOMERY
OSBORN, DO, VALENTINE M	CUMBERLAND
OSBORNE, MD, DAVID P	MCKEAN
OSCHWALD, MD, CHARLES J	CAMBRIA
OSGOOD, MD, CARROLL P	BLAIR
OSHEKA, MD, WILLIAM	ALLEGHENY
OSIAL JR, MD, THADDEUS A	ALLEGHENY
OSIAS, MD, MARC B	MONTGOMERY
OSLICK, MD, THEODORE	PHILADELPHIA
OSMANSKI, MD, STEPHEN J	ALLEGHENY
OSMICK, MD, MARY J	PHILADELPHIA
OSOFSKY, MD, MURRAY V	ALLEGHENY
OSORIO, MD, EMMANUEL P	PHILADELPHIA
OSOWSKI, MD, THAD	WASHINGTON
OST, MD, MARY A	CHESTER
OSTDAHL, MD, ROGER H	DAUPHIN
OSTERHOLM, MD, JEWELL L	PHILADELPHIA
OSTERMAN, MD, A LEE	PHILADELPHIA
OSTFELD, MD, DAVID A	NORTHAMPTON
OSTMAN, MD, ZENAIDA E	DAUPHIN
OSTROWSKI, DO, CHARLES A	ELK/CAMERON
OSTRUM, MD, BERNARD J	PHILADELPHIA
OTERO, MD, JORGE A	LEHIGH
OTERO, MD, SUSANNE I	PHILADELPHIA
O'TOOLE, MD, JAMES D	ALLEGHENY
O'TOOLE, MD, THOMAS F	PHILADELPHIA
OTT, MD, CAROL E	PHILADELPHIA
OTTENBERG, MD, DONALD J	PHILADELPHIA
OTTERY, MD, FAITH D	PHILADELPHIA
OTTONELLO, MD, DOMINGO G	ALLEGHENY
OU, MD, KUANG-YU	ALLEGHENY
OUANO, MD, ROMEO C	LUZERNE
OVERBECK, MD, MICHAEL D	MONTGOMERY
OVERFIELD, MD, EDWARD M	ERIE
OVERLY, MD, WYLIE L	WESTMORELAND
OVERTON, MD, MARK H	BEAVER
OWENS, MD, DAVID E	LUZERNE
OWENS, MD, E REESE	ALLEGHENY
OWENS, DO, EDWARD J	CRAWFORD
OWENS, MD, ERIK L	DAUPHIN
OWENS, MD, JOHN D	YORK
OWENS, MD, JOHN S	PHILADELPHIA
OXMAN, MD, REED S	PHILADELPHIA
OYOYO, UGOCHI A	STUDENT
OZAKI, MD, WAYNE H	ALLEGHENY
OZOLEK, MD, JOHN A	ALLEGHENY

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PACANOWSKI, MD, JOHN P	BRADFORD
PACEK, MD, ROBERT F	ARMSTRONG
PACHTMAN, MD, ISADORE	ALLEGHENY
PACIFICO, MD, RONALD L	ALLEGHENY
PACIOTTI, MD, SAMUEL M	MONROE
PACIULLI, MD, RAFFAELE	BERKS
PACKER, MD, JEFFREY E	LANCASTER
PACKER, MD, LESLIE A	MONTOUR
PACKER, MD, STUART H	BUCKS
PACKMAN, MD, BARRY E	PHILADELPHIA
PACKMAN, MD, IRA J	DAUPHIN
PACURARIU, MD, RADU I	LUZERNE
PADALINO, MD, MICHAEL J	VENANGO
PADEN, MD, DRUE R	LUZERNE
PADIN, MD, FREDERICO A	VENANGO
PADIYAR, MD, RAMDAS B	BERKS
PADOLINA, MD, RUBY M	PHILADELPHIA
PADULA, MD, ANTHONY M	PHILADELPHIA
PAE, MD, DONG W	WESTMORELAND
PAE, MD, WALTER E	DAUPHIN
PAEZ, MD, EDUARDO J	PHILADELPHIA
PAGALILAUAN, MD, MANUEL A	PHILADELPHIA
PAGAN, MD, HECTOR C	BEAVER
PAGANA, MD, JOHN P	NORTHUMBRLAND
PAGANA, MD, TIMOTHY J	LYCOMING
PAGANO, MD, ROBERT J	ALLEGHENY
PAGE, MD, MICHAEL J	DAUPHIN
PAGE, MD, ROBERT B	DAUPHIN
PAGE JR, MD, EDWIN H	BEAVER
PAGNANELLI, MD, DAVID M	MONTGOMERY
PAGNIELLO, MD, LUCIA	CRAWFORD
PAGNOTTO, DO, JOHN F	LYCOMING
PAI, MD, KOCHIKAR G	ALLEGHENY
PAI, MD, NARENDRA M	DAUPHIN
PAINTER, MD, MICHAEL J	ALLEGHENY
PAINTER, DO, SUSAN G	WESTMORELAND
PAISLEY, KEVIN J	STUDENT
PAL, PARUL	STUDENT
PAL, SHIKHA	STUDENT
PALANDJIAN, MD, KHATCHADOUR B	LACKAWANNA
PALANISAMY, MD, SUBRAMANIAM	ALLEGHENY
PALANT, MD, MARINA B	PHILADELPHIA
PALARSKI, MD, JEFFREY D	ALLEGHENY
PALAT, DO, HERMAN W	PHILADELPHIA
PALATKA, MD, ANDREW A	LAWRENCE
PALENA, MD, PETER V	DELAWARE
PALETTA, JOHN D	STUDENT
PALILLA, MD, THOMAS F	PHILADELPHIA
PALIN, MD, WILLIAM E	BEDFORD
PALKOVITZ, MD, HARRY P	ALLEGHENY
PALLADINO, MD, DIANE P	PHILADELPHIA
PALLAN, MD, LAURA A	ALLEGHENY
PALLAS, MD, RANDOLPH S	BERKS
PALLEN, MD, DANIEL	LANCASTER
PALLITTO, MD, LORRAINE R	BUCKS
PALLONE, DO, LESLIE T	BEAVER
PALMA, DOUGLAS A	STUDENT
PALMACCIO, MD, ANTHONY J	PHILADELPHIA
PALMER, MD, ARTHUR H	ALLEGHENY

PALMER, MD, MARY E	PHILADELPHIA
PALMER, MD, MICHAEL H	FRANKLIN
PALMER, MD, ROBERT H	PHILADELPHIA
PALMER, DO, TERESA J	ALLEGHENY
PALMER JR, MD, DALE H	CENTRE
PALMER JR, MD, WILLIAM	ALLEGHENY
PALMER JR, MD, WILLIAM E	CAMBRIA
PALMER-BRADSHAW, JOSETTE C	STUDENT
PALMEROLA, MD, RAFAEL A	ALLEGHENY
PALMON, MD, FLORENTINO E	PHILADELPHIA
PALOMBO, MD, CHRISTOPHER J	ALLEGHENY
PALUMBO, SALVATORE J	STUDENT
ALUS, MD, BERNARD R	ALLEGHENY
PALUSHOCK, MD, SHARON	LACKAWANNA
PALUSO, MD, EUGENE F	WASHINGTON
PALUSO, MD, JOHN R	WASHINGTON
PALYDOWYCZ, MD, SEVERIN B	WAYNE/PIKE
PAN, MD, EDWARD L	BERKS
PANAHANDEH, MD, ABOLHASSAN	ALLEGHENY
PANAHANDEH, MATTHEW R	STUDENT
PANARO, MD, RUDOLPH J	MONTGOMERY
PANAS, MD, GEORGE	PHILADELPHIA
PANCHAL, MD, PRAVIN D	ALLEGHENY
PANCHOLY, MD, DIPTI S	PHILADELPHIA
PANCHOLY, MD, SAMIR B	PHILADELPHIA
PANCOAST, MD, STEPHEN J	LACKAWANNA
PANDELIDIS, MD, P KIRK	YORK
PANDIT, MD, DEVAYANI I	ALLEGHENY
PANDIT, MD, NIRAJ P	BERKS
PANDIT, MD, RASHMIKANT S	BLAIR
PANDIT, MD, SANTOSH M	ALLEGHENY
PANDOLFI, MD, FRANK J	PHILADELPHIA
PANEBIANCO, MD, ANTONIO C	LEHIGH
PANETTIERI, MD, REYNOLD A	PHILADELPHIA
PANG, MD, DACHLING	ALLEGHENY
PANGBURN, MD, THOMAS L M	STUDENT
PANGILINAN, AUDWIN J	STUDENT
PANICCO, DO, RICHARD J	WASHINGTON
PANIKKAR, MD, ANANDA K	COLUMBIA
PANIS, MD, ROBERTO	PHILADELPHIA
PANTALONE, MD, ALBERT	BEAVER
PANTALONE, MD, ANGELO L	ALLEGHENY
PANTALONE, MD, FRANK A	WESTMORELAND
PANTING, MD, DAVID	ALLEGHENY
PANZER, MD, GLENN M	LUZERNE
PANZER, MD, HERMAN M	MONTGOMERY
PAOLINI, MD, MAURO J	BERKS
PAPACONSTANTINOU, VALERIE	STUDENT
PAPAS, MD, SPIRO N	ALLEGHENY
PAPAZIAN, MD, ARA	ALLEGHENY
PAPENDICK, MD, KEITH L	ERIE
PAPINCAK, MD, LARRY J	FAYETTE
PAPOLA, MD, JOHN S	LEHIGH
PAPPANO JR, MD, JOSEPH E	MONTGOMERY
PAPPAS, MD, CHARLES E	MONTGOMERY
PAPPAS, MD, MICHAEL T	ALLEGHENY
PARABIA, MD, PERIN F	LACKAWANNA
PARAGAS SR, MD, LAMBERTO S	CENTRE
PARAMESWARIN, MD, R	PHILADELPHIA
PARANJPE, MD, MOHAN K	ALLEGHENY
PARASCANDOLA, MD, SALVATORE A	DAUPHIN
PARCELLA, MD, PHYLLIS A	BERKS
PARDINE, MD, MARILYN T	WAYNE/PIKE
PARENT JR, MD, FERNAND N	WASHINGTON
PARENTI, DO, DANIEL J	PHILADELPHIA
PARENTI, MD, JOHN M	MONTOUR
PARESO, MD, JAMES D	WASHINGTON
PARIKH, MD, BHARATI K	ALLEGHENY
PARIKH, MD, MUKUL L	DAUPHIN
PARIKH, MD, NEELIMA M	DAUPHIN
PARIKH, MD, SHIRISH N	BERKS
PARIS, MD, CAROL A	FAYETTE
PARISI, MD, ERIKA F	DELAWARE
PARISI, MD, MARY T	PHILADELPHIA
PARK, MD, ASHLEY L	DELAWARE
PARK, MD, CHAN H	PHILADELPHIA
PARK, MD, CHONG H	PHILADELPHIA
PARK, MD, CHONG S	ERIE
PARK, MD, HONG S	CUMBERLAND
PARK, MD, HYUNG K	PHILADELPHIA
PARK, MD, IN-BUM	ALLEGHENY
PARK, JEANNE S	STUDENT
PARK, MD, JOSEPH M	INDIANA
PARK, MD, JULIE U	STUDENT
PARK, MD, MIN H	FAYETTE
PARK, MD, NAE H	DAUPHIN
PARK, MD, NANCY H	ALLEGHENY
PARK, MD, NEIL I H	CAMBRIA
PARK, MD, PAULINE K	PHILADELPHIA
PARK, MD, SANG B	ALLEGHENY
PARK, MD, STEVEN E	ALLEGHENY
PARK, MD, SUNG H	SCHUYLKILL
PARK, MD, YOUNG W	LYCOMING
PARKER, MD, ALBERT F	CHESTER
PARKER, MD, ANDREW J	MIFFLIN/JUNI
PARKER, DONNA J	STUDENT
PARKER, DO, FRANK	CLINTON
PARKER, MD, GERALD A	WESTMORELAND
PARKER, MD, GERALD B	PHILADELPHIA
PARKER, MD, JANET A	PHILADELPHIA
PARKER, MD, JOHN S	WESTMORELAND
PARKER, MD, STEVEN L	LANCASTER
PARKS, MD, DONALD B	PHILADELPHIA
PARKS, DO, JOSEPH L	INDIANA
PARKS JR, MD, LYTLE R	CENTRE
PARLAVECCHIO, MD, DENNIS S	JEFFERSON
PARLEE, MD, DONALD E	BUCKS
PARLIMENT, MD, JOEL W	LANCASTER
PARMAR, MD, RASIK B	MIFFLIN/JUNI
PARMET, MD, JONATHAN L	PHILADELPHIA
PARNES, MD, CURT I	MONTGOMERY
PARNES, MD, HERBERT M	DAUPHIN
PARR, MD, JUSTIN L	PHILADELPHIA
PARRILLO, MD, DOUGLAS W	LACKAWANNA
PARRIS, MD, TED M	PHILADELPHIA
PARRISH, MD, BETH	PHILADELPHIA
PARRY, MD, CAROLYN E	PHILADELPHIA
PARRY, MD, H FRAZER	PHILADELPHIA
PARRY, MD, JOHN S	MIFFLIN/JUNI
PARRY, MD, PETER	DELAWARE
PARRY, MD, RHINARD D	NORTHAMPTON
PARSICK, MD, DANIEL P	LACKAWANNA
PARSONS, EXEC DIR, ROBERT R	LEHIGH
PARTRIDGE, MD, ROBERT A	DELAWARE
PARVA, MD, GHASEM	ALLEGHENY
PASCAL, MD, HAROLD J	MONROE
PASCAL, MD, JOSEPH	LEHIGH
PASCUA, MD, ALEXANDER V	BEAVER
PASCUAL, MD, GENEROSO S	ALLEGHENY
PASCUCCI, DO, MARY F	MONTOUR
PASCUCCI, MD, STEPHEN E	LACKAWANNA
PASCUCCI, MD, STEPHEN E	LACKAWANNA
PASDAR, MD, HOMAYOON	DELAWARE
PASH, MD, CHRISTOPHER A	ALLEGHENY
PASHMAN, MD, DAVID R	PHILADELPHIA
PASKIN, MD, DAVID L	PHILADELPHIA
PASQUALONE, MD, MARTIN A	BUCKS
PASQUARIELLO, MD, PATRICK	PHILADELPHIA
PASQUARIELLO, MD, PATRICK S	PHILADELPHIA
PASQUARIELLO, RICK D	STUDENT
PASSERO, MD, FRANK C	DELAWARE
PASTO, MD, MATTHEW E	PHILADELPHIA
PASTOR, MD, JAMES A	LEBANON
PASTORE, MD, GAETANO N	PHILADELPHIA
PASTORE, MD, TIMOTHY P	PHILADELPHIA
PASTUSZKO, PETER	STUDENT
PATADIA, MD, CHANDRAKANT	BERKS
PATAKI, MD, RICHARD S	WASHINGTON
PATALINGHUG JR, MD, PASCUAL N	FRANKLIN
PATANKAR, MD, JAYANT L	ELK/CAMERON
PATANKAR, MD, KALPANA U	CHESTER
PATCHEFSKY, MD, ARTHUR S	PHILADELPHIA
PATCHEN JR, MD, PATRICK N	ALLEGHENY
PATEL, MD, ARUN D	ALLEGHENY
PATEL, MD, ARUN R	BLAIR
PATEL, MD, ASHVINBHAI D	ALLEGHENY
PATEL, MD, ASHVINKUMAR J	NORTHAMPTON
PATEL, MD, BAKULESH D	MONTOUR
PATEL, MD, BHARAT K	LACKAWANNA
PATEL, MD, BHAVNA C	BUCKS
PATEL, MD, BHUPENDRA R	SUSQUEHANNA
PATEL, MD, BHUPENDRA R	LACKAWANNA
PATEL, MD, BIPIN M	LACKAWANNA
PATEL, MD, DEEPAK H	ALLEGHENY
PATEL, MD, DILIPKUMAR J	LUZERNE
PATEL, MD, GAUTAM P	ALLEGHENY
PATEL, MD, HARISH K	ALLEGHENY
PATEL, MD, HARSHAD R	LYCOMING
PATEL, MD, HARSHADKUMAR B	LANCASTER
PATEL, MD, JAGDISH D	CAMBRIA
PATEL, MD, JANMEJAY J	PHILADELPHIA
PATEL, MD, JAYANTILAL R	BUCKS
PATEL, MD, JAYESH	ALLEGHENY
PATEL, MD, JAYKUMAR	BUCKS
PATEL, MD, JIVANLAL M	CLARION
PATEL, MD, KANCHANLAL S	LAWRENCE
PATEL, MD, KANTILAL C	ERIE
PATEL, MD, KAUSHIK J	BEDFORD
PATEL, MD, KISHOR D	BLAIR
PATEL, MD, MADHUKAR R	LEBANON
PATEL, MD, MANOJBHAI P	WASHINGTON
PATEL, MD, MANOJKUMAR R	BEAVER
PATEL, MD, MANUBHAI R	PHILADELPHIA
PATEL, MD, MINA G	ALLEGHENY
PATEL, MD, MOHAN M	WESTMORELAND
PATEL, MD, MUKESH A	DELAWARE
PATEL, MD, NAINESH M	MONTGOMERY
PATEL, MD, PRABHA H	DELAWARE
PATEL, MD, PRAKASH J	MIFFLIN/JUNI
PATEL, MD, PRAVINCHANDRA K	SUSQUEHANNA
PATEL, MD, PURSHOTTAM N	NORTHMBRLAND
PATEL, MD, RAJ J	LYCOMING
PATEL, MD, RAJESH J	DELAWARE
PATEL, MD, RAMESH C	LACKAWANNA
PATEL, MD, RASILA P	UNION
PATEL, MD, RITA M	ALLEGHENY
PATEL, MD, SANGNYA R	LUZERNE
PATEL, MD, SANJAY D	MONTGOMERY
PATEL, SANTOSH C	STUDENT
PATEL, MD, SATISH D	LUZERNE
PATEL, MD, SHASHIKANT B	DAUPHIN
PATEL, SHERAL S	STUDENT
PATEL, MD, SUBODH G	FAYETTE
PATEL, MD, SUMAN A	LACKAWANNA
PATEL, MD, SURESHCHANDRA A	CAMBRIA
PATEL, MD, UTHICA P	PHILADELPHIA
PATEL, MD, VINOD M	ERIE
PATEL, MD, VRINDA P	BERKS
PATEL, MD, YASHVANTKUMAR S	DELAWARE
PATERNITI, MD, SAMUEL F	LEBANON
PATERSON, MD, KIMBERLY K	DELAWARE
PATHAK, MD, RAJANI K	JEFFERSON
PATHARE, MD, MEERA V	LEHIGH
PATHEJA, MD, JOTINDER K	WESTMORELAND
PATHROFF, MD, ROBERT	MONTGOMERY
PATIL, SUSHEEL P	STUDENT
PATITSAS, MD, CHRISTOPHER J	HUNTINGDON
PATNAIK, MD, RAMPRASAD	PHILADELPHIA
PATNAM, MD, SRIDHAR V	FAYETTE
PATRIARCO, DO, MICHAEL S	LEHIGH
PATRICIO, MD, ALEJANDRO M	FAYETTE
PATRICK, MD, DAVID B	BEAVER
PATRICK, MD, GREGORY B	ALLEGHENY
PATRICK, MD, MICHAEL A	NORTHAMPTON
PATRICK, MD, TIMOTHY A	CAMBRIA
PATTANAYAK, MD, MINATI	BUCKS
PATTERNAC, MD, STEPHEN T	ALLEGHENY
PATTERSON, MD, CHRIS	DELAWARE
PATTERSON, MD, CHRISTOPHER J	FAYETTE
PATTERSON, MD, JOHN R	PHILADELPHIA
PATTERSON, MD, JOHN W	NORTHAMPTON
PATTERSON, MD, LELAND F	DAUPHIN
PATTERSON, MD, LEWIS T	DAUPHIN
PATTERSON, MD, RICHARD J	DAUPHIN
PATTERSON JR, MD, ARTHUR J	GREENE
PATTISHALL III, MD, EVAN G	DAUPHIN
PATTON, MD, ANNA M	ALLEGHENY
PATTON, MD, CARLA S	BUCKS
PATTON, MD, DREUX R	DELAWARE
PATTON, MD, GEORGE D	ALLEGHENY
PATTON, MD, MARY L	DELAWARE
PATUKAS, MD, PETER C	CHESTER
PATULA, PAULA J	STUDENT
PATZ, MD, MARY K	ALLEGHENY
PAUL, MD, ALBERT J	PHILADELPHIA
PAUL, MD, ALVIN J	MONTGOMERY
PAUL, MD, BORIS	MONROE
PAUL, MD, CHAMPA L	BUCKS
PAUL, MD, GERSON S	PHILADELPHIA
PAUL, MD, JAY	BUTLER
PAUL, MD, LAURENCE H	DAUPHIN
PAUL, MD, LEENA	BERKS
PAUL, MD, PHYLLIS O	PHILADELPHIA
PAUL, MD, RICHARD	ALLEGHENY
PAUL, MD, RONALD L	YORK
PAUL, MD, STEPHEN E	BRADFORD
PAULEY, MD, LOIS P	BUCKS
PAULISH, DO, JOHN W	LACKAWANNA
PAUTLER, MD, STANISLAV	ALLEGHENY
PAVILACK, MD, MARK A	LANCASTER
PAVLAK, MD, ROBERT J	ALLEGHENY
PAVLIC, MD, GEORGE J	ALLEGHENY
PAVLIDES, MD, CONSTANTINOS A	PHILADELPHIA
PAVLIS, MD, ROBERT J	ALLEGHENY
PAVSEK, MD, EDWARD J	ALLEGHENY
PAVUK, MD, DANIEL J	LACKAWANNA
PAWAR, MD, SURENDRA V	ALLEGHENY
PAWELSKI, MD, LISA A	ALLEGHENY
PAWELSKI, MD, RICHARD J	DAUPHIN
PAWLOSKY, MD, FRANK X	ALLEGHENY
PAWLOWSKI, MD, NICHOLAS A	PHILADELPHIA
PAWLOWSKY, DO, MICHAEL	MONTGOMERY
PAXSON, DO, STEPHEN G	MERCER
PAYER, MD, JEAN M	BERKS
PAYNE, MD, VIRGINIA L	NORTHMBRLAND
PAZ, MD, HAROLD L	PHILADELPHIA
PAZMINO, MD, ROY R	BLAIR
PEACOCK, MD, THOMAS E	NORTHAMPTON
PEAIRS, MD, RANDALL R	LACKAWANNA
PEAL, MD, STANLEY	ALLEGHENY
PEARAH, MD, J DAVID	BERKS
PEARCE, MD, STEVEN R	YORK
PEARD, MD, ROBERT J	ALLEGHENY
PEARLSTINE, MD, BEATRICE	PHILADELPHIA
PEARMAN, MD, TREVOR J	LANCASTER
PEARSON, MD, ELYSE S	BRADFORD
PEARSON, MD, JUNE A	MONROE
PEARSON JR, MD, ROBERT E	DAUPHIN
PEART, MD, RAYMOND E	LANCASTER
PEASE, MD, FRED	CLEARFIELD
PEASE, MD, WILLIAM E	DAUPHIN
PECHIN, MD, SERGIUS P	DELAWARE
PECHSTEIN, MD, GEORGE R	MONTGOMERY
PECHT, MD, KARL R	CLINTON
PECK, ERIC A	STUDENT
PECK, DO, MICHAEL L	FRANKLIN
PECK, MD, WILLIAM J	LYCOMING
PECKHAM, MD, GEORGE J	PHILADELPHIA
PECMAN, MD, JOANNA	ALLEGHENY
PECORA, MD, MICHAEL J	ALLEGHENY
PECORELLA, WENDY A	STUDENT
PEDEN, MD, GERALD W	MONTGOMERY
PEEBLES JR, MD, ROOSEVELT	PHILADELPHIA
PEEL, MD, CAROLYN A	ALLEGHENY
PEER, MD, MEETA D	PHILADELPHIA
PEFF, MD, THOMAS C	PHILADELPHIA
PEGGS, MD, MICHAEL A	PHILADELPHIA
PEGUERO, MD, O ALBERTO	LUZERNE
PEIKES, MD, IRWIN L	MONTGOMERY
PEIMER, MD, MICHAEL E	DELAWARE
PEIRSOL, MD, BETTY L	ALLEGHENY
PEITZMAN, MD, ANDREW B	ALLEGHENY
PELCZAR, MD, EUGENE W	LUZERNE
PELEKANOS, MD, MICHAEL J	ALLEGHENY
PELENSKY, MD, JEANNE M	PHILADELPHIA
PELIAS, MD, ANASTASIOS	PHILADELPHIA
PELICCI, MD, LEROY J	LACKAWANNA
PELKOFER, MD, CLETUS G	ALLEGHENY
PELKOWSKI, MD, DAVID J	BRADFORD
PELLECCHIA, MD, DENNIS J	BERKS
PELLECCHIA, MD, PATRICK E	PHILADELPHIA
PELLEGRINI, MD, RONALD V	ALLEGHENY
PELLEGRINI, MD, VINCENT A	BERKS
PELLITTERI, DO, PHILLIP K	MONTOUR
PELLIZZARI, MD, RINALDO G	ERIE
PELSZYNSKI, MD, EUGENE E	PHILADELPHIA
PELTZER, LETICIA I	STUDENT
PEMBERTON, MD, CLIFFORD H	MONTGOMERY
PENATER, MD, FRANK R	CARBON
PENDINO, DO, ALEXANDER M	PHILADELPHIA
PENDRAK, DO, INNA S	PHILADELPHIA
PENDRAK, MD, ROBERT B	BERKS
PENETAR, DO, MARTIN C	LACKAWANNA
PENKROT, MD, RONALD J	ALLEGHENY
PENMAN, MD, WILLIAM R	CHESTER
PENN, MD, SAMUEL E	ALLEGHENY
PENNE, MD, ROBERT B	PHILADELPHIA
PENNELL, MD, REBECCA G	LANCASTER
PENNEYS, MD, EDITH T	PHILADELPHIA
PENNINGTON, MD, NEIL D	CHESTER
PENNOCK, MD, JOHN L	DAUPHIN
PENNOCK, MD, RONALD S	PHILADELPHIA
PENROD, MD, LOUIS E	ALLEGHENY
PENROD, MD, MARY C	CHESTER
PENTA, MD, JOHN M	BERKS
PENTEL, MARY TRINH	STUDENT
PENUGONDA, MD, DWARAKI B	LUZERNE
PENUGONDA, MD, HARAGOPAL S	LUZERNE
PEPE, MD, PETER F	CENTRE
PEPICELLO, MD, JAMES A	ERIE
PEPPELMAN JR, DO, WALTER C	DAUPHIN
PEPPER, MD, L DOUGLAS	ALLEGHENY
PEPPERMAN, MD, LARUE E	LYCOMING
PERALTA, MD, JUAN O	NORTHMBRLAND
PERCH, MD, ROBERT B	MONTGOMERY
PERCIVAL, PAUL J	STUDENT
PEREIRA, MD, GILBERTO R	PHILADELPHIA
PERER, MD, WILLIAM A	ALLEGHENY
PERERA, MD, L WIMAL	MONTGOMERY
PEREZ, MD, ANAMARIA	BUCKS
PEREZ, MD, ERLINDA B	FAYETTE
PEREZ, MD, GODOFREDO B	FAYETTE
PEREZ, MD, HORACIO A	ALLEGHENY
PEREZ, DO, RAYMOND J	MONTGOMERY
PEREZ, MD, RUBEN	LEBANON
PEREZ-SCHWARTZ, MD, LUZ	PHILADELPHIA
PERFETT, MD, ALFRED A	MERCER
PERILLO, MD, RUTHANN	PHILADELPHIA
PERILSTEIN, MD, MICHAEL D	BERKS
PERKEL, MD, ROBERT L	PHILADELPHIA
PERKINS, MD, JEFFREY C	PHILADELPHIA
PERKINS, MDN, PHILIP G	BERKS
PERLMAN, MD, ABRAHAM	PHILADELPHIA
PERLMAN, MD, HENRY H	PHILADELPHIA
PERLMAN, MD, HERBERT C	CUMBERLAND
PERLMAN, MICHAEL W	STUDENT
PERLMUTTER, DAVID M	STUDENT
PERLMUTTER, MD, GORDON S	BERKS
PERLSTEIN, MD, DEBORAH A	DELAWARE
PERLSTEIN, MD, SAMUEL M	PHILADELPHIA
PERNA, MD, FRANCIS X	DAUPHIN
PERNESKI, MD, ROBERT L	ELK/CAMERON
PEROUTKA, MD, KATHRYN	DAUPHIN
PERPER, MD, JOSHUA A	ALLEGHENY
PERRI, MD, FRANCIS R	ALLEGHENY
PERRI, MD, JOHN A	ALLEGHENY
PERRIGE, MD, WILLIAM M	NORTHMBRLAND
PERRIN, MD, RONALD L	ALLEGHENY
PERRONE, MD, FRANK F R	FAYETTE
PERROTTA, MD, VINCENT J	PHILADELPHIA
PERROTTA JR, MD, CHARLES	ALLEGHENY
PERROTTO, MD, JUDITH A	LEBANON
PERROTTO, MD, SANTLE L	PHILADELPHIA
PERRUQUET, MD, JAMES L	MONTOUR
PERRY, MD, ANTHONY M	LACKAWANNA
PERRY, MD, LEE C	BEAVER
PERRY, MD, RAYMOND A	BRADFORD
PERRYMAN, MD, CHARLES A	ALLEGHENY
PERRYMAN, MD, CHARLES R	ALLEGHENY
PERSHING, MD, HUGH S	BUCKS
PERSIC JR, MD, LOUIS A	CENTRE
PERSING, MD, JOHN H	UNION
PESKE, MD, EDGAR D	WESTMORELAND
PESKIND, MD, ROBERT L	ALLEGHENY
PESSOLANO, MD, CARL J	ALLEGHENY
PESSOLANO, MD, FRANCIS X	SOMERSET
PETACCIO, CLAUDIA J	STUDENT
PETERNEL, MD, WAYNE W	ALLEGHENY
PETERS, MD, CHARLES D	LEHIGH
PETERS, MD, JEFFREY L	ALLEGHENY
PETERS, MD, JEROME A	WESTMORELAND
PETERS, MD, JOHN W	LACKAWANNA
PETERS, MELISSA L	STUDENT
PETERS, MD, MICHAEL	BUCKS
PETERS, MD, RICHARD A	WARREN
PETERS, MD, ROBERT J	FAYETTE
PETERS, MD, STANLEY F	BUCKS
PETERS, MD, VAUGHAN	ALLEGHENY
PETERS, MD, WALTER K	NORTHAMPTON
PETERS III, MD, ROBERT H	SCHUYLKILL
PETERS JR, MD, ROBERT H	LUZERNE
PETERSOHN, MD, J RANDOLPH	MONTGOMERY
PETERSON, MD, ARTHUR L	MONTGOMERY
PETERSON, MD, DONALD D	PHILADELPHIA
PETERSON, MD, JUDITH R	PHILADELPHIA
PETERSON, MD, KARL R	BRADFORD
PETERSON, MD, ROGER D	LANCASTER
PETERSON JR, MD, CHARLES B	LANCASTER
PETERSON JR, MD, JAY B	WESTMORELAND

PETICCA, MD, BENJAMIN B	ALLEGHENY
PETILLA, MD, MARIANO E	ALLEGHENY
PETKUS, MD, JOHN A	WAYNE/PIKE
PETRAGLIA, MD, ANGELO A	ALLEGHENY
PETRAGLIA, MD, PAUL	ALLEGHENY
PETRAUSKI, MD, GARY T	BUCKS
PETRE JR, MD, JOHN H	ERIE
PETRELLA, MD, RICHARD W	ERIE
PETRICK, MD, THOMAS P	WESTMORELAND
PETRIDES, MD, ANASTASIA B	DELAWARE
PETRO, MD, DIMITRI M	WASHINGTON
PETRO, GREGORY P	STUDENT
PETRONE, MD, LOUIS R	PHILADELPHIA
PETROWSKY, MD, DEBORAH	PHILADELPHIA
PETRUCCELLI, MD, NICHOLAS D	NORTHAMPTON
PETRUCCI, MD, WILLIAM G	PHILADELPHIA
PETT JR, MD, STEPHEN D	ERIE
PETTAPIECE JR, MD, MILTON C	ALLEGHENY
PETTERSON, MD, ERIC	SCHUYLKILL
PETTINATO, MD, SALVATORE R	LACKAWANNA
PETTINELLI, DO, FRANK P	PHILADELPHIA
PETTIT, MD, HORACE	PHILADELPHIA
PETTIT, MD, MARY D	PHILADELPHIA
PETURSSON, MD, SIGURDUR R	ALLEGHENY
PETZ, MD, COLIN J	LEHIGH
PETZ, DO, DARRELL W	ALLEGHENY
PEW IV, MD, JOSEPH N	BERKS
PEZZI, MD, PIO J	MONTGOMERY
PEZZI, MD, THOMAS A	PHILADELPHIA
PEZZONE, MICHAEL A	STUDENT
PEZZUTI, MD, JOHN E	DAUPHIN
PFAEFFLE, MD, HUGO H	ALLEGHENY
PFEFFER, DO, SCOTT H	PHILADELPHIA
PFEFFER, MD, WILLIAM H	YORK
PFEFFER, MD, WILLIAM H	PHILADELPHIA
PFEIFER, MD, JOSEPH L	ERIE
PFEIL, MD, RUSSELL W	LYCOMING
PFISTER, MD, JOHN A	MONTGOMERY
PFOFF, MD, ROBERT M	ALLEGHENY
PFOHL, MD, DAVID N	PHILADELPHIA
PFRIMMER, MD, WAYNE J	ALLEGHENY
PFROMMER, MD, JAMES H	BUCKS
PFROMMER, MD, JAMES M	PHILADELPHIA
PHADKE, MD, YESHWANT G	INDIANA
PHAN, HIEP C T	STUDENT
PHAN, MD, NGOC AN	PHILADELPHIA
PHANSE, MD, KALYANI M	WASHINGTON
PHANSE, MD, MOHAN S	ALLEGHENY
PHARR, MD, MARIA E	PHILADELPHIA
PHARR, MD, TARKTEN A	PHILADELPHIA
PHARR, MD, WILLIAM F	MONTOUR
PHATAK, MD, MEENA V	MONTGOMERY
PHEASANT, MD, THOMAS R	DAUPHIN
PHELAN, MD, GERALD R	MONTGOMERY
PHELAN, MD, WILLIAM J	CUMBERLAND
PHELAN, MD, WILLIAM J	LEHIGH
PHELPS, MD, JENNIFER S	MONTGOMERY
PHELPS, MD, WILLIAM R	ERIE
PHIAMBOLIS, MD, THOMAS P	MONTGOMERY
PHILBIN, MD, JOSEPH F	LACKAWANNA
PHILIPKOSKY, MD, MONICA A	ALLEGHENY
PHILIPS, MD, ANDREW J	PHILADELPHIA
PHILLIPS, MD, CHRISTINE	TIOGA
PHILLIPS, MD, EMILIA	BEAVER
PHILLIPS, MD, HOWARD T	ALLEGHENY
PHILLIPS, MD, JANE G	ALLEGHENY
PHILLIPS, MD, JOHN C	ALLEGHENY
PHILLIPS, MD, JOHN G	ALLEGHENY
PHILLIPS, MD, PAUL F	DAUPHIN
PHILLIPS, MD, PETER C	PHILADELPHIA
PHILLIPS, MD, R WAYNE	YORK
PHILLIPS, MD, SPENCER D	LANCASTER
PHILLIPS, MD, THEODORE G	LEHIGH
PHILLIPS, MD, VERNON R	DAUPHIN
PHILLIPS, MD, WILLIAM A	PHILADELPHIA
PHILLIPS, WILLIAM H	STUDENT
PHILLIPS, MD, WILLIAM W	ALLEGHENY
PHILLIPS III, MD, CHESTER A	ALLEGHENY
PHILLIPS III, MD, GORDON R	PHILADELPHIA
PHILLIPS JR, MD, CHESTER A	ALLEGHENY
PHITAYAKORN, MD, CHET	ALLEGHENY
PIACENTE, MD, GREGORY J	PHILADELPHIA
PIASIO, MD, MARK A	CLEARFIELD
PIATNEK-LEUNISSEN, MD, DOROTHY A	DELAWARE
PIATOK, MD, DAVID J	PHILADELPHIA
PIATT III, MD, JOHN E	CENTRE
PICA, MD, JAMES E	WESTMORELAND
PICARIELLO, MD, MICHAEL A	CHESTER
PICCHIO, MD, LUCIANO A	CUMBERLAND
PICCINI, MD, PAUL A	DAUPHIN
PICCOLI, MD, DAVID A	PHILADELPHIA
PICCONE, DO, BRUCE R	PHILADELPHIA
PICCONE, MD, CAROLYN A	YORK
PICCONE, MD, MICHELE R	PHILADELPHIA
PICCUTA, MD, MICHAEL J	LYCOMING
PICERNO, NICOLETTE A	STUDENT
PICK, MD, ERNEST J	PHILADELPHIA
PICKAR, MD, JAMES H	DELAWARE
PICKENS, MD, PETER V	MONTGOMERY
PICKERILL, MD, ROBERT G	CAMBRIA
PICKERING, MD, HAROLD C	PHILADELPHIA
PICZON, MD, SEVERINO Y	LACKAWANNA
PIECHOTA, MD, DARREN F	PHILADELPHIA
PIEGARI, MD, GUY N	BERKS
PIEPGRASS, MD, WILLIAM C	LANCASTER
PIERCE, GREG	STUDENT
PIERCE, MD, WILLIAM S	DAUPHIN
PIERCE III, MD, JAMES B	MONTGOMERY
PIERDON, MD, STEVEN B	SCHUYLKILL
PIERETTI, DO, MARTIN O	PHILADELPHIA
PIERI, MD, DENEEN A M	PHILADELPHIA
PIEROTTI, MD, RICHARD J	MONTGOMERY
PIEROTTI III, MD, ALDINO L	ALLEGHENY
PIERRI, MD, JOSEPH N	ALLEGHENY
PIERSON, MD, STEVEN B	BUCKS
PIETRAGALLO, MD, LOUIS D	ALLEGHENY
PIETROPAOLI, MD, ANTHONY P	ALLEGHENY
PIFALO, MD, W BRADLEY	ALLEGHENY
PIFER, MD, GERALD W	ALLEGHENY
PIGEON, RAYMOND G	STUDENT
PIGOZZI, MD, WILLIAM N	ALLEGHENY
PIKE, MD, ANNE H	PHILADELPHIA
PIKE, MD, DEBRA S	BLAIR
PILAREK, MD, VALENTINE F	LUZERNE
PILCHMAN, MD, JEFFREY M	PHILADELPHIA
PILEGGI, MD, ANTHONY J	MONTOUR
PILEVSKY, MD, NICOLE D	STUDENT
PILEWSKI, MD, JOSEPH M	PHILADELPHIA
PILEWSKI, MD, ROBERT M	VENANGO
PILGRAM, MD, PHILIP A	CLEARFIELD
PILKINGTON, MD, BRYAN G	LEBANON
PILLA, MICHAEL A	STUDENT
PILLAI, MD, PUSHKALAI R	ALLEGHENY
PILMER, MD, SHARON L	PHILADELPHIA
PINK, MD, STUART B	DAUPHIN
PINKERTON, DO, RICHARD A	INDIANA
PINKUS, MD, BARRY O	VENANGO
PINSK, MD, JEFFREY H	DELAWARE
PINSKI, MD, GABRIEL	PHILADELPHIA
PINSKI, MD, JOHN V	YORK
PINSON, THOMAS B	STUDENT
PINTO, MD, THOMAS B	ALLEGHENY
PION, DO, JOSEPH A	CUMBERLAND
PIONTEK, MD, CATHERINE M	PHILADELPHIA
PIOTROWSKA, MD, LUCY B	MONTGOMERY
PIRAINO, MD, ANTHONY J	DELAWARE
PIRANIAN, MD, SCOTT S	BUTLER
PIRONE, MD, ARTHUR M	ELK/CAMERON
PIRRELLO JR, MD, ANTHONY M	BUTLER
PIRRIS, MD, JOHN	WASHINGTON
PIRZADA, MD, NOOR A	PHILADELPHIA
PISANO, MD, JAMES J	CAMBRIA
PISH, MD, RICHARD J	FAYETTE
PISTON, MD, ROBERT W	MERCER
PISTONE, MD, GREGORY A	PHILADELPHIA
PISULA JR, MD, VINCENT P	ADAMS
PISZCZEK, MD, JOSEPH E	LUZERNE
PITCAVAGE, MD, JAMES G	ALLEGHENY
PITCHOK, CARISSA L	STUDENT
PITETTI, MD, RAYMOND D	PHILADELPHIA
PITKOW, MD, RONALD B	BUCKS
PITTENGER, MD, MARY A	PHILADELPHIA
PITTENGER, MD, REX A	ALLEGHENY
PITTS, MD, WILLIAM H	ARMSTRONG
PITUCH, DANIEL W	STUDENT
PITYK JR, MD, PETER E	LEBANON
PIWOZ, MD, SEYMOUR	PHILADELPHIA
PIZANO, LOUIS R	STUDENT
PIZZANO, MD, JOSEPH A	MONTGOMERY
PIZZI, MD, WILSON B	WASHINGTON
PIZZICA, DO, ALBERT L	PHILADELPHIA
PIZZINI, MD, MARK-ALAN D	STUDENT
PIZZUTILLO, MD, PETER D	PHILADELPHIA
PLACCI, MD, CARLOS A	ALLEGHENY
PLACE, MD, ELMER R	LEBANON
PLAGATA, MD, EDITH M	DELAWARE
PLANINSIC, MD, RAYMOND M	ALLEGHENY
PLANO, DO, VINCENT F	NORTHAMPTON
PLANTE, MD, SABRINA K	LACKAWANNA
PLASTINO, MD, JOHN E	LANCASTER
PLATKO JR, MD, WILLIAM P	ALLEGHENY
PLATT, MD, BENJAMIN B	SCHUYLKILL
PLATT, MD, DENNIS E	PHILADELPHIA
PLATT, MD, HOWARD A	LACKAWANNA
PLATT, MD, RUTH M	PHILADELPHIA
PLATTO, MD, MICHAEL J	ALLEGHENY
PLESS, MD, PETER R	CRAWFORD
PLEWA, MD, MICHAEL C	ALLEGHENY
PLISKIN, MD, MARK	MONROE
PLOCK, MD, GREGORY L	PHILADELPHIA
PLOOKOWSKI, RAYMOND A	STUDENT
PLOURDE, MD, PAUL V	LANCASTER
PLOWMAN, MD, JUDITH L	ALLEGHENY
PLUCINSKY, MD, FRANCIS C	BERKS
PLUMB, MD, JAMES D	PHILADELPHIA
PLUMMER, MD, LLOYD G	WESTMORELAND
PLUMMER, MD, WILLIAM D	BRADFORD
PLUMMER III, MD, WILLIAM	CHESTER
PLUNDO, DO, GARY P	WESTMORELAND
PLUNDO, DO, LARRY J	WESTMORELAND
PLUNKETT, MD, FRANCIS X	ALLEGHENY
PLUNKETT, MD, MICHAEL B	ALLEGHENY
PLUTNICKI, MD, RONALD S	LANCASTER
PLYMYER, MD, RAY E	BERKS
PO, MD, CHRISTOPHER L	PHILADELPHIA
POBER, MD, HYMEN A	ALLEGHENY
POBER, MD, IREN J	ALLEGHENY
POBER, MD, KENNETH A	INDIANA
POBER, MD, NEIL J	STUDENT
POCHAPIN, MD, SHERMAN W	ALLEGHENY
POCHCIAL, MD, KAJETAN M	NORTHAMPTON
PODELL, MD, MORRIS J	PHILADELPHIA
PODOLSKY, DO, JOEL	BERKS
PODOLSKY, MD, LEO A	CHESTER
PODRASKY, MD, DAVID F	BUCKS
PODRAZIK, MD, META L	ALLEGHENY
PODUFAL, DO, EDWARD	ERIE
POEHAILOS, MD, KAREN D	LEBANON
POGGI, DO, ALFRED J	SOMERSET
POHL, MD, CHARLES E	LANCASTER
POJE, MD, CHRISTOPHER P	PHILADELPHIA
POKORNEY, MD, BRUCE H	LANCASTER
POKORNEY, MD, DALE R	MERCER
POLACHECK JR, MD, WILLIAM J	DAUPHIN
POLAKOFF II, MD, PEDRO	PHILADELPHIA
POLAM, MD, CHANDRA R	ALLEGHENY
POLAN, MD, SIMON	PHILADELPHIA
POLASHENSKI, DO, EDWARD S	LUZERNE
POLES, DO, GWENDOLYN A	DAUPHIN
POLEY JR, MD, GERALD E	MONTGOMERY
POLIDORA, MD, FRANK C	LUZERNE
POLIDORA, MD, JOSEPH J	ALLEGHENY
POLIN, MD, DAVID G	LANCASTER
POLIN, MD, EDWARD B	PHILADELPHIA
POLIN, MD, RICHARD A	PHILADELPHIA
POLINER, MD, HIME S	NORTHAMPTON
POLINSKI, MD, LEONARD J	ALLEGHENY
POLINTAN, MD, RODOLFO S	CLEARFIELD
POLIS, MD, MARK J	LYCOMING
POLISH, MD, BERNARDINE M	MONTGOMERY
POLISHOOK, MD, ROBERT D	PHILADELPHIA
POLISTINA, MD, DEAN C	PHILADELPHIA
POLITO, MD, JOSEPH R	CAMBRIA
POLITZER, MD, FRANK E	BERKS
POLK, MD, LEWIS D	PHILADELPHIA
POLK, MD, MIRIAM R	DAUPHIN
POLL, MD, DAVID S	PHILADELPHIA
POLLACK, MD, BARRY J	NORTHAMPTON
POLLACK, MD, DEBRA A	PHILADELPHIA
POLLACK, MD, DOROTHY J	ALLEGHENY
POLLACK, MD, HOWARD M	PHILADELPHIA
POLLACK, MD, IAN F	ALLEGHENY
POLLACK, MD, MATTHEW S	NORTHAMPTON
POLLAK, BRIAN M	STUDENT
POLLER, MD, WILLIAM R	ALLEGHENY
POLLICE, MD, PHILIP G	ALLEGHENY
POLLINO, MD, VINCENT	LACKAWANNA
POLLOCK, MD, ARTHUR E	BLAIR
POLLOCK, MD, BRUCE E	ALLEGHENY
POLLOCK, MD, BRUCE G	ALLEGHENY
POLLOCK, MD, BURTON H	ALLEGHENY
POLLOCK, MD, DENZEL W	MONTGOMERY
POLLOCK, DO, JAMES D	ERIE
POLLOCK, MD, JEFFREY L	PHILADELPHIA
POLLOCK, MD, MICHAEL S	INDIANA
POLSKY, MD, HARRY S	MONTGOMERY
POLSTER, MD, SCOTT D	MONTOUR
POMERANCE, MD, JAY F	PHILADELPHIA
POMERANTZ, MD, JOEL D	PHILADELPHIA
POMERANTZ, MD, MARC B	ALLEGHENY
POMERANTZ, MD, PHILIP A	BERKS
POMEROY, MD, JAMES M	DELAWARE
POMMERSHEIM, MD, WILLIAM J	LAWRENCE
POMPONIO, MD, JOSEPH G	NORTHAMPTON
PONCZ, MD, MORTIMER	PHILADELPHIA
POND, MD, HAROLD S	MONROE
PONTIUS, MD, JOHN G	LANCASTER
PONTZ, MD, JACK B	LANCASTER
PONTZER, MD, HERBERT	ELK/CAMERON
PONTZER, MD, PETER F	BLAIR
POOL, MD, CHAMPE C	DAUPHIN
POOLE, MD, EDWARD F	BUCKS
POOLE, MD, ROBERT	CHESTER
POON, MD, MARIO J	PHILADELPHIA
POORE, MD, GEORGE C	POTTER
POORMAN, MD, S STURGIS	MONTGOMERY
POPAT, MD, ANJANA V	DAUPHIN
POPAT, MD, RAJNIKANT N	FAYETTE
POPE, MD, JOHN A	ALLEGHENY
POPE, DO, RONALD L	PHILADELPHIA
POPEY, MD, TRACY L C	ALLEGHENY
POPHAL, MD, MAHLON J	LYCOMING
POPICK, DO, ALAN J	WAYNE/PIKE
POPKAVE, MD, ARTHUR H	NORTHAMPTON
POPKY, MD, GEORGE L	PHILADELPHIA
POPLAWSKY, MD, DEBORAH A	MONTOUR
POPOLOW, MD, MICHAEL L	MONTGOMERY
POPORAD, MD, GEORGE A	PHILADELPHIA
POPOVICH, MD, JOHN E	ALLEGHENY
POPPER, MD, DAVID A	BUCKS
PORCELAN, MD, JANE B	DELAWARE
PORITSKY, MD, SUSAN	PHILADELPHIA
PORITZ, MD, LISA S	DAUPHIN
PORKOLAB, MD, FREDERICK L	ALLEGHENY
PORRECA, MD, GEORGE A	PHILADELPHIA
PORT, MD, J TEIG	LACKAWANNA
PORTER, MD, ALBERT R	DAUPHIN
PORTER, MD, EDGAR L	CHESTER
PORTER, MD, ELIZABETH S	ALLEGHENY
PORTER, MD, MARY M	PHILADELPHIA
PORTER, MD, ROBERT S	CHESTER
PORTER JR, MD, WILLIAM F	LANCASTER
PORTMAN, MD, MARY A	ALLEGHENY
PORTNER, MD, JAY H	PHILADELPHIA
PORTNER, MD, JEFF H	PHILADELPHIA
PORTNOY, MD, LARRY NEAL	PHILADELPHIA
PORTNOY, MD, SCOTT L	ALLEGHENY
PORTZ, MD, MATTHEW C	ALLEGHENY
POSEY, MD, DALE M	LANCASTER
POSNER, DO, MICHAEL H	ADAMS
POSSANZA, MD, CARL J	LACKAWANNA
POST, ALISON B	STUDENT
POST, MD, CHRISTOPHER R	CAMBRIA
POST, MD, JAMES C	ALLEGHENY
POST, MD, JARVIS H	CAMBRIA
POST, MD, ROBERT M	LEHIGH
POTASH, MD, GEORGE C	LEBANON
POTE JR, MD, HARRY H	CAMBRIA
POTERA, MD, LEO P	LUZERNE
POTH, ROBERT A	STUDENT
POTKONSKI, MD, LEOPOLD A	BERKS
POTNIS, MD, ASHA V	ALLEGHENY
POTOCHNY, JOHN D	STUDENT
POTOK, DO, PAUL S	DAUPHIN
POTORSKI, MD, ROBERT D J	LUZERNE
POTSIC, MD, WILLIAM P	PHILADELPHIA
POTTASH, MD, RUBEN R	PHILADELPHIA
POTTER, MD, DONALD M	LEBANON
POTTER, MD, JEFFREY N	DAUPHIN
POTTER, MD, ROBERT H	ALLEGHENY
POTTER JR, MD, HOWARD P	CHESTER
POTTER JR, MD, ROBERT H	ALLEGHENY
POTTS, MD, ASA W	CHESTER
POULIS, MD, DEMETRI T	LYCOMING
POULLIOTT JR, MD, JEROME W	LYCOMING
POUTOUS, MD, GEORGE W	ALLEGHENY
POWE, MD, LARRY K	DELAWARE
POWELL, MD, ALVIN P	BUCKS
POWELL, MD, JAMES R	FAYETTE
POWELL JR, MD, OSCAR M	ALLEGHENY
POWELL JR, DO, THOMAS F	PHILADELPHIA
POWER, MD, JOHN A	ALLEGHENY
POWER, DO, THERESA C	DELAWARE
POWERS, MD, BRIAN A	MONROE
POWERS, MD, DANAE M	CENTRE
POWERS, MD, DONALD V	DELAWARE
POWERS, MD, ROBIN E	PHILADELPHIA
POWERS, MD, STEPHEN K	DAUPHIN
POWERS, MD, VICTOR J	LEHIGH
POWERS JR, MD, FRANCIS M	LYCOMING
PRABHU, MD, ANIL	ALLEGHENY
PRABHU, MD, NALINA	ALLEGHENY
PRADELL, MD, LAWRENCE	PHILADELPHIA
PRADHAN, MD, ANIL G	MCKEAN
PRAGER, MD, DAVID	LEHIGH
PRAKASH, MD, MURTHAPPA N	LUZERNE
PRANCKUN, MD, PETER J	LANCASTER
PRANCKUN, MD, PETER P	LANCASTER
PRASAD, MD, AJIT K	CHESTER
PRASAD, MD, MAHADEVAPPA M	BUTLER
PRASAD, MD, MAHALINGIAH	ALLEGHENY
PRASAD, MD, SHISHIR C	LUZERNE
PRATER, MD, JOHN M	LUZERNE
PRATT, MD, DAVID S	DAUPHIN
PRATT, MD, LORETTA A	DELAWARE
PRATT, MD, ROBERT S	LANCASTER
PRAWDZIK, MD, LEOCADIA T	LUZERNE
PREATE, MD, DONALD L	LACKAWANNA
PRECIADO, MD, ALFONSO	ALLEGHENY
PREGLER, DO, FRANK C	ERIE
PREHATNY, MD, JOHN R	PHILADELPHIA
PREISS, MD, JENNIFER E	ALLEGHENY
PRELI, MD, OLINDO J	LACKAWANNA
PREMAZA-MUELLER, DO, ALICE R	PHILADELPHIA
PRENDERGAST, MD, MAURICE D	BEAVER
PRENDERGAST, MD, MICHAEL J	YORK
PRENSKY, MD, JAY G	DAUPHIN
PRESPER, MD, JOHN H	LUZERNE
PRESS, MD, ALLAN J	ALLEGHENY
PRESSMAN, MD, DEBORAH M	PHILADELPHIA
PRESSMAN, MD, EDMUND N	CHESTER
PRESSMAN, MD, ROBERT S	PHILADELPHIA
PRESTEL JR, MD, THOMAS F	DELAWARE
PRESTIFILIPPO, MD, ORAZIO	NORTHAMPTON
PRETORIUS, MD, DIANE L	ALLEGHENY
PRETTER, MD, PAUL D	ALLEGHENY
PRETTER, MD, PHILIP C	ALLEGHENY
PREUCEL, MD, ROBERT W	PHILADELPHIA
PREVOST, MD, JOHN V	TIOGA
PRIANO, STEVEN V	STUDENT
PRIBITKIN, MD, EDMUND	PHILADELPHIA
PRICE, MD, ALBERT C	LANCASTER
PRICE, MD, ALFRED R	ALLEGHENY
PRICE, MD, DAVID B	ALLEGHENY
PRICE, MD, EDWIN M	SOMERSET
PRICE, MD, FREDRIC V	ALLEGHENY
PRICE, MD, RAPHAEL I	PHILADELPHIA
PRICE, MD, RICHARD E	CAMBRIA
PRICE, MD, RICHARD T	BUCKS
PRICE, MD, SCOTT K	YORK
PRICE, MD, TODD A	BLAIR
PRICE JR, MD, HENRY L	PHILADELPHIA
PRICE JR, MD, JOSEPH J	DELAWARE
PRICE JR, MD, STUART E	ALLEGHENY
PRIDE, MD, HOWARD B	MONTOUR
PRIEM, MD, ROBERT W	CHESTER
PRIESTLEY, MD, MARGARET A	PHILADELPHIA
PRIMIANO, MD, GEORGE A	MONROE
PRIN, MD, WILLIAM A	ADAMS
PRINCE, MD, BEVERLY C	BRADFORD
PRINCE, MD, LESTER O	ALLEGHENY
PRINCE, MD, RICHARD B	BUCKS
PRINCE, DO, SCOTT S	LUZERNE
PRINCIPATO, DO, ROBERT E	YORK
PRINGLE, MD, JACQUELINE M	ALLEGHENY
PRINGLE, MD, ROBERT W	ALLEGHENY
PRIOR, MD, PATRICIA A	DELAWARE
PRIORE, MD, ROBERT M	ALLEGHENY
PRIPSTEIN, MD, STEPHEN	MONTGOMERY
PRITT, MD, PAULINE	MONTGOMERY
PROBST, MD, SUSAN J	BERKS
PROCACCI, MD, PASQUALE M	PHILADELPHIA
PROCOPIO, MD, FRANK	DAUPHIN
PROCTOR, MD, JULIAN W	ALLEGHENY
PROCTOR, MD, MARGARET S	STUDENT
PROCTOR, MD, MICHAEL S	WAYNE/PIKE
PROENZA, MD, JOSE L	DELAWARE

PROKHOV, MD, VASSIL K	ALLEGHENY
PROMISH, MD, DAVID B	PHILADELPHIA
PROMISLOFF, DO, ROBERT A	PHILADELPHIA
PROMUBOL, MD, YUWAREE	WESTMORELAND
PROOTHI, MD, SUBHASH C	LEHIGH
PROPST, MD, HARRY D	WAYNE/PIKE
PROPST-PROCTOR, MD, SANDRA L	WAYNE/PIKE
PROSPERI, MD, ALDO J	WESTMORELAND
PROSTKO, MD, E RICHARD	ALLEGHENY
PROUDFIT, MD, J PAUL	WASHINGTON
PROULX, DO, ANNE M	ALLEGHENY
PROVAN, MD, CHARLES A	ALLEGHENY
PROVENCIO, MD, FLORENCIO	LEBANON
PROWELL, MD, JOSEPH W	LANCASTER
PROY, MD, BERNARD C	ERIE
PRUCHNIC, MD, WILLIAM F	CAMBRIA
PRUDENCIO, MD, MARIA E	LEBANON
PRUDENCIO JR, MD, JOSE N	DAUPHIN
PRUITT, MD, JOHN D	MONTGOMERY
PRUSAKOWSKI, DO, JOSEPH M	CLARION
PRYBLICK, DO, JUDITH R	LEHIGH
PRYBYS, DO, KATHERINE M	ALLEGHENY
PRYLINSKI, MD, GREGORY V	ERIE
PRYLINSKI, DO, JEFFORY J	ERIE
PRYOR JR, MD, CHARLES A	BUCKS
PUBLICKER, MD, MARK R	ALLEGHENY
PUCEVICH, MD, MARIA V	ALLEGHENY
PUCK, MD, JENNIFER M	PHILADELPHIA
PUDPUD, DO, ABIGAIL	PHILADELPHIA
PUESAN, MD, REYNALDO	WARREN
PUFFENBERGER, MD, MARK W	LUZERNE
PUGH, MD, JAMES E	PHILADELPHIA
PUGH, MD, REGINALD P	ALLEGHENY
PUGLIESE, MD, AUGUST A	ARMSTRONG
PUGLIESE, MD, JOSEPH F	LUZERNE
PUGLIESE, MD, PATRICK D	NORTHUMBRLAND
PUGLISI, MD, ANTHONY S	PHILADELPHIA
PUGLISI, MD, VINCENT	PHILADELPHIA
PUJARA, MD, DEVI M	SCHUYLKILL
PUJARA, MD, MAHENDRA M	SCHUYLKILL
PULITO, MD, JOHN M	CRAWFORD
PULLEKINCS, MD, JOSEPH W	ALLEGHENY
PULLEN, DO, CARL R	PHILADELPHIA
PULLEN, MD, HARVEY T	MONROE
PULLMAN-MOOAR, MD, SALLY W	MONTGOMERY
PUMA, MD, SAMUEL J	LUZERNE
PUNDIAK, MD, TERRY J	NORTHAMPTON
PUNUKOLLU, MD, C RAO	WESTMORELAND
PUPI, MD, PAUL A	BEAVER
PUPPALA, SHAYM	STUDENT
PURCELL, DO, STEPHEN M	LEHIGH
PURCELL, SUSAN M	STUDENT
PURCELL JR, MD, ROBERT E	LYCOMING
PURDY, MD, RICHARD T	LANCASTER
PURKAYASTHA, MD, ARINDAM	SUSQUEHANNA
PURNELL, MD, JOHN S	CENTRE
PURNER JR, DO, WILLIAM M	DELAWARE
PURPURA, MD, THOMAS R	ALLEGHENY
PURSELL, MD, ROBERT N	NORTHAMPTON
PURTILL, JAMES J	STUDENT
PUSATERI JR, MD, JOSEPH P	ALLEGHENY
PUSCHAK, MD, RUSSELL B	LEHIGH
PUSHKAREWICZ, MD, MICHAEL J	CHESTER
PUTNAM, MD, MARK A	PHILADELPHIA
PUTNAM, MD, RICHARD C	PHILADELPHIA
PUTNAM III, MD, SAMUEL G	MONTGOMERY
PUTPRUSH, MD, JOSEPH R	LUZERNE
PYATT JR, MD, ROBERT S	FRANKLIN
PYFER, MARK F	STUDENT
PYLES, MD, MARK C	COLUMBIA
PYTKO, MD, VALENTINE F	MONTOUR

Q

QUAGLIO, MD, NANNETTE D	MERCER
QUALEY, MD, DEBORAH A	STUDENT
QUALLS, MD, DONALD M	PHILADELPHIA
QUATTRONE, MD, CHARLES G	ALLEGHENY
QUEEN, MD, GEORGE N	ADAMS
QUERCI, DO, JOHN C	LUZERNE
QUERIMIT, MD, JORGE A	LYCOMING
QUEVEDO, MD, JONATHAN P	LEHIGH
QUICK, MATTHEW B	STUDENT
QUICKEL, MD, KENNETH E	DAUPHIN
QUIGLEY, MD, MATTHEW R	ALLEGHENY
QUILL, MD, JOSEPH R	MONTGOMERY
QUILO, MD, FELICIDAD F	NORTHAMPTON
QUILO, MD, LINO B	NORTHAMPTON
QUINEY JR, MD, JAMES J	NORTHAMPTON
QUINN, MD, DIANNE M	BUCKS
QUINN, MD, GRAHAM E	PHILADELPHIA
QUINN, MD, JOHN R	CAMBRIA
QUINN, DO, PHILIP L	MIFFLIN/JUNI
QUINN JR, MD, NORMAN J	MONTGOMERY
QUINT, MD, ANDREW R	MONTGOMERY
QUINT, MD, DONALD H	ALLEGHENY
QUINTANA, MD, PAULINA G	ALLEGHENY
QUINTANILLA, MD, ARTHUR	PHILADELPHIA
QUINTERO, MD, MIGUEL J	ALLEGHENY
QUIRING, MD, MARK E	NORTHAMPTON
QUIRK, MD, BRIAN C	DAUPHIN
QUIRK, MD, EDWARD J	MONTGOMERY

R

RAAB, MD, DAVID B	LANCASTER
RAAB, MD, MICHAEL F	NORTHAMPTON
RABER, MD, IRVING M	PHILADELPHIA
RABIN, MD, HAROLD B	DAUPHIN
RABIN, MD, SIDNEY C	CHESTER
RABINOVICI, MD, REUVEN	PHILADELPHIA
RABINOWITZ, MD, HOWARD K	PHILADELPHIA
RABINOWITZ, DO, JOSHUA A	DELAWARE
RABINOWITZ, MD, PHILIP F	ALLEGHENY
RABKIN, MD, MICHAEL S	ALLEGHENY
RABSON, MD, JOSEPH A	MONTGOMERY
RABSON, MD, MOSES	PHILADELPHIA
RACCIATO, MD, PETER J	MONROE
RACE, BETSY G	STUDENT
RACH, MD, JOEL F	WASHINGTON
RACHO, MD, GEORGE J	LUZERNE
RACKOW, MD, LAWRENCE L	PHILADELPHIA
RAD, BABAK N	STUDENT
RADBILL, MD, SIDNEY G	PHILADELPHIA
RADECKI, MD, PAULA J	PHILADELPHIA
RADER, MD, MARK D	NORTHAMPTON
RADFAR, MD, FEREYDOON D	ALLEGHENY
RADFAR, MD, NEZAM	ALLEGHENY
RADFAR, MD, ROUHANGIZ H	ALLEGHENY
RADFAR, MD, SORAYA Z	ALLEGHENY
RADICE, MD, EUGENE D	COLUMBIA
RADIS, MD, MALKA B	CLEARFIELD
RADLER, MD, JOHN K	BEAVER
RADON, PAULA A	STUDENT
RADSMA, MD, DOUWE L	ADAMS
RAEZER, MD, DAVID M	DELAWARE
RAFALKO, MD, DAVID M	BEAVER
RAFEI, KEYVAN	STUDENT
RAFELSON, MD, STEPHEN A	BUCKS
RAFF, MD, H BARRY	DELAWARE
RAFF, MD, THOMAS C	LANCASTER
RAFFENSPERGER, MD, BRUCE W	PHILADELPHIA
RAFFERTY, DO, MICHAEL F	PHILADELPHIA
RAGONESI, MD, SUSAN B	PHILADELPHIA
RAGOOR, MD, BALAKRISHNA R	WESTMORELAND
RAGOOWANSI, MD, TULSIDAS N	BEAVER
RAHAM, MD, DAVID C	DAUPHIN
RAHAUSER, MD, DAVID M	FRANKLIN
RAHIM, MD, ENAYET	CAMBRIA
RAHMAN, MD, MAHBOOB U	PHILADELPHIA
RAHMAN, MD, RUKHSANA K	ADAMS
RAHMANIAN, MD, NADER	BERKS
RAHNER, MD, RICHARD A	ERIE
RAI, MD, MANDEEP K	LEHIGH
RAIFORD, MD, JOHN W	BUCKS
RAIMONDO, MD, MASSIMO	DELAWARE
RAINES, MD, HERBERT S	PHILADELPHIA
RAINES, MD, JONATHAN M	PHILADELPHIA
RAINEY, MD, CATHERINE M	LACKAWANNA
RAINEY, MD, CYNTHIA L	CAMBRIA
RAINEY, MD, EDWARD C	BLAIR
RAINEY, DO, MICHAEL J	LACKAWANNA
RAIS-DANA, MD, JALAL	PHILADELPHIA
RAISCH, MD, FREDERICK J	MERCER
RAIZMAN, MD, RICHARD E	ALLEGHENY
RAJ, MD, STEPHEN S	ERIE
RAJA, MD, GEETA	PHILADELPHIA
RAJAN, MD, SANDA	CHESTER
RAJASEKHARA, PADMA	STUDENT
RAJASENAN, KIRAN K	STUDENT
RAJASENAN, MD, VASUDEVAN	LAWRENCE
RAJJOUB, MD, RODWAN K	LYCOMING
RAJU, MD, PADMA I	BLAIR
RAJU, MD, ROBERT N	ALLEGHENY
RAJU, MD, RUDRARAJU P	BLAIR
RAKINIC, MD, JAN	PHILADELPHIA
RAKLEWICZ, MD, MICHAEL C	LUZERNE
RAKOW, DO, JOSEPHINE C M	CUMBERLAND
RALPH, MD, NATHAN	PHILADELPHIA
RALSTON, MD, EDGAR L	PHILADELPHIA
RAM, MD, NAND	PHILADELPHIA
RAM, MD, SANT	ERIE
RAMACHANDRAN, MD, MOORIATH	LAWRENCE
RAMACIOTTI, MD, CLAUDIO	PHILADELPHIA
RAMADAN, MD, FUAD M	ALLEGHENY
RAMAGE, MD, ANN L	YORK
RAMAKRISHNA, MD, SRINIVASARAO	LACKAWANNA
RAMAKRISHNAN, MD, THEKKEMADOM P	NORTHAMPTON
RAMAN, MD, ASHA	ALLEGHENY
RAMAN, MD, GITA S	BRADFORD
RAMAN, MD, JAYALAXMI	PHILADELPHIA
RAMANATHAN, MD, DEBORAH	BUCKS
RAMANATHAN, MD, RAMESHKUMAR	ALLEGHENY
RAMASASTRY, MD, SAI S	ALLEGHENY
RAMBACH, MD, LEONARD	LANCASTER
RAMESH, MD, MAKUM L	ALLEGHENY
RAMIK, MD, OTTO E	ALLEGHENY
RAMINANI, MD, LOKADRI N	MONTGOMERY
RAMIREZ, MD, CONSTANCIO	FRANKLIN
RAMIREZ, MD, RENATO P	CRAWFORD
RAMIREZ-AMAYA, MD, RENE	NORTHAMPTON
RAMOS, MD, CLARITA P	WESTMORELAND
RAMOS-CARO, MD, JOSE L	LEHIGH
RAMS, MD, JAMES J	ALLEGHENY
RAMSEY II, MD, WILLIAM H	MONTGOMERY
RAMSEY JR, MD, HARRY E	BERKS
RANA, MD, ASHISH V	PHILADELPHIA
RANCIER, MD, LEE F	LACKAWANNA
RANCK, MD, SIDNEY G	BRADFORD
RAND, MD, CYNTHIA H	PHILADELPHIA
RANDALL, MD, J PERLINGIERO	MONTGOMERY
RANDALL, MD, JOHN L	PHILADELPHIA
RANDALL, MD, NEIL W	MONTOUR
RANDALL, MD, PETER	PHILADELPHIA
RANDALL, MD, RODNEY R	ALLEGHENY
RANDALL IV, MD, ALEXANDER	MONTGOMERY
RANGANATH, MD, GUBBI N	SCHUYLKILL
RANIERI, DO, JOSEPH N	PHILADELPHIA
RANIERI, MD, THOMAS A	WYOMING
RANIERI, MD, TITO A	PHILADELPHIA
RANISH, MD, DEBORAH A	ERIE
RANKIN, MD, JAMES S	ALLEGHENY
RANKIN, MD, LARRY S	CUMBERLAND
RANKIN, MD, ROBERT C	ALLEGHENY
RANNELS, MD, HERMAN W	LYCOMING
RAO, MD, B VENKAT	ALLEGHENY
RAO, MD, BRINDA E	CHESTER
RAO, MD, DEEPTI S	ALLEGHENY
RAO, MD, KASUGANTI V	ALLEGHENY
RAO, MD, LEELA K	ALLEGHENY
RAO, MD, MADHAVA S	LACKAWANNA
RAO, MD, NALINI	ALLEGHENY
RAO, MD, RAMDEV K	ALLEGHENY
RAO, MD, SUNDER R	ALLEGHENY
RAO, MD, USHA G	YORK
RAO, MD, VIJAY M	PHILADELPHIA
RAO, MD, YASHODA D	SCHUYLKILL
RAPHAEL, MD, PAUL S	LEHIGH
RAPHAEL, MD, STEPHEN A	MONTGOMERY
RAPHAELY, MD, RUSSELL C	PHILADELPHIA
RAPPAPORT, MD, DANIEL M	LEHIGH
RAPPAPORT, MD, ELIZABETH B	MONTGOMERY
RAPPAPORT, MD, LEWIS B	ALLEGHENY
RAPPAPORT, MD, MELVIN M	LEHIGH
RASCHID, MD, SOHAEL M	FRANKLIN
RASCOE JR, MD, ROBERT R	PHILADELPHIA
RASEFSKE, JASON P	STUDENT
RASHID, MD, ABDUL	SCHUYLKILL
RASHKIS, MD, HAROLD A	PHILADELPHIA
RASIWALA, MD, SAIFUDDIN S	WARREN
RASLEAR HENDRICKSON, MD, MARIA A	STUDENT
RASO, MD, DOMINIC J	NORTHAMPTON
RATCLIFFE, DO, DAVID N	YORK
RATCLIFFE, MD, MARK B	PHILADELPHIA
RATHORE, MD, DALEEP K	ALLEGHENY
RATINI, DO, ANGELO J	BUCKS
RATKE, MD, HENRY V	LYCOMING
RATNER, MD, ERIC R	PHILADELPHIA
RATNER, MD, LARRY M	BUCKS
RATNER, MD, RICHARD R	DELAWARE
RAU, MD, RAMNATH S	MERCER
RAU, MD, RAYMOND L	ALLEGHENY
RAUB, MD, JAMES A	ALLEGHENY
RAUB, MD, JEFFREY D	VENANGO
RAUBENSTINE, MD, DEBORAH A	CUMBERLAND
RAUCH, MD, DOUGLAS	MERCER
RAVANDOOST, MD, PARVANEH	PHILADELPHIA
RAVANO, MD, JOSE F	ALLEGHENY
RAVANO, MD, PARALUMAN Q	ALLEGHENY
RAVEL, MD, ROBERT L	MONTGOMERY
RAVELLA, MD, SARATH B	LACKAWANNA
RAVES, MD, JOHN J	ALLEGHENY
RAVETZ, DO, ROBERT S	PHILADELPHIA
RAVI, MD, JAN	ALLEGHENY
RAVIOLA, MD, CAROL ANN	PHILADELPHIA
RAVITZ, MD, GERALD A	SCHUYLKILL
RAWA, RANDY S	STUDENT
RAWDIN, DAVID E	STUDENT
RAWNSLEY, MD, HERBERT H	WASHINGTON
RAWSON, MD, HELEN H	MONTGOMERY
RAY, ANDREA O	STUDENT
RAY, MD, ANNMARIE	BEAVER
RAY, MD, JOHN H	ALLEGHENY
RAY, MD, RICHARD L	ALLEGHENY
RAY, MD, TARUN K	PHILADELPHIA
RAYBECK-DE VLIEGER, KELLI J	STUDENT
RAYMOND, MD, JOSEPH W	CAMBRIA
RAYMOND JR, MD, FRED D	MONTGOMERY
RAYMUNDO, MD, ROSALINDA R	LAWRENCE
RAYMUNDO III, MD, RICARDO B	LAWRENCE
RAYNAK, MD, FRANK R	MERCER
RAYNER, MD, MARK E	PHILADELPHIA
RAYNES, MD, STANTON M	BUCKS
RAZDAN, MD, BHARTI	PHILADELPHIA
RAZURI, MD, RAFAEL G	NORTHAMPTON
RAZZINO, MD, RICHARD A	DAUPHIN
READ, MD, FRANK	PHILADELPHIA
READ, MD, JANE C	BEAVER
REAGAN, MD, MARIE A	ALLEGHENY
REAL, MD, MARK B	CHESTER
REAMS, MD, CARL L	MONTOUR
REAMS, DO, JEAN M	MIFFLIN/JUNI
REARDON JR, MD, PAUL L	WASHINGTON
REBBECCHI, MD, THOMAS A	PHILADELPHIA
REBELLO, MD, SUNIL D	BLAIR
RECALDE, MD, CARLOS M	MIFFLIN/JUNI
RECH, MD, FRANK M	DELAWARE
RECIO, MD, ROLANDO G	ALLEGHENY
RECKER, MD, SCOTT F	BLAIR
RECTOR, MD, ROBERT D	FRANKLIN
RED, MD, DONALD E	DELAWARE
REDA, MD, FRANK A	ALLEGHENY
REDDING, MD, WILLIS A	BRADFORD
REDOY, MD, JAIVEER T	CLARION
REDOY, MANOJ S	STUDENT
REDOY, MD, PATRICIA A	DAUPHIN
REDOY, MD, PUSHPAMALA P	ARMSTRONG
REDOY, MD, RAGOOR K	ALLEGHENY
REDOY, MD, RAJIDI M	LYCOMING
REDOY, MD, RAMACHANDRA C	ALLEGHENY
REDOY, MD, V SARASWATHI	BRADFORD
REDKA, MD, JAMES W	LYCOMING
REDMOND III, MD, JOHN	MONTGOMERY
REDOVAN, MD, EDWARD G	LAWRENCE
REED, MD, CLIFFORD A	BERKS
REED, MD, CRYSTAL D	PHILADELPHIA
REED, MD, DARRELL K	ALLEGHENY
REED, MD, DAVID M	ALLEGHENY
REED, MD, JANIS E	ALLEGHENY
REED, MD, KRISTYN M	PHILADELPHIA
REED, MD, LOLA B	CHESTER
REED, MD, MARK S	BERKS
REED, MD, MICHAEL F	CLEARFIELD
REEDMAN, MD, GAIL A	BUCKS
REEDY, MD, BRIAN K	PHILADELPHIA
REEDY, MD, GARY L	LACKAWANNA
REEKIE, MD, TIMOTHY G	PHILADELPHIA
REEL, MD, CHARLES M	WESTMORELAND
REES, MD, CHRISTOPHER J	PHILADELPHIA
REES, MD, DAVID B	BERKS
REESE, MD, FRED W	COLUMBIA
REESE, MD, RICHARD W	LANCASTER
REESE JR, MD, EVAN C	NORTHAMPTON
REEVE, AMANDA D	STUDENT
REFOWICH, MD, RICHARD S	NORTHAMPTON
REGALADO, MD, REGULUS D	UNION
REGAN, MD, JAMES R	NORTHAMPTON
REGAN, MD, MARK C	LANCASTER
REGANIS, MD, JOHN C	NORTHAMPTON
REGEC, MD, STEPHEN P	ELK/CAMERON
REGINATO, ANTHONY M	STUDENT
REGINELLA, MD, RUTHANE F	ALLEGHENY
REGOSO, MD, DAN C	ALLEGHENY
REHDER, MD, JOHN G	ALLEGHENY
REHDER, MD, KAREN E	ALLEGHENY
REHR, MD, ROGER B	BERKS
REICH, MD, JEFFREY D	PHILADELPHIA
REICH, MD, SYLVIA R	LUZERNE
REICH, MD, WILLIAM P	TIOGA
REICHARD, MD, JAMES L	CENTRE
REID, MD, DANIEL W	DELAWARE
REID, MD, JAMES H	NORTHAMPTON
REID-ARTIST, MD, JACINTH M	PHILADELPHIA
REIDELL, MD, JOHN S	CENTRE
REIDY, MD, MARGARET E	ALLEGHENY
REIFSNYDER, MD, WILLIAM H	BERKS
REIGART, MD, PAUL M	YORK
REIGEL, MD, DONALD H	ALLEGHENY
REIGH, MD, ERNEST E	BERKS
REILEY, DO, MARGARET A	BERKS
REILLY, MD, ANN E	CHESTER
REILLY, MD, CHARLES M	YORK
REILLY, MD, DESMOND J	DAUPHIN
REILLY, MD, JAMES J	ALLEGHENY
REILLY, MD, JOHN C	ERIE
REILLY, MD, MICHAEL J	FAYETTE
REILLY, MD, PAUL A	ALLEGHENY
REILLY, MD, PHILLIP E	FAYETTE
REILLY, DO, ROBERT E	BUCKS
REILLY, MD, THOMAS M	PHILADELPHIA
REILLY JR, MD, JAMES J	ALLEGHENY
REILLY JR, MD, PHILIP J	WESTMORELAND
REIMER, MD, CRAIG L	SCHUYLKILL
REINA, MD, CHARLES R	NORTHAMPTON
REINACH, MD, ALAN J	STUDENT
REINBOLD, MD, PAUL M	LEHIGH
REINECKE, MD, ROBERT D	PHILADELPHIA
REINER, MD, REBECCA L	BERKS
REINHARD, MD, DAVID L	PHILADELPHIA
REINHARD, MD, HAROLD J	WARREN
REINHARD, MD, RONALD J	YORK
REINHARDT, MD, PAULINE K	LEHIGH
REINHART, MD, JOHN W	LEHIGH
REINHART, DO, ROBERT D	NORTHAMPTON
REINHART JR, MD, RAYMOND B	BUCKS
REINPRECHT, MD, JAMES T	PHILADELPHIA
REIS, MD, CLAUDE J	ALLEGHENY
REIS, MD, GREGG J	PHILADELPHIA
REIS, MD, PAUL B	LYCOMING
REIS, MD, WALTER J	ALLEGHENY
REISER, MD, HARVEY J	LUZERNE
REISH, MD, WILLIAM G	UNION
REISINGER, MD, SUSAN A	PHILADELPHIA
REISINGER JR, MD, WILLIAM E	SOMERSET
REISS III, MD, G RUSSELL	STUDENT
REISS JR, MD, G RUSSELL	MONTGOMERY
REITANO, MD, JOHN	PHILADELPHIA
REITANO JR, MD, JOSEPH F	DELAWARE
REITER, MD, DAVID	PHILADELPHIA
REITER, GEORGE T	STUDENT
REITKNECHT, MD, FELICE L	BRADFORD
REITSMA, MD, DOUGLAS B	DELAWARE
REITZ, MD, MARYELLEN	ERIE
REITZ, MD, MELVIN L	SCHUYLKILL
RELIGIOSO, MD, ELOISA P	WESTMORELAND
RELTON, MD, SUDHAKAR C	ALLEGHENY
RELUZ, MD, JAVIER S	MONTGOMERY
REMALY, MD, DONALD A	COLUMBIA
REMICK, DO, PAUL F	LACKAWANNA
RENDIN, MD, LARRY J	DELAWARE
RENINGER, MD, CHARLES W	LEHIGH
RENKERT, MD, ELIZABETH E	BERKS
RENNER, DO, STEPHEN A	LEHIGH
RENNINGER, EXEC SEC, RHONDA B	YORK
RENO, MD, JOSEPH D	DELAWARE
RENTLER, MD, RUSSELL J	LEHIGH
RENTON, MD, ALAN C	ALLEGHENY
RENZ, MD, ROBERT T	ERIE
REPPERT, MD, WILLIAM D	NORTHAMPTON
RESCINITI, MD, MARK A	ADAMS
RESHMI, MD, CHANDRAPPA S	ALLEGHENY
RESNICK, MD, ALBERT B	PHILADELPHIA
RESNICK, MD, EDWARD J	PHILADELPHIA

RESNICK, MD, GEORGE J	PHILADELPHIA
RESNICK, MD, MYRON E	DELAWARE
RESNICK, MD, PAUL H	ALLEGHENY
RESNICK, PETER F	STUDENT
RESNIK, MD, ALAN M	PHILADELPHIA
RESPET, MD, PATRICK B	LEHIGH
RESTREPO, MD, ADRIANA	PHILADELPHIA
RESTREPO, MD, JAMES P	BERKS
RESURRECCION, MD, ROSARIO	PHILADELPHIA
RETTIG, MD, STEPHEN J	FRANKLIN
REUBEN, MD, MARK S	BERKS
REUSCHE III, DO, FRANK L	ERIE
REVAK, MD, BLAIRANNE H	COLUMBIA
REVAK, DO, DAVID J	COLUMBIA
REWARI, MONA	STUDENT
REX, MD, JAMES C	LEHIGH
REYBURN, MD, TODD A	ALLEGHENY
REYES, MD, MARIA THERESA A	CAMBRIA
REYES, MD, SATURNINO M	BEAVER
REYES, MD, VICENTE E	ALLEGHENY
REYNA, MD, OSCAR D	WESTMORELAND
REYNER, MD, HOPE A	LEBANON
REYNOLDS, MD, HERBERT Y	DAUPHIN
REYNOLDS, MD, MARION C	ERIE
REYNOSO, MD, ZORAIDA L	PHILADELPHIA
REZAIAN, MD, MICHAEL M	PHILADELPHIA
REZEK, MD, DONALD L	ALLEGHENY
REZET, MD, BETH E	PHILADELPHIA
REZNAK, MD, STEPHEN E	PHILADELPHIA
REZNICK, MD, BARRY R	BEAVER
RHIEW, MD, FRANCIS C	LACKAWANNA
RHO, MD, HELENA H	PHILADELPHIA
RHOADES, DO, DENNIS W	JEFFERSON
RHOADS, DONELLE L	STUDENT
RHOADS, MD, HARRY M	CAMBRIA
RHOADS JR, MD, JONATHAN E	YORK
RHOADS SR, MD, JONATHAN E	PHILADELPHIA
RHODE, MD, MARVIN C	MONTGOMERY
RHODES, MD, ARTHUR R	ALLEGHENY
RHODES, DONALD R	STUDENT
RHODES, MD, MICHAEL	LEHIGH
RHODES, MD, ROBERT A	DELAWARE
RHODES III, MD, LUTHER V	LEHIGH
RHOOD, MD, SAMUEL G	DELAWARE
RIAL, MD, WILLIAM Y	DELAWARE
RIBAUDO, MD, JANICE	WESTMORELAND
RIBEN, MICHAEL W	STUDENT
RICCELLI, MD, ANTONIO M	ALLEGHENY
RICCHETTI, MD, ROBERT J	PHILADELPHIA
RICCHIUTI, MD, A GEORGE	SCHUYLKILL
RICCHIUTI, MD, JOSEPH F	SCHUYLKILL
RICCI, MD, ANTHONY N	STUDENT
RICCI, MD, JOSEPH A	DAUPHIN
RICCO, MD, ERNEST J	DELAWARE
RICE, MD, DONALD H	BLAIR
RICE, MD, EILEEN M	ALLEGHENY
RICE, MD, GEORGE E	PHILADELPHIA
RICE, KEITH S	STUDENT
RICE, MD, NATALIE M	STUDENT
RICE, MD, SAMUEL A	LANCASTER
RICE, MD, SAMUEL M	ALLEGHENY
RICE III, MD, JOHN E	MONTOUR
RICH, MD, DEAN C	MONTGOMERY
RICH, MD, JAMES F	DAUPHIN
RICH, MD, JOHN J	ALLEGHENY
RICHARD, MD, DAVID C	ALLEGHENY
RICHARDS, MD, ANDREW J	DAUPHIN
RICHARDS, MD, CHARLES H	ALLEGHENY
RICHARDS, MD, DAVID T	LACKAWANNA
RICHARDS, MD, HENRY M	MONTGOMERY
RICHARDS, MD, JOHN C	BUCKS
RICHARDS, MD, ROBERT N	FRANKLIN
RICHARDS, MD, STEPHANIE S	ALLEGHENY
RICHARDS JR, MD, ROBERT N	FRANKLIN
RICHARDSON, MD, DAVID W	PHILADELPHIA
RICHARDSON, MD, GEORGE S	ALLEGHENY
RICHARDSON, MD, HARRISON H	BEAVER
RICHARDSON, MD, JAMES E	WASHINGTON
RICHARDSON, MD, PAUL A	PHILADELPHIA
RICHERT, MD, CHARLES A	ALLEGHENY
RICHERT, MD, SHAUNA M	ALLEGHENY
RICHERTS, MD, JOSEPH L	PHILADELPHIA
RICHEY, MD, JAMES E	CAMBRIA
RICHIE, MD, A THOMAS	BUCKS
RICHMAN, MD, CRAIG G	ERIE
RICHMAN, MD, JORY D	ALLEGHENY
RICHMAN, MD, KENNETH A	PHILADELPHIA
RICHMAN, MD, MORTON W	MONTGOMERY
RICHMAN, MD, TOBI B	ERIE
RICHMOND, MD, ALLEN C	PHILADELPHIA
RICHMOND, MD, SPENCER I	MONTGOMERY
RICHTER, MD, DOUGLAS M	MONTGOMERY
RICHTER, MD, HOWARD A	DELAWARE
RICHTER, MD, MELVYN P	MONTGOMERY
RICHTER, MD, PAUL L	ALLEGHENY
RICHTERMAN, MD, RONALD L	LUZERNE
RICKELS, MD, KARL	PHILADELPHIA
RICKLOFF, MD, RAYMOND J	ERIE
RICKS, MD, JOHN E	CUMBERLAND
RICO, MD, RAFAEL	ALLEGHENY
RICTOR, MD, KENNETH W	FRANKLIN
RIDELLA, MD, PETER J	CAMBRIA
RIDEN, MD, ALICE E	LANCASTER
RIDGWAY, MD, WILLIAM G	LANCASTER
RIDOUT III, MD, DANIEL L	PHILADELPHIA
RIED, MD, STEPHANIE R	PHILADELPHIA
RIEDER, MD, MICHAEL J	MONTGOMERY
RIEMER, MD, BARRY L	ALLEGHENY
RIENZI, MD, JOSEPH P	LACKAWANNA
RIENZO, MD, ROBERT J	LEHIGH
RIETHER, MD, ROBERT D	LEHIGH
RIETHMILLER, MD, GRACE L	ALLEGHENY
RIFE, MD, CHARLES J	DAUPHIN
RIFFERT, MD, PAUL M	LANCASTER
RIGANO JR, MD, RUDOLPH F	LANCASTER
RIGG, MD, L ISOBEL	PHILADELPHIA
RIGGLEMAN, MD, MICHAEL P	DAUPHIN
RIGHTMYER, MD, JOHN N	BERKS
RIGHTOR, MD, JOHN T	VENANGO
RIGHTS, MD, THEODORE H	BERKS
RIGNEY JR, MD, JAMES H	BUCKS
RIGOTTI, DO, JOSEPH A	MONTGOMERY
RIKE, MD, PAUL M	ALLEGHENY
RILEY, MD, BERNARD J	ALLEGHENY
RILEY, MD, JUDITH A	PHILADELPHIA
RILEY, PAT	STUDENT
RILEY, MD, VERYL M	WARREN
RILLING, MD, DAVID C	BUCKS
RIM, MD, JEUNG K	LEBANON
RIMPLE, MD, DAVID F	LUZERNE
RINARD, MD, GRAFFIOUS L	BEDFORD
RINCK II, MD, GEORGE W	UNION
RING, MD, ILONA R	DELAWARE
RINGAWA, MD, PETER E	COLUMBIA
RINGIEWICZ, MD, PAUL A	DELAWARE
RINGLER JR, MD, HAROLD L	CAMBRIA
RINGOLD, MICHAEL A	STUDENT
RINGOLD, MD, MURRAY H	BUCKS
RINKER, MD, R JAMES	YORK
RINKOFF, MD, JEFFREY S	ALLEGHENY
RIPEPI, MD, JENNIFER K	ALLEGHENY
RIPEPI, MD, PHILIP P	ALLEGHENY
RIPPLE, MD, PAUL H	LANCASTER
RISING, MD, DAVID C	BUCKS
RISLEY III, MD, WALTER P	MONTGOMERY
RISMILLER, MD, ROSS W	SCHUYLKILL
RITCHIE, MD, CHARLES A	DELAWARE
RITCHIE, MD, DAVID J	PHILADELPHIA
RITCHIE, MD, MARIANNE T	DELAWARE
RITCHIE III, MD, JOHN C	PHILADELPHIA
RITSEMA, MD, RITA L	DELAWARE
RITTENBERG, MD, MICHAEL H	LUZERNE
RITTENHOUSE, MD, EMORY A	ALLEGHENY
RITTENHOUSE, MD, FRANK H	ALLEGHENY
RITTENHOUSE, MD, JEFFREY B	LANCASTER
RITTER, MD, AMOS	ALLEGHENY
RITTER, MD, CHARLES W	PHILADELPHIA
RITTER, MD, DEBORAH E	PHILADELPHIA
RITTER, MD, THOMAS J	SCHUYLKILL
RIVAS, MD, DAVID A	MONTGOMERY
RIVAS, MD, STEVEN	PHILADELPHIA
RIVAS-FLORES JR, MD, AURELIANO	MONTGOMERY
RIVERA, MD, EDWIN A	YORK
RIVERA, MD, JOSE L	NORTHAMPTON
RIVERA, MD, JOSEPH R	PHILADELPHIA
RIVERA, MD, MARIA-JOSEFINA	DELAWARE
RIVERA, MD, VICTOR C	BUCKS
RIVERA-RODRIGUEZ, MD, GABRIEL	JEFFERSON
RIVIELLO, RALPH J	STUDENT
RIXEY, MD, CHARLES O	MONTOUR
RIZZO, MD, JOHN S	DELAWARE
RIZZO, MD, KAREN A	LANCASTER
RIZZO, MARCO	STUDENT
ROACH, MD, ALICE J	YORK
ROACHE, MD, MARTIN J	CHESTER
ROAT, MD, MELVIN I	ALLEGHENY
ROBB, MD, MARIE E	NORTHAMPTON
ROBBINS, MD, HOWARD S	LANCASTER
ROBBINS, MD, INGA H	PHILADELPHIA
ROBBINS, KENT C	STUDENT
ROBBINS, MD, MARK S	PHILADELPHIA
ROBBINS, MD, ROBERT	PHILADELPHIA
ROBBINS, DO, SUSAN E	ERIE
ROBBINS, MD, WARREN J	LANCASTER
ROBBINS, MD, WILLIAM S	PHILADELPHIA
ROBERTI, MD, NICHOLAS E	JEFFERSON
ROBERTO, MD, PAUL J	PHILADELPHIA
ROBERTS, MD, ANDREW B	PHILADELPHIA
ROBERTS, MD, BROOKE	PHILADELPHIA
ROBERTS, MD, HASKELL E	LANCASTER
ROBERTS, MD, JOAN M	PHILADELPHIA
ROBERTS, MD, JOHN H	CHESTER
ROBERTS, MD, JOHN M	PHILADELPHIA
ROBERTS, MD, LENORE B	MONTGOMERY
ROBERTS, DO, ROBERT L	YORK
ROBERTS, MD, STEVEN A	PHILADELPHIA
ROBERTS JR, MD, PHILIP G	CENTRE
ROBERTSON, MD, JAMES F	MONTGOMERY
ROBERTSON, MD, JOHN J	BERKS
ROBERTSON, MD, JOHN L	WARREN
ROBERTSON, MD, JOHN W	PHILADELPHIA
ROBERTSON, DO, LISA E	LUZERNE
ROBERTSON, MD, ROGER J	FRANKLIN
ROBERTSON JR, MD, THOMAS L	ALLEGHENY
ROBERTSON-SCHEIER, CRISTY A	STUDENT
ROBINSON, MD, CLAIRE E B	PHILADELPHIA
ROBINSON, MD, DARRELL C	FRANKLIN
ROBINSON, MD, FREDERICK A	PHILADELPHIA
ROBINSON, MD, JAMES A	YORK
ROBINSON, MD, JAY A	BLAIR
ROBINSON, MD, JOHN N	ALLEGHENY
ROBINSON, MD, JOSEPH	LUZERNE
ROBINSON, MD, LESLIE E	YORK
ROBINSON, MD, MICHAEL L	BUCKS
ROBINSON, MD, MICHAEL L	BERKS
ROBINSON, MD, MURRAY D	PHILADELPHIA
ROBINSON, MD, NATHANIEL M	PHILADELPHIA
ROBINSON II, MD, GEORGE R	YORK
ROBINSON JR, MD, ELLIOTT S	BRADFORD
ROBINSON JR, MD, WARREN L	LYCOMING
ROBISON, DO, CAROL K	CUMBERLAND
ROBISON, MD, ELIZABETH A	CHESTER
ROBISON, MD, ROBERT N	DAUPHIN
ROBISON, DO, TERRY A	CUMBERLAND
ROBISON, MD, WALTER J	ALLEGHENY
ROBSON, MD, PETER A	NORTHAMPTON
ROBY, MD, DAVID S	PHILADELPHIA
ROCCARIO, DO, DANTE S	DELAWARE
ROCCO, MD, JACK F	PHILADELPHIA
ROCCO, MD, MARTIN J	PHILADELPHIA
ROCCO, MD, NICHOLAS J	PHILADELPHIA
ROCHE, MD, JAMES J	LACKAWANNA
ROCHE, MD, KAREN R	ALLEGHENY
ROCHE JR, MD, EDWARD J	MCKEAN
ROCHMAN, MD, ALAN J	DAUPHIN
ROCK, MD, IRA M	ALLEGHENY
ROCK, MD, JAMES A	CAMBRIA
ROCK, MD, LEONARD L	SOMERSET
ROCKOFF, MD, STEVEN D	LYCOMING
ROCKOWER, MD, ROGER A	CENTRE
RODA, DO, DAVID M	LANCASTER
RODA, MD, PAUL I	LUZERNE
RODENBERGER, MD, BRUCE M	LEHIGH
RODGERS, MD, CHARLES J	LYCOMING
RODGERS, MD, DAVID M	PHILADELPHIA
RODGERS, MD, FLORENCE E	PHILADELPHIA
RODGERS, MD, JOSEPH F	PHILADELPHIA
RODGERS, MD, TIMOTHY J	PHILADELPHIA
RODGERS III, MD, WILLIAM H	MONTGOMERY
RODRIGO, MD, CONCEPCION V	LUZERNE
RODRIGUEZ, MD, ADOLFO E	BERKS
RODRIGUEZ, MD, ALFONSO	LUZERNE
RODRIGUEZ, MD, DAISY A	PHILADELPHIA
RODRIGUEZ, MD, EDSEL A	NORTHMBRLAND
RODRIGUEZ, MD, GEORGE L	PHILADELPHIA
RODRIGUEZ, MD, HUGO F	DELAWARE
RODRIGUEZ, MD, JULIO A	BLAIR
RODRIGUEZ, MD, NORBERTO A	ALLEGHENY
RODRIGUEZ, MD, RAYMOND	PHILADELPHIA
RODRIGUEZ, MD, RODOLFO E	DAUPHIN
RODRIGUEZ, MD, VICTOR R	NORTHAMPTON
RODRIGUEZ-FEO, MD, RAUL	CAMBRIA
RODRIQUEZ-BROATCH, MD, CARLOS R	PHILADELPHIA
ROE, MD, EUGENE J	LACKAWANNA
ROE, MD, ROBERT E	LUZERNE
ROEDDER, MD, SUSAN L	PHILADELPHIA
ROEDER, MD, DONALD K	CUMBERLAND
ROEDER, MD, KATHLEEN M	BUCKS
ROEDIGER, MD, PAUL M	MONTGOMERY
ROESER, MD, MINDI M	PHILADELPHIA
ROESHOT, MD, DOUGLAS E	CENTRE
ROFFE, DO, KENNETH A	ALLEGHENY
ROFSKY, MD, HOWARD E	CHESTER
ROGAL, MD, MICHAEL J	ALLEGHENY
ROGALLA, MD, CHARLES S	LACKAWANNA
ROGERS, MD, ALBERT K	LANCASTER
ROGERS, MD, CLINTON L	SOMERSET
ROGERS, MD, GEORGE E	CAMBRIA
ROGERS, MD, JAMES F	PHILADELPHIA
ROGERS, DO, JEFFREY S	LEHIGH
ROGERS, MD, JOHN F	NORTHAMPTON
ROGERS, MD, JONATHAN J	MONTGOMERY
ROGERS, MD, KENNETH J	CENTRE
ROGERS, MD, PAUL H	CHESTER
ROGERS, MD, R CLAUDE	PHILADELPHIA
ROGERS, MD, VINCENT P	ERIE
ROGERS, MD, WILLIAM E	LUZERNE
ROGERS JR, MD, ROBERT M	BERKS
ROGERSON, MD, DAVID R	CAMBRIA
ROGEVICH, DO, JOSEPH E	LANCASTER
ROGINA, DO, LAWRENCE E	FRANKLIN
ROGOVITZ, MD, DAVID M	SCHUYLKILL
ROGOW, MD, EDWARD	ALLEGHENY
ROGOWSKI, MD, RAYMOND A	CHESTER
ROGUSKY, MD, EDWIN J	CENTRE
ROHATGI, MD, ANITA	NORTHAMPTON
ROHATGI, MD, CHAND	NORTHAMPTON
ROHATGI, MD, RAJEEV	NORTHAMPTON
ROHLAND, MD, DONALD V	DAUPHIN
ROHNER JR, MD, THOMAS J	DAUPHIN
ROHR, MD, ALBERT S	MONTGOMERY
ROHRABAUGH JR, MD, CHARLES M	DAUPHIN
ROHRBECK, MD, CHARLES W	CENTRE
ROHRER, MD, G VICTOR	DAUPHIN
ROIG, MD, GEORGE M	ALLEGHENY
ROITMAN, MD, GABRIELA M	PHILADELPHIA
ROITMAN, MD, HARRY B	PHILADELPHIA
ROITMAN, MD, SUSAN	CHESTER
ROJAS, MD, JOB F	PHILADELPHIA
ROJAS, MD, JULIO R	LUZERNE
ROJER, MD, CHARLES L	MONTGOMERY
ROJY JR, MD, THOMAS J	LEHIGH
ROLLE JR, MD, WILLIAM A	PHILADELPHIA
ROLLO, MD, DANIEL P	LEBANON
ROMAGOSA, MD, ANGELO E	ALLEGHENY
ROMAN, MD, LAURIAN	PHILADELPHIA
ROMAN, MD, STEPHEN J	WESTMORELAND
ROMANACE, MD, JEAN P	WAYNE/PIKE
ROMANIC, MD, BRUCE M	COLUMBIA
ROMANO, MD, VINCENT E	BUCKS
ROMANO JR, MD, MICHAEL T	BUCKS
ROMANO-JANA, MD, LOURDES R	ERIE
ROMANOFF, MD, DAVID	PHILADELPHIA
ROMANOW, MD, PETER W	PHILADELPHIA
ROMBERGER JR, MD, JAMES A	ALLEGHENY
ROMEIKA, MD, MARY M	SCHUYLKILL
ROMEO, MD, BRUNO J	CUMBERLAND
ROMEO, RYAN C	STUDENT
ROMEO, MD, VICTORIA J	CLINTON
ROMIG, MD, RONALD S	BERKS
ROMINGER, MD, C JULES	CHESTER
ROMM, MD, DANIEL S	DAUPHIN
ROMMEL, MD, CATHERINE T	LANCASTER
ROMMEL, MD, F MICHAEL	LANCASTER
ROMY, MD, MAURICE	PHILADELPHIA
RONEN, ALON	STUDENT
RONEY, MD, T JAMES	ALLEGHENY
RONGAUS, MD, WILLIAM J	WASHINGTON
RONIS, MD, MAX L	PHILADELPHIA
RONKIN, MD, SHEILA L	CHESTER
RONNERMANN, MD, DREW P	MONTGOMERY
ROODE, MD, ALBERT G	VENANGO
ROODE, MD, PHILIP J	VENANGO
ROONEY, MD, DAVID G	CHESTER
ROONEY, MD, JOSEPH W	BEAVER
ROOS, MD, ALFRED T	ERIE
ROOS, MD, LEON	ADAMS
ROOT, MD, DOUGLAS C	SOMERSET
ROQUIZ, MD, ELISEO M	ERIE
RORICK, MD, NICHOLAS R	MONTGOMERY
RORKE III, MD, JOHN H	CHESTER
ROSA, MD, DEBORAH M	CHESTER
ROSA, MD, RAMON A	PHILADELPHIA
ROSALES, MD, GABRIEL B	BUCKS
ROSALES, MD, MARY T O	ALLEGHENY
ROSAN, DO, JAY R	MONTGOMERY
ROSAN, DO, STUART W	BUCKS
ROSARIO JR, MD, ELISEO	CUMBERLAND
ROSARIO-LEON, MD, NELSON R	YORK
ROSATO, MD, DONALD J	CHESTER
ROSATO, MD, ERNEST F	PHILADELPHIA
ROSATO, MD, ERNEST L	PHILADELPHIA
ROSATO, MD, FRANCIS E	PHILADELPHIA
ROSCH, MD, JULIUS C	BLAIR
ROSCHEL, MD, ROBERT L	LANCASTER
ROSCOE, MD, CONSTANTINE	PHILADELPHIA
ROSCOE, MD, GREGORY J	JEFFERSON
ROSE, MD, CAROL E	ALLEGHENY
ROSE, CARY X	STUDENT
ROSE, MD, DAVID	MONTGOMERY
ROSE, DOUGLAS J	STUDENT
ROSE, MD, ELIZABETH K	PHILADELPHIA
ROSE, MD, GILBERT M	DELAWARE
ROSE, MD, HENRY S	PHILADELPHIA
ROSE, MD, JOEL E	DAUPHIN
ROSE, MD, JOHN F	MONTOUR
ROSE, MD, LESLIE I	PHILADELPHIA
ROSE, MD, LEWIS J	PHILADELPHIA
ROSE, MD, ROBERT M	MONTGOMERY
ROSEFSKY, MD, JONATHAN B	MONTGOMERY
ROSEMAN, MD, RICHARD L	DELAWARE
ROSEMOND, MD, GEORGE P	PHILADELPHIA
ROSEN, MD, BRUCE J	DELAWARE
ROSEN, MD, DANIEL H	VENANGO
ROSEN, MD, DAVID	PHILADELPHIA
ROSEN, MD, ILENE M	STUDENT
ROSEN, MD, JOSEPH H	PHILADELPHIA
ROSEN, MD, LEONARD	DELAWARE
ROSEN, MD, LESTER	LEHIGH
ROSEN, MD, MARC R	PHILADELPHIA
ROSEN, MD, MARVIN I	PHILADELPHIA
ROSEN, MD, RANDY A	LEHIGH
ROSEN, SHARON I	STUDENT
ROSENAU, DO, ALEXANDER M	LEHIGH
ROSENBACH, MD, LOREN M	ALLEGHENY
ROSENBAUM, MD, ARMAND L	PHILADELPHIA
ROSENBAUM, MD, ARON	CAMBRIA
ROSENBAUM, MD, CARL A	PHILADELPHIA
ROSENBAUM, MD, JOEL N	PHILADELPHIA
ROSENBAUM JR, MD, LEON	PHILADELPHIA
ROSENBERG, MD, FRANK	DELAWARE
ROSENBERG, MD, HENRIETTA K	PHILADELPHIA
ROSENBERG, MD, HENRY	PHILADELPHIA
ROSENBERG, MD, HOWARD D	LEHIGH
ROSENBERG, MD, IRVING	PHILADELPHIA
ROSENBERG, MD, JENNIFER T	ALLEGHENY
ROSENBERG, MD, KENNETH C	PHILADELPHIA
ROSENBERG, MD, LAWRENCE S	CAMBRIA
ROSENBERG, MD, MANUEL	PHILADELPHIA
ROSENBERG, MD, MORTON	PHILADELPHIA
ROSENBERG, MD, PAUL E	PHILADELPHIA
ROSENBERG, MD, PAUL R	ALLEGHENY
ROSENBERG, MD, PHILIP	MONTGOMERY
ROSENBERG, MD, RANDY M	PHILADELPHIA
ROSENBERG, MD, ROBIN E	PHILADELPHIA
ROSENBLATT, MD, STANLEY A	LUZERNE
ROSENBLATT, MD, STANLEY G	CAMBRIA
ROSENBLOOM, MD, MEYER A	ALLEGHENY
ROSENBLOOM, MD, STANLEY E	ALLEGHENY
ROSENBLUM, MD, FRANCES L	MONTGOMERY
ROSENBLUM, MD, FRED A	MONTGOMERY
ROSENBLUM, MD, MINDY F	PHILADELPHIA
ROSENBLUM, MD, NORMAN G	PHILADELPHIA
ROSENCRANS, MD, DAVID L	ALLEGHENY
ROSENCRANTZ, MD, ELLIOT	BLAIR
ROSENFELD, MD, BERNARD D	LACKAWANNA
ROSENFELD, MD, DAVID J	LANCASTER

ROSENFELD, MD, JACK C	MONTGOMERY
ROSENFELD, MD, JOEL C	NORTHAMPTON
ROSENFELD, MD, PHILIP A	MONTGOMERY
ROSENFELD, MD, RICHARD N	MONTGOMERY
ROSENFELD, MD, RONALD N	DELAWARE
ROSENMAN, MD, HOWARD D	BUCKS
ROSENN, MD, MARC F	MONTGOMERY
ROSENOW JR, MD, EDWARD C	PHILADELPHIA
ROSENSTEIN, MD, JEROME H	LUZERNE
ROSENSTEIN, MD, MAURY M	ALLEGHENY
ROSENSTEIN, MD, NANCY E	PHILADELPHIA
ROSENSWEIG, MD, WILLIAM	LUZERNE
ROSENTHAL, MD, DAVID E	PHILADELPHIA
ROSENTHAL, MD, MARK E	MONTGOMERY
ROSENTHAL, MD, PHILIP	PHILADELPHIA
ROSENTHAL, MD, STEPHEN I	LACKAWANNA
ROSENWASSER, MD, ROBERT H	PHILADELPHIA
ROSENZWEIG, MD, MAX	PHILADELPHIA
ROSENZWEIG, MD, SETH E	BERKS
ROSIECKI, MD, MICHAEL W	LACKAWANNA
ROSIN, MD, DEBORAH F	PHILADELPHIA
ROSKA, MD, JOSE C	COLUMBIA
ROSKIN, ROBERT E	STUDENT
ROSKO, MD, THOMAS J	BUCKS
ROSKOS, STEVEN E	STUDENT
ROSNER, MD, ISADOR K	PHILADELPHIA
ROSNER, MD, MICHAEL J	MONTGOMERY
ROSS, MD, ABRAHAM	LEHIGH
ROSS, MD, D GWENDOLYN	ALLEGHENY
ROSS, MD, DANIEL I	LEHIGH
ROSS, MD, DAVID S	LEHIGH
ROSS, MD, DENISE H	PHILADELPHIA
ROSS, MD, GARY W	LACKAWANNA
ROSS, DO, JOYCE I	BUCKS
ROSS, MD, PATRICIA E	CHESTER
ROSS, MD, R DOUGLAS	PHILADELPHIA
ROSS, MD, VINCENT L	LACKAWANNA
ROSS, MD, WILLIAM M	BUCKS
ROSS III, MD, ARTHUR J	PHILADELPHIA
ROSSI, MD, JOHN A	DAUPHIN
ROSSI, MD, JOHN C	ALLEGHENY
ROSSI, MD, MICHAEL A	LEHIGH
ROSSI, MD, MICHELLE I	ALLEGHENY
ROSSI JR, MD, RALPH A	CHESTER
ROSSMAN, MD, MAX	LEHIGH
ROSSMAN, MD, RONALD E	PHILADELPHIA
ROST, MD, CHARLES R	LANCASTER
ROST, MD, KAY S	WESTMORELAND
ROSTOCK, MD, ROBERT A	LUZERNE
ROSVANIS, MD, THOMAS K	ALLEGHENY
ROTENBERG, MD, LARRY A	BERKS
ROTH, MD, GREGORY S	YORK
ROTH, MD, GREGORY S	YORK
ROTH, MD, JAMES L	PHILADELPHIA
ROTH, MD, JEFFREY J	PHILADELPHIA
ROTH, MD, JERRY M	BUCKS
ROTH, MD, JONATHAN V	PHILADELPHIA
ROTH, MD, KATALIN E	PHILADELPHIA
ROTH, MD, MARIA T	DAUPHIN
ROTH, MD, MARK D	ALLEGHENY
ROTH, DO, MICHAEL A	MERCER
ROTH, DO, RAYMOND D	UNION
ROTH, MD, RUSSELL B	ERIE
ROTH JR, MD, GEORGE R	DAUPHIN
ROTHACKER JR, MD, GERALD W	LANCASTER
ROTHBERG, DANIEL M	STUDENT
ROTHENBERG, MD, MITCHELL H	ALLEGHENY
ROTHENBERGER, MD, MARVIN K	LEHIGH
ROTHERMEL, MD, FRANKLIN J	MONTOUR
ROTHKOPF, MD, BRAD M	PHILADELPHIA
ROTHKOPF, MD, HENRY	PHILADELPHIA
ROTHMAN, MD, DAVID L	MERCER
ROTHMAN, MD, DAVID L	ALLEGHENY
ROTHMAN, MD, KEITH B	BUCKS
ROTHMAN, MD, RICHARD H	PHILADELPHIA
ROTHROCK, MD, GILMORE M	YORK
ROTHSCHILD, MD, JEFFREY M	ALLEGHENY
ROTHSCHILD, MD, JOHN A	LUZERNE
ROTHSTEIN, MD, EDWARD P	BUCKS
ROTHSTEIN-RUBIN, MD, RENE	PHILADELPHIA
ROTOR, MD, MARILYN L	LANCASTER
ROTTENBERG, DO, LOUIS	PHILADELPHIA
ROTTMAN, DO, JOEY S	PHILADELPHIA
ROTTSCHAEFER, MD, BERNARD L	WESTMORELAND
ROUMM, MD, ALAN D	DAUPHIN
ROUSCHE, MD, LORI E	BUCKS
ROUSE, MD, PAUL V	PHILADELPHIA
ROUSE, MD, S BRYAN	BRADFORD
ROUSH JR, MD, ROBERT K	DELAWARE
ROUSSEL, MD, PAULA L	DAUPHIN
ROUX, MD, LUCIE C	ALLEGHENY
ROVALL, MD, KATHLEEN A	ALLEGHENY
ROVINSKI, MD, HELEN T	LEBANON
ROVINSKY, DAVID	STUDENT
ROVITO, MD, PETER F	LEHIGH
ROVNO, MD, HERBERT	PHILADELPHIA
ROWAN, MD, BRUCE W	BEAVER
ROWAN, MD, PAUL J	LANCASTER
ROWAN, MD, PHILIP T	PHILADELPHIA
ROWAN, MD, SANDRA K	BERKS
ROWANE, DO, MICHAEL P	ERIE
ROWE, MD, LEE D	PHILADELPHIA
ROWE, MD, MARC I	ALLEGHENY
ROWE JR, MD, KENNETH W	CAMBRIA
ROWEHL, MD, JANE B	DAUPHIN
ROWLAND, MD, HAROLD A	MONTGOMERY
ROWLAND III, MD, PAUL L	ALLEGHENY
ROWLEY, MD, RICHARD B	CHESTER
ROWMAN, MD, LEO	PHILADELPHIA
ROXBY, ANDREW B	STUDENT
ROXBY, MD, BRUCE S	PHILADELPHIA
ROY, MD, JOHN	PHILADELPHIA
ROY, MD, ROBERT H	PHILADELPHIA
ROY III, MD, EMILE P	CENTRE
ROYAL, MD, DAVID R	CUMBERLAND
ROYAL, MD, MIKE A	ALLEGHENY
ROYER, CHRISTIAN T	STUDENT
ROZANSKI, MD, STANLEY J	BERKS
ROZANSKI JR, MD, LAWRENCE T	PHILADELPHIA
ROZIN, MD, LEON	ALLEGHENY
ROZWADOWSKI, MD, JACK V	ERIE
ROZWADOWSKI, JEANNE M	STUDENT
RUBASH, MD, HARRY E	ALLEGHENY
RUBBO, MD, ERNEST R	DAUPHIN
RUBEN, MD, JEROLD R	WASHINGTON
RUBEN, MD, MALCOLM E	WASHINGTON
RUBENFIELD, MD, ARNOLD D	ALLEGHENY
RUBENSTEIN, MD, DAVID L	MONTGOMERY
RUBENSTEIN, MD, MORTON J	DAUPHIN
RUBENSTONE, MD, JEANNE C	CHESTER
RUBIN, DO, CARL S	PHILADELPHIA
RUBIN, MD, DANIEL A	ALLEGHENY
RUBIN, MD, DAVID A	PHILADELPHIA
RUBIN, MD, EMANUEL	PHILADELPHIA
RUBIN, MD, EMMA	LACKAWANNA
RUBIN, MD, FRED H	ALLEGHENY
RUBIN, MD, HARVEY M	ALLEGHENY
RUBIN, MD, I EDWARD	PHILADELPHIA
RUBIN, MD, JEFFRY F	MONTGOMERY
RUBIN, MD, JONATHAN D	PHILADELPHIA
RUBIN, MD, JOYCE R	PHILADELPHIA
RUBIN, MD, LORE R	ALLEGHENY
RUBIN, MD, MICHAEL B	PHILADELPHIA
RUBIN, DO, MORTON	DELAWARE
RUBIN, MD, MORTON L	DAUPHIN
RUBIN, MD, PETER E	MONTGOMERY
RUBIN, MD, RICHARD M	PHILADELPHIA
RUBIN, MD, SHARON	PHILADELPHIA
RUBIN, MD, WALTER	PHILADELPHIA
RUBINO, MD, MARK A	ALLEGHENY
RUBINSON, ERIK S	STUDENT
RUBINSTEIN, MD, DEBRA N	ALLEGHENY
RUBIO, MD, EMIR W	DELAWARE
RUBRIGHT, MD, GEORGE L	BERKS
RUBRIGHT JR, MD, HERBERT C	SCHUYLKILL
RUBY, MD, EDWARD B	DELAWARE
RUDDEN, MD, ANN	BUCKS
RUDDY, MD, PATRICK J	PHILADELPHIA
RUDICEL, MD, SALLY	PHILADELPHIA
RUDIN, MD, JENNIFER E	ALLEGHENY
RUDLEY, MD, LLOYD D	PHILADELPHIA
RUDMAN, MD, RICHARD	ALLEGHENY
RUDNICK, MD, HERMAN D	PHILADELPHIA
RUDNICK, MD, JON	ALLEGHENY
RUDNITZKY, MD, JEROME	DELAWARE
RUDOLPH, JEFFREY A	STUDENT
RUDOLPH, MD, JOSEPH	PHILADELPHIA
RUDOLPH, MD, JOSEPH P	ALLEGHENY
RUDOLPH, MD, KENNETH H	LACKAWANNA
RUDOLPH, MD, ROBERT I	BERKS
RUDOLPH JR, MD, SAMUEL F	MONTGOMERY
RUDUSKY, MD, BASIL M	LUZERNE
RUDZINSKI, MD, AMY J	STUDENT
RUEBEL, MD, ARMIN A	BUCKS
RUEGER, MD, RAIMUND G	ALLEGHENY
RUEHL, MD, WILLIAM W	WASHINGTON
RUETSCHI, MD, MAJA S	UNION
RUFE, MD, REDDING H	BUCKS
RUFF, MD, CURTIS C	BUTLER
RUFFER, MD, JAMES E	PHILADELPHIA
RUFFINI, MD, JOHN A	DELAWARE
RUFFINI, MD, JOHN J	DELAWARE
RUFFLE, MD, JOAN M	DAUPHIN
RUFFNER, MD, ROBERT J	ALLEGHENY
RUGART, MD, KARL F	PHILADELPHIA
RUGEL, MD, STANLEY J	PHILADELPHIA
RUGGIERO, DO, DOMINIC	LACKAWANNA
RUGGIERO, MD, NICHOLAS J	LUZERNE
RUGGIERO, MD, ROBERT A	CHESTER
RUGGIERO JR, MD, ROBERT A	CHESTER
RUGGLES, CRAIG S	STUDENT
RUHT, MD, BARRY A	LEHIGH
RUIZ, MD, CESAR A	ALLEGHENY
RULIN, MD, MARVIN C	ALLEGHENY
RUMBAUGH, MD, MARSHALL U	LUZERNE
RUMBAUGH, MD, ROSS S	SOMERSET
RUMBAUGH, MD, WILLIAM P	BEAVER
RUMBAUGH JR, MD, JAMES O	PERRY
RUMBLE, MD, THOMAS R	ALLEGHENY
RUMSEY, MD, WILLIAM P	DELAWARE
RUNCO, MD, ANGELO S	ALLEGHENY
RUNDORFF, MD, ROBERT L	CAMBRIA
RUNK, MD, LORENZO G	PHILADELPHIA
RUNYAN, DO, JOHN L	COLUMBIA
RUNYEON, MD, WILLIAM K	BERKS
RUPP, MD, ROBERT A	FAYETTE
RUSCHAK, MD, PAUL J	ALLEGHENY
RUSH, MD, CALVIN C	GREENE
RUSH, MD, JOHN F	FAYETTE
RUSIN, MD, LAWRENCE C	ERIE
RUSLI, MD, MICHAEL	LEBANON
RUSNAK, JAMES M	STUDENT
RUSS, DO, SHERYL A	MONTOUR
RUSSEK, MD, EDWARD	DAUPHIN
RUSSELL, MD, JOHN J	MONTGOMERY
RUSSELL, MD, KAMAL B	DELAWARE
RUSSELL, MD, MARIE O	DELAWARE
RUSSELL JR, MD, BERTRAM R	CHESTER
RUSSIN, MD, MARY S	UNION
RUSSIN, MICHAEL P	STUDENT
RUSSINOVICH, MD, NICHOLAS A E	ALLEGHENY
RUSSMAN, MD, RICHARD B	ALLEGHENY
RUSSO, MD, ANTHONY F	LANCASTER
RUSSO, MD, DAVID P	HUNTINGDON
RUSSO, MD, JOHN F	SCHUYLKILL
RUSSO, MD, JOSEPH F	ALLEGHENY
RUSSO, MD, MICHAEL P	YORK
RUSSO, MD, PIERANTONIO	PHILADELPHIA
RUSSO JR, DO, ANTHONY P	ERIE
RUTBERG, MD, FRANKLIN L	PHILADELPHIA
RUTBERG, MD, MICHAEL	PHILADELPHIA
RUTENBERG, MD, HAROLD L	PHILADELPHIA
RUTH, MD, COREY K	PHILADELPHIA
RUTH, MD, D HENRY	BEAVER
RUTH, DO, SHAWN R	MONTGOMERY
RUTH, MD, THOMAS K	LANCASTER
RUTKOSKI, MD, PAMELA H	LYCOMING
RUTLAND, MD, HEDLEY E	YORK
RUTLEDGE, MD, TANYA M	PHILADELPHIA
RUTMAN, MD, DEANNA L	ALLEGHENY
RUTSTEIN, MD, RICHARD M	PHILADELPHIA
RUTT, MD, JOHN M	LANCASTER
RUTT JR, MD, CLARENCE H	LANCASTER
RUTTA, MD, DAVID	LACKAWANNA
RUTTENBERG, MD, BERTRAM A	PHILADELPHIA
RUTTENBERG, DO, NORMAN F	PHILADELPHIA
RUZBARSKY, MD, JOSEPH J	LACKAWANNA
RUZICZKA, MD, LINDA A	ALLEGHENY
RYAN, MD, DEBRA A	BRADFORD
RYAN, MD, JOHN J	NORTHAMPTON
RYAN, MD, JOHN L	PHILADELPHIA
RYAN, MD, KATHLEEN F	PHILADELPHIA
RYAN, MD, LAWRENCE W	MONTGOMERY
RYAN, MD, MARILYN	DELAWARE
RYAN, MD, WILLIAM C	SOMERSET
RYAN, MD, WILLIAM F	MONROE
RYAN JR, DO, EDWARD F	DELAWARE
RYBARCZYK, MD, RICHARD M	LANCASTER
RYCHAK, MD, JOHN S	DAUPHIN
RYCHIK, MD, JACOB	PHILADELPHIA
RYCKMAN, MD, WILLIAM F	WESTMORELAND
RYCZAK, MD, MARY	LACKAWANNA
RYDQUIST-WHITE, JILL E	STUDENT
RYDZE, MD, RICHARD A	ALLEGHENY
RYDZE, MD, ROBERT A	ALLEGHENY
RYLKO, MD, PATRICIA	MONROE
RYMER, MD, DAVID B	ALLEGHENY
RYNIER, MD, DONALD L	LANCASTER
RYOO, MD, IN O	ALLEGHENY
RYSCAVAGE, MD, THOMAS S	YORK

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SAAB, MD, ELIE M	PHILADELPHIA
SAADE, ROSALMA	STUDENT
SAAVEDRA, MD, DIOGENES A	CRAWFORD
SABATELLE, MD, ROBERT C	ALLEGHENY
SABEH, MD, GEORGE	ALLEGHENY
SABEH, MD, RAIF K	ALLEGHENY
SABLOSKY, MD, LESTER	MONTGOMERY
SABO, MD, ERIN M	ALLEGHENY
SABO, MD, ROBERT P	WESTMORELAND
SABOKBAR, MD, NASSER	MONTGOMERY
SABOL, MD, JOHN B	CUMBERLAND
SABOL, MD, JOSEPH G	ALLEGHENY
SABOL, MD, LOUISE J	MONTOUR
SABRI, MD, PHILIP J	FRANKLIN
SABUGO, MD, EVELYN F	PHILADELPHIA
SACCO, MD, MATTHEW A	ALLEGHENY
SACCO, MD, RUSSELL J	ALLEGHENY
SACHAKUL, MD, CHITRINEE	WESTMORELAND
SACHAROK, MD, CYNTHIA A	DELAWARE
SACHDEV, MD, RANJAN	NORTHAMPTON
SACHDEVA, MD, AJIT K	PHILADELPHIA
SACHDEVA, MD, RAVINDRA K	MERCER
SACHS, MD, MARVIN L	PHILADELPHIA
SACHS, MD, MURRAY	ALLEGHENY
SACKMAN, MD, IRA	DAUPHIN
SACKS, MD, DAVID	BERKS
SACKS, MD, EDMOND J	CHESTER
SACKS, MD, ELLIS H	MONTGOMERY
SACKS, MD, RICHARD P	LEBANON
SACKS, DO, STEPHEN E	MONTGOMERY
SADKA, MD, GEORGE M	CLINTON
SADLER, MD, JOHN M	ALLEGHENY
SADOFF, MD, ROBERT L	MONTGOMERY
SADOWSKI, MD, HUBERT F	ALLEGHENY
SADR, MD, FARROKH S	LEHIGH
SADWIN, MD, ARNOLD	PHILADELPHIA
SAFIER, MD, JOEL	ALLEGHENY
SAFINA, DO, THOMAS E	PHILADELPHIA
SAFYAN, MD, ERIC L	ALLEGHENY
SAFYAN, MD, SUSAN L	ALLEGHENY
SAGALOW, MD, BARRY R	PHILADELPHIA
SAGAN, MD, ELIZABETH R	ALLEGHENY
SAGEL, DO, HENRY K	YORK
SAGEMAN, MD, MARC S	PHILADELPHIA
SAGER, MD, ETHEL	PHILADELPHIA
SAGER, DO, MARSHALL H	MONTGOMERY
SAGHAFI, MD, DARIUS	WESTMORELAND
SAHL, MD, HENRY G	PHILADELPHIA
SAHLANEY, MD, WILLIAM J	CAMBRIA
SAHLOLBEI, MD, HOSSAIN	YORK
SAHOO, MD, DILLISWAR	SCHUYLKILL
SAHOO, MD, KASHINATH	BERKS
SAHOVEY, MD, JAMES R	ALLEGHENY
SAIDMAN, MD, BRUCE H	LUZERNE
SAIDMAN, MD, LESTER M	LUZERNE
SAIF, MD, NAHEED F	LEBANON
SAIFEE, MD, KUTUB M	ALLEGHENY
SAINI, MD, SUNIL K	PHILADELPHIA
SAIONTZ, MD, HOWARD I	CAMBRIA
SAITO, MD, ANA Y	PHILADELPHIA
SAITO, NAOYUKI G	STUDENT
SAKACH, MD, VALERIE A	WASHINGTON
SAKER, MD, MARK B	ALLEGHENY
SAKKAL, MD, SAAD	MERCER
SAKOL, MD, PETER J	DAUPHIN
SALAK, MD, WASYL W	PHILADELPHIA
SALAM, MD, HASEEDA A	DELAWARE
SALAM, MD, MAHI	CHESTER
SALAMA, MD, MARYBETH P	ALLEGHENY
SALAND, MD, DAVID K	DELAWARE
SALAS, MD, MARTY M	CAMBRIA
SALATKA, MD, KARL W	WESTMORELAND
SALAZAR, MD, EDGARDO P	CARBON
SALAZAR, MD, LOUIS F	YORK
SALAZAR, MD, PEDRO A	LUZERNE
SALCEDO, MD, WILFREDO G	NORTHAMPTON
SALDANA, MD, IDEL J	JEFFERSON
SALEEM, MD, MOHAMMAD A	LACKAWANNA
SALEH, MD, A NABIL	PHILADELPHIA
SALEHI, HASSAN A	STUDENT
SALES, MD, IRVING J	PHILADELPHIA
SALES, MD, PHOENIX M	PHILADELPHIA
SALGADO, MD, EDWARD M	NORTHAMPTON
SALILENG, MD, FILEMON F	BERKS
SALINDONG, MD, JAIME P	MONTGOMERY
SALINGER, MD, DAVID J	FRANKLIN
SALKIND, MD, GARY D	DELAWARE
SALKIND, MD, GENE Z	PHILADELPHIA
SALLASH JR, MD, ROBERT J	NORTHAMPTON
SALLAVANTI JR, MD, ROBERT A	WASHINGTON
SALMAN, MD, KARL	LACKAWANNA
SALNER, MD, NATHAN P	PHILADELPHIA
SALOMON, MD, ALEXANDER R	MONTGOMERY
SALOMON, MD, MICHAEL A	WESTMORELAND
SALOWE, MD, DAVID R	BUCKS
SALTZBURG, DO, MICHAEL C	BLAIR
SALTZMAN, MD, LEONARD D	ALLEGHENY
SALTZMAN, MD, MARCUS B	PHILADELPHIA
SALVAGE, MD, ROBERT H	PHILADELPHIA
SALVAS, MD, DANIEL B	BERKS
SALVITTI, MD, E RONALD	WASHINGTON
SALVO, MD, PAUL J	PHILADELPHIA
SALVOZA, MD, MANUEL I	ALLEGHENY
SALZANO, LAURA J	STUDENT
SALZMAN, DO, GARY R	PHILADELPHIA
SAMAD, MD, MOHAMMAD A	NORTHUMBRLAND
SAMADANI, MD, SIROOS R	ALLEGHENY
SAMAHA JR, MD, A MICHAEL	MONTGOMERY
SAMANTA, JOHAN E	STUDENT
SAMARASINGHE, MD, GUNASIRI	ERIE
SAMBERG, DO, GARY A	LANCASTER
SAMELSON, MD, LEO	YORK
SAMET, MD, SHERWOOD L	MONROE
SAMHOURI, MD, FAROUQ A	PHILADELPHIA
SAMIES, MD, JOHN H	LEHIGH
SAMII, MD, ABDOL H	LUZERNE
SAMII, MD, ALI M	CAMBRIA
SAMIMI, MD, FAROKH	PHILADELPHIA
SAMINATHAN, MD, THAMARAI	BUCKS
SAMITT, DO, JOEL L	LANCASTER
SAMKOFF, MD, JUDITH S	DAUPHIN
SAMLIN, MD, BARRY	PHILADELPHIA
SAMM, PAUL L	STUDENT
SAMMARITANO, MD, DONNA M	PHILADELPHIA
SAMPATH, MD, KRISHNA	PHILADELPHIA
SAMPATHACHAR, MD, KAKKADASAM R	PHILADELPHIA
SAMUELS, MD, ALLEN J	MONTGOMERY
SAMUELS, MD, TODD L	DAUPHIN
SAMUELSEN, MD, THOMAS S	LACKAWANNA
SAMUELSON, MD, JOEL S	MONROE
SANCHEZ, MD, EDGAR H	LUZERNE
SAND, MD, VIJAICHAND S	ELK/CAMERON
SANDBERG, MD, JAMES A	LEHIGH
SANDBERG, MD, PER L	ALLEGHENY
SANDBERG, MD, THEODORE E	ALLEGHENY
SANDEL, MD, MARY E	PHILADELPHIA
SANDERS, MD, MELINDA E	STUDENT
SANDERS, MD, PAUL	PHILADELPHIA
SANDERS, MD, RICHARD D	ALLEGHENY
SANDERS, MD, ROBERT E	WESTMORELAND
SANDERSON, MD, DOUGLAS K	DAUPHIN
SANDERSON, MD, VINCENT A	MERCER
SANDHAUS, MD, JULIUS L	LANCASTER
SANDHU, MD, BAKHSHISH S	BUCKS
SANDHU, MD, JASVINDER S	ALLEGHENY
SANDHU, MD, RAJINDER S	ALLEGHENY
SANDLER, MD, KENNETH R	CHESTER
SANDLER, MD, MATTHEW J	PHILADELPHIA
SANDLER, MD, SUSAN M	MONTGOMERY
SANDO, MD, RALPH S	PHILADELPHIA
SANDOVAL, MD, CONCHITA O	WESTMORELAND
SANDOVAL-BARRETT, JESSY C	STUDENT
SANDROWICZ, MD, RICHARD R	INDIANA
SANDS, MD, EARL E	MONTGOMERY
SANDS, MD, JEFFREY J	LUZERNE
SANDS, DO, SETH C	MONTGOMERY
SANDSON, MD, GERALD B	ALLEGHENY
SANDSTROM, MD, PAUL H	ERIE
SANDSTROM JR, MD, FRANK T	MONTGOMERY
SANFORD, MD, FREDERIC E	LYCOMING

SANFORD, MD, ROBERT G	DAUPHIN
SANGHI, MD, JOOH K	WARREN
SANGILLO, MD, CATHLEEN K	DAUPHIN
SANGILLO, MD, MARIO M	DAUPHIN
SANGODEYI, MD, OLU R	ALLEGHENY
SANGRUJEE, MD, KANNIKA L	ALLEGHENY
SANGRUJEE, MD, WEERASAK	ALLEGHENY
SANGWAN, MD, YASH P	LEHIGH
SANKAR, MD, NAGANATHAN S	BEAVER
SANKARAN, MD, MANICKAM	BLAIR
SANKARI, MD, MUHAMMED A	MCKEAN
SANSONE, MD, THOMAS C	MONTGOMERY
SANSTEAD, MD, JOHN K	YORK
SANT RAM, MD, DEEPAK	CHESTER
SANTAMARIA, MD, FRANK R	WESTMORELAND
SANTANGELO, MD, MARSHA F	PHILADELPHIA
SANTANGELO, MD, SAMUEL C	MONTGOMERY
SANTARELLI, DO, ROCCO J	MONTGOMERY
SANTEN, MD, RICHARD J	DAUPHIN
SANTIAGO, EDDIE W	STUDENT
SANTIAGO, MD, EVELYN	ALLEGHENY
SANTIAGO, MD, JOSE W	MERCER
SANTIESTEBAN, MD, JOSEPH A	ALLEGHENY
SANTILLAN, MD, VICTOR H	BLAIR
SANTILLI, MD, THOMAS F	PHILADELPHIA
SANTMAN, MARK	STUDENT
SANTO, MD, JEAN L	DAUPHIN
SANTOMENNA, MD, MICHAEL A	ERIE
SANTOPOLO, MD, ANTHONY C	DELAWARE
SANTORA, MD, ROBERT A	CRAWFORD
SANTORA, MD, THOMAS A	PHILADELPHIA
SANTORA JR, MD, DONALD C	ALLEGHENY
SANTORA JR, MD, FRANK J	ALLEGHENY
SANTORE, MD, FELICE J	DELAWARE
SANTORE, MD, LOUIS X	MONTGOMERY
SANTORO, MD, JEROME	PHILADELPHIA
SANTORO, MD, WILLIAM	BERKS
SANTOS, MD, ARTHUR M	ALLEGHENY
SANTOS, MD, CESAR R	LAWRENCE
SANTOS, MD, EDWIN M	NORTHAMPTON
SANTOS, ERICK M	STUDENT
SANTOS, MD, RODOLFO J	BUCKS
SANTOS, MD, RODOLFO R	SOMERSET
SANTOSO, MD, LIMJADI	ERIE
SANTUCCI, MD, FRANCESCO	ALLEGHENY
SANZ, DIANA L	STUDENT
SAPIRA, MD, VALDI	MONTGOMERY
SAPONARO, MD, STEPHEN A	PHILADELPHIA
SAPORITO, MD, JOSEPH J	ALLEGHENY
SAQUIN, MD, RAINELDO C	MCKEAN
SARACCO, MD, THOMAS R	ALLEGHENY
SARACHEK, MD, NORMAN S	LEHIGH
SARACINO, MD, DINO P	BEDFORD
SARADAR, MD, RAJA	ALLEGHENY
SARADAR, MD, RIAD	FAYETTE
SARAGOVI, MD, ARMAND A	PHILADELPHIA
SARAJEDINI, MD, HOSSAIN	MCKEAN
SARAN, MD, MADHUKAR	SUSQUEHANNA
SARAS, MD, HARRY P	MONROE
SARAS, MD, PETER L	LUZERNE
SARAVITZ JR, MD, EUGENE M	NORTHAMPTON
SARDESAI, MD, PRABHAKER G	ERIE
SARGE, MD, TERENCE J	FRANKLIN
SARGENT, MD, STEPHEN E	BUTLER
SARGINGER, MD, LARRY J	ELK/CAMERON
SARIEGO, MD, JOAQUIN	PHILADELPHIA
SARIN, MD, LOV K	PHILADELPHIA
SARIS, MD, ANNE L	MONTGOMERY
SARIS, MD, DEMETRIUS S	MONTGOMERY
SARIS-MECHENBIER, MD, LYDIA E	ALLEGHENY
SARKER, MD, CHITTA R	MONTGOMERY
SARKESSIAN, DO, ALBERT M	PHILADELPHIA
SARNER, MD, JOEL B	ALLEGHENY
SARNOWSKI, MD, ROBERT J	LACKAWANNA
SARSHIK, MD, MILTON	PHILADELPHIA
SARSHIK, MD, STUART A	BUCKS
SARTSCHEV, MD, CAROLINE A	ALLEGHENY
SARUBIN, MD, DANIEL R	LEHIGH
SARUK, MD, MICHAEL L	CHESTER
SARVER, MD, RAY G	WESTMORELAND
SARVER, MD, ROBERT O	ALLEGHENY
SASSANI, MD, JOSEPH W	DAUPHIN
SATALOFF, MD, DAHLIA M	PHILADELPHIA
SATALOFF, MD, JOSEPH	PHILADELPHIA
SATALOFF, MD, ROBERT T	PHILADELPHIA
SATCHELL, JACQUELINE R	STUDENT
SATINSKY, MD, JONATHAN D	DELAWARE
SATO, MD, TAKAMI	PHILADELPHIA
SATRIALE, MD, ROBERT O	CHESTER
SATTERLY, CLYDE H	STUDENT
SATYAM, MD, BHAGYALAKSHMI D	LUZERNE
SATZ, MD, WAYNE A	PHILADELPHIA
SAUCO, MD, M CONCEPCION	PHILADELPHIA
SAUER, MD, DIETER	WESTMORELAND
SAUER, MD, GARY G	ALLEGHENY
SAUER, MD, THOMAS S	NORTHAMPTON
SAUEREISEN, MD, SANDRA C	PHILADELPHIA
SAUL, MD, ALBERT	PHILADELPHIA
SAUL, MD, LEON J	PHILADELPHIA
SAUL, MD, ROBERT F	MONTOUR
SAULL, MD, SONDRA C	PHILADELPHIA
SAUNDERS, MD, CATHY L	WESTMORELAND
SAUNDERS, MD, CHARLES D	NORTHAMPTON
SAUNDERS, MD, RICHARD M	MONTGOMERY
SAUNDERSON JR, MD, ROBERT W	LANCASTER
SAUSSER, MD, EUGENE W	CUMBERLAND
SAUTER, MD, ANTHONY L	MONTOUR
SAUTER, MD, MARTHA A	MONTOUR
SAVACOOL, MD, JACOB W	PHILADELPHIA
SAVAGE, CARRIE A	STUDENT
SAVAGE, MD, DONALD J	LUZERNE
SAVAGE, MD, MICHAEL P	PHILADELPHIA
SAVAGE, MD, PETER J	LUZERNE
SAVARESE, MD, RONALD P	PHILADELPHIA
SAVASTIO, MD, JOSEPH A	DAUPHIN
SAVELLI, BRENT A	STUDENT
SAVINESE, DO, STANLEY J	DELAWARE
SAVOIA, LEE A	STUDENT
SAWARDECKER, MD, SANDIP U	WESTMORELAND
SAWARDEKAR, MD, ARUN S	MERCER
SAWICKI, MD, EDWARD H	INDIANA
SAWIN, MD, HENRY S	MONTGOMERY
SAWYER, MD, MICHAEL A J	PHILADELPHIA
SAWYNA, MD, VITALY	LEHIGH
SAXENA, MD, VARUN	BUCKS
SAXON, MD, ANDREA M	DELAWARE
SAXON, MD, JOSEPH G	DAUPHIN
SAYE JR, MD, WILLIAM H	DAUPHIN
SAYEN, MD, JOHN J	PHILADELPHIA
SAYERS, MD, FRANCIS P	NORTHMBRLAND
SAYERS, MD, KENNETH H	INDIANA
SAYLOR, MD, RANDALL M	BUTLER
SAYLOR, MD, RICHARD F	MONTGOMERY
SAYSON, MD, JOSE N	LEBANON
SBAT, DO, KENNEDY J	MONTGOMERY
SCAGLINE, MD, RHONDA L	STUDENT
SCALLY, AMY P	STUDENT
SCANDURA IV, JOSEPH M	STUDENT
SCANLIN, MD, THOMAS F	PHILADELPHIA
SCANTLEBURY, MD, VELMA P	ALLEGHENY
SCARAMUCCI, MD, JOHN C	ALLEGHENY
SCARANO, MD, VICTOR R	PHILADELPHIA
SCARITO, MD, ELIZABETH A	YORK
SCARPA, MD, HARRY C	MONTGOMERY
SCARPINO, MD, LEO J	LEHIGH
SCARSELLATO, MD, JOHN N	ALLEGHENY
SCERBO, MD, JAMES A	JEFFERSON
SCHAAF, MD, HOMER D	CHESTER
SCHAAF, MD, JOHN T	ERIE
SCHAAF, MD, RICHARD D	DELAWARE
SCHACHTER, MD, JOSEPH	ALLEGHENY
SCHACHTER, MD, LAURENCE H	MONTGOMERY
SCHACHTERLE, MD, RALPH E	LANCASTER
SCHADDER, CYNTHIA A	STUDENT
SCHADE, MD, JOHN F	LUZERNE
SCHADT, MD, DANIEL C	NORTHAMPTON
SCHADT, MD, MARK E	NORTHAMPTON
SCHAEBLER, MD, M LEE	BERKS
SCHAEFER, MD, C RUSSELL	ALLEGHENY
SCHAEFER, MD, DAVID C	YORK
SCHAEFER, MD, THOMAS J	CAMBRIA
SCHAEFER, MD, THOMAS L	ALLEGHENY
SCHAEFFER, MD, CHARLES S	CENTRE
SCHAEFFER, MD, WILLIAM A	LANCASTER
SCHAEFFER JR, MD, WILLIAM E	LEBANON
SCHAENEN, MD, WENDY	DAUPHIN
SCHAFER, MD, CHARLES H	PHILADELPHIA
SCHAFFER, MD, CHRISTOPHER J	PHILADELPHIA
SCHAFFER, MD, DAVID B	PHILADELPHIA
SCHAFFER, MD, DAVID N	DAUPHIN
SCHAFFER, MD, DAVID W	PHILADELPHIA
SCHAFFER, MD, ELLIOTT L	DELAWARE
SCHAFFER, MD, LILLY H	STUDENT
SCHAFFER, MD, MICHAEL A	PHILADELPHIA
SCHAFFZIN, MD, LAWRENCE S	PHILADELPHIA
SCHAINKER, MD, BRUCE A	PHILADELPHIA
SCHAITKIN, MD, BARRY M	ALLEGHENY
SCHALET, DO, BENNETT D	PHILADELPHIA
SCHALL, MD, JAMES E	HUNTINGDON
SCHALL, MD, ROY F	ALLEGHENY
SCHALLER, MD, JAMES A	MONTGOMERY
SCHALLER, MD, JAMES L	PHILADELPHIA
SCHALLER, MD, VINCENT E	STUDENT
SCHAMP, MD, RICHARD O	JEFFERSON
SCHANER, MD, PAUL J	ALLEGHENY
SCHANK, MD, DENNIS J	MONTGOMERY
SCHANTZ, DO, BEVERLY B	LANCASTER
SCHANTZ, MD, JOHN C	LANCASTER
SCHAPIRO, MD, ROLF L	ALLEGHENY
SCHARF, MD, ANN I	DELAWARE
SCHARF, MD, RENEE D	MONTGOMERY
SCHARTEL, DO, ALBERT P	BERKS
SCHATANOFF, MD, DAVID	BLAIR
SCHATANOFF, MD, JOSEPH	PHILADELPHIA
SCHATZ, MD, NORMAN J	PHILADELPHIA
SCHAUB, MD, DAVID H	ALLEGHENY
SCHAUBLE, MD, THOMAS L	ALLEGHENY
SCHECKER, MD, NEIL H	PHILADELPHIA
SCHECTER, MD, BENJAMIN C	MONROE
SCHEER, MD, R SCOTT	CHESTER
SCHEERS, MD, GEORGE F	LUZERNE
SCHEFF, MD, ALICE M	PHILADELPHIA
SCHEIB, MD, FREDERICK J	WASHINGTON
SCHEIB, MD, LISA M	PHILADELPHIA
SCHEID, MD, EDWARD R	ALLEGHENY
SCHEIDLER, MICHAEL G	STUDENT
SCHEIN, MD, ALAN L	DAUPHIN
SCHEIN, MD, PHILIP S	MONTGOMERY
SCHEIN, MD, ROBERT A	ALLEGHENY
SCHEIN II, MD, GEORGE	ALLEGHENY
SCHEINER, ADAM J	STUDENT
SCHEINER, MD, JAC D	ALLEGHENY
SCHEINER, MD, ROBIN B	DELAWARE
SCHEINMAN, MD, HAROLD Z	ALLEGHENY
SCHELKUN, MD, P MICHAEL	BUCKS
SCHELL, MD, STEPHEN E	ERIE
SCHELL JR, MD, FRANCIS J	LUZERNE
SCHELLENBERG, MD, JOSEPH B	STUDENT
SCHELLHASE, KENNETH G	STUDENT
SCHENCK, DO, ARTHUR C	ERIE
SCHENCK, MD, PAUL H	LEHIGH
SCHENDEL, MD, PAUL B	YORK
SCHENFELD, MD, LOUIS A	CAMBRIA
SCHENKEL, MD, ERIC J	NORTHAMPTON
SCHER, MD, CHARLES D	PHILADELPHIA
SCHER, MD, DAVID L	DAUPHIN
SCHERER, MD, BERNARD C	WESTMORELAND
SCHERR, MD, STUART A	PHILADELPHIA
SCHEUER, MD, JOHN W	LACKAWANNA
SCHEUERMANN, MD, HENRY A	DELAWARE
SCHEUERMANN, MD, RICHARD E	PHILADELPHIA
SCHIAVONE, MD, JOSEPH A	NORTHAMPTON
SCHIERMER, DONALD C	STUDENT
SCHIETROMA, MD, JOHN J	DAUPHIN
SCHIFF, MD, MELVIN M	ALLEGHENY
SCHIFFMAN, MD, RAYMOND J	PHILADELPHIA
SCHILLER, MD, HERBERT M	PHILADELPHIA
SCHILLER, MD, RUTH P	BUCKS
SCHILLI, MD, RUDOLPH	CAMBRIA
SCHILLING, MD, JACQUELINE	DELAWARE
SCHILLING, MD, JOHN F	DELAWARE
SCHIMMER, MD, BARRY M	PHILADELPHIA
SCHINDLER, MD, ALAN M	PHILADELPHIA
SCHINDLER, JOHN T	STUDENT
SCHINDLER, MD, PETER D	CHESTER
SCHINFELD, MD, LOUIS H	MONTGOMERY
SCHIOWITZ, MD, ALBERT	LUZERNE
SCHIOWITZ, MD, MARK F	LUZERNE
SCHIRO, MD, JOHN C	DAUPHIN
SCHLACKMAN, MD, NEIL	BUCKS
SCHLAFF, MD, LILLIAN T	PHILADELPHIA
SCHLAFF, MD, SHELDON	PHILADELPHIA
SCHLAGER, MD, BARBARA A	BUCKS
SCHLAGER, MD, CHARLES E	YORK
SCHLANSKY, MD, RONALD M	CUMBERLAND
SCHLECHTER, MD, MICHAEL J	MONTGOMERY
SCHLEGEL JR, MD, ROBERT J	YORK
SCHLEICHER, MD, STEPHEN M	LUZERNE
SCHLEIFER, MD, CHARLES R	PHILADELPHIA
SCHLESINGER, MD, ROBERT B	PHILADELPHIA
SCHLESINGER, MD, SAM	LUZERNE
SCHLESS, MD, ARTHUR P	CHESTER
SCHLESSEL, MD, RICHARD B	PHILADELPHIA
SCHLEZINGER, MD, NATHAN S	PHILADELPHIA
SCHLICHTING, MD, CHRISTINE M	PHILADELPHIA
SCHLITZER, MD, WILLIAM H	SCHUYLKILL
SCHLOSSBERG, MD, DAVID	PHILADELPHIA
SCHLOSSER, MD, DAVID E	LANCASTER
SCHMALTZ, MD, HARRY W	LACKAWANNA
SCHMELTZ, MD, RALPH	ALLEGHENY
SCHMEYER, MD, JON E	YORK
SCHMIDHEISER, MARK A	STUDENT
SCHMIDHOFER, MD, MARK	ALLEGHENY
SCHMIDT, MD, ARNOLD P	LUZERNE
SCHMIDT, MD, COURTLAND M	PHILADELPHIA
SCHMIDT, DEBRA M	STUDENT
SCHMIDT, MD, H WILLIAM	MONTGOMERY
SCHMIDT, MD, STEPHEN L	BLAIR
SCHMIELER, MD, GEORGE C	WASHINGTON
SCHMITT, MD, CHARLES L	ALLEGHENY
SCHMITT, MD, HERMAN L	ALLEGHENY
SCHMITZ, MD, THOMAS J	ADAMS
SCHMUKLER, DO, ANITA G	PHILADELPHIA
SCHMUTZLER III, MD, ROBERT C	MONTGOMERY
SCHNALL, MD, BARRY	PHILADELPHIA
SCHNALL, MD, CHARLES	PHILADELPHIA
SCHNALL, MD, DAVID J	PHILADELPHIA
SCHNALL, MD, NATHAN	PHILADELPHIA
SCHNAUFER, MD, LOUISE	PHILADELPHIA
SCHNEE, MD, SCOTT S	VENANGO
SCHNEEBERG, MD, ARTHUR L	PHILADELPHIA
SCHNEEBERG, MD, J MYRON	PHILADELPHIA
SCHNEEBERG, MD, NORMAN G	PHILADELPHIA
SCHNEIDER, MD, BARBARA A K	PHILADELPHIA
SCHNEIDER, MD, BERNARD	PHILADELPHIA
SCHNEIDER, MD, JAN	PHILADELPHIA
SCHNEIDER, MD, JOHN A	ALLEGHENY
SCHNEIDER, MD, LAWRENCE H	PHILADELPHIA
SCHNEIDER, MD, MICHAEL P	ALLEGHENY
SCHNEIDER, MD, RICHARD R	ALLEGHENY
SCHNEIDER, MD, ROBERT E	ALLEGHENY
SCHNEIDER, MD, ROBERTA L	MONTGOMERY
SCHNEIDERMAN, MD, MARC J	ALLEGHENY
SCHNEIDERMAN, MD, ROY	PHILADELPHIA
SCHNEIMAN, MD, MAURICE H	PHILADELPHIA
SCHNELL, MD, BRIAN M	NORTHAMPTON
SCHNUR, MD, RHONDA E	PHILADELPHIA
SCHNURER, MD, CHARLES I	ALLEGHENY
SCHNURER, MD, MARK A	BEAVER
SCHOBER, MD, JUSTINE R	ERIE
SCHOCK, MD, WILLIAM W	HUNTINGDON
SCHOCKER, MD, JACK D	BLAIR
SCHOEL, SUZANNE M	STUDENT
SCHOENFELDER, MD, STEVEN J	UNION
SCHOEPPNER, MD, ERIC	NORTHAMPTON
SCHOEPPNER, MD, GABRIELLE	NORTHAMPTON
SCHOFFSTALL, MD, JOHN M	PHILADELPHIA
SCHOFIELD, MD, JOYCE A	MONTGOMERY
SCHOFIELD, MD, R ALAN	MONTGOMERY
SCHOLFIELD, MD, KIMBERLY R	STUDENT
SCHOLL, MD, HARVEY W	MONTGOMERY
SCHOLL JR, MD, HARVEY W	BUCKS
SCHOLLAERT, MD, RICHARD A	ALLEGHENY
SCHONAUER, MD, THOMAS D	YORK
SCHONDER III, JOHN F	STUDENT
SCHONFELD, MD, MARGERY B	BUCKS
SCHONROCK, MD, KRISTA L	LEHIGH
SCHOONOVER, CHRISTINE A	STUDENT
SCHOONOVER, MD, DANIEL K	MONTOUR
SCHOPFER, MD, RALPH E	LYCOMING
SCHORN, MD, VICTOR G	FRANKLIN
SCHORR, MD, NEAL A	ALLEGHENY
SCHOTT, MD, C RICHARD	DELAWARE
SCHOWALTER, MD, DONALD R	WESTMORELAND
SCHRACK, DO, SAMUEL E	LYCOMING
SCHRADER, MD, PATRICIA A	NORTHAMPTON
SCHRAGGER, MD, ALAN H	LEHIGH
SCHRAMM, MD, CRAIG M	PHILADELPHIA
SCHRAMM, MD, FRANK E	NORTHAMPTON
SCHRAN, MD, ALBERT G	DELAWARE
SCHRECK, MD, FRED M	NORTHMBRLAND
SCHRECKENGAUST, MD, ROBERT H	LACKAWANNA
SCHREIBER, MD, RICHARD	DAUPHIN
SCHREIBER, MD, RICHARD D	LEBANON
SCHREINER, MD, GLENWOOD R	LUZERNE
SCHREINER, MD, MARK S	PHILADELPHIA
SCHRENZEL, MD, STEVEN	DELAWARE
SCHROCK, MD, LAURA J	CAMBRIA
SCHROECKENSTEIN, MD, RICHARD F	CRAWFORD
SCHROEDER, MD, JEROME S	PHILADELPHIA
SCHROEDER, MD, RICHARD D	CAMBRIA
SCHROGIE JR, MD, JOHN J	CHESTER
SCHRYVER, MD, THOMAS E	YORK
SCHUBERT, MD, JOHN J	LANCASTER
SCHUCHMAN, DO, MARGARET M	MONTOUR
SCHUCKER, MD, CHARLES L	HUNTINGDON
SCHUCKER, MD, FORREST A	DAUPHIN
SCHUCKER, MD, JODI L	NORTHAMPTON
SCHUERER, DOUGLAS J E	STUDENT
SCHUESSLER, MD, PAUL W	NORTHAMPTON
SCHULHOFF, MD, JOHN W	ALLEGHENY
SCHULLER, MD, DIANE E	MONTOUR
SCHULMAN, MD, EDWARD S	PHILADELPHIA
SCHULMAN, MD, ELLIOTT A	PHILADELPHIA
SCHULMAN, MD, NORMAN	LUZERNE
SCHULMAN, MD, SETH L	PHILADELPHIA
SCHULTHEIS JR, MD, CARL F	MONTGOMERY
SCHULTZ, MD, CHRISTOPHER F	PHILADELPHIA
SCHULTZ, MD, EDWARD D	BLAIR
SCHULTZ, MD, EDWARD M	ALLEGHENY
SCHULTZ, MD, JULIUS	PHILADELPHIA
SCHULTZ, MD, THEODORE A	WESTMORELAND
SCHULTZE, ROBERT L	STUDENT
SCHULZ, MD, JACOB A	LANCASTER
SCHULZ, VIRGINIA L	STUDENT
SCHUMACHER, MD, DAVID L	BEAVER
SCHUMACHER, LINDA A	STUDENT
SCHUMAN, MD, ROBERT A	LACKAWANNA
SCHURICHT, MD, ALAN L	PHILADELPHIA
SCHUSTER, MD, ALBERT H	PHILADELPHIA
SCHUSTER, MD, ALLAN H	ALLEGHENY
SCHUSTER, MD, ROBERT T	CHESTER
SCHUT, MD, LUIS	PHILADELPHIA
SCHUTTE, MD, SHARON L	PHILADELPHIA
SCHWAB, MD, MORTON E	PHILADELPHIA
SCHWAB, MD, RICHARD J	PHILADELPHIA
SCHWAB, MD, ROBERT H	PHILADELPHIA
SCHWABE, MD, KARL G	DELAWARE
SCHWALB, MD, ALLEN J	PHILADELPHIA
SCHWALB, MD, NEIL S	PHILADELPHIA
SCHWAMM, MD, HARRY A	MONTGOMERY
SCHWARCZ, MD, HARRIET B	MONTGOMERY
SCHWARTZ, MD, ALAN J	PHILADELPHIA
SCHWARTZ, MD, ALEC R	ALLEGHENY
SCHWARTZ, MD, BARRY J	PHILADELPHIA
SCHWARTZ, MD, DANIEL N	ALLEGHENY
SCHWARTZ, MD, DONALD S	CHESTER
SCHWARTZ, MD, ELIAS	PHILADELPHIA
SCHWARTZ, MD, EMANUEL E	PHILADELPHIA
SCHWARTZ, MD, ERIC I	STUDENT
SCHWARTZ, MD, GARY M	DAUPHIN
SCHWARTZ, DO, GERSON	DELAWARE
SCHWARTZ, MD, GORDON F	PHILADELPHIA
SCHWARTZ, MD, HARRY W	PHILADELPHIA
SCHWARTZ, MD, HOWARD P	PHILADELPHIA
SCHWARTZ, MD, IRA	SCHUYLKILL
SCHWARTZ, MD, JEFFREY H	PHILADELPHIA
SCHWARTZ, MD, JOEL D	ALLEGHENY
SCHWARTZ, MD, JOEL L	MONTGOMERY
SCHWARTZ, MD, JONATHAN	WESTMORELAND
SCHWARTZ, MD, LEONARD	ALLEGHENY
SCHWARTZ, MD, LINDEN M	PHILADELPHIA
SCHWARTZ, MD, LOUIS	PHILADELPHIA
SCHWARTZ, MD, M WILLIAM	PHILADELPHIA
SCHWARTZ, MD, MARC L	PHILADELPHIA
SCHWARTZ, MD, MELVIN H	LEHIGH
SCHWARTZ, MD, MICHAEL D	LEHIGH
SCHWARTZ, MICHAEL D	STUDENT
SCHWARTZ, MD, MILTON A	BUCKS
SCHWARTZ, MD, PETER A	BERKS
SCHWARTZ, MD, PETER L	BUCKS

SCHWARTZ, MD, RAYMOND	PHILADELPHIA
SCHWARTZ, MD, REUBEN B	PHILADELPHIA
SCHWARTZ, MD, ROBERT M	ERIE
SCHWARTZ, MD, ROBERT P	PHILADELPHIA
SCHWARTZ, MD, RONALD J	MONTGOMERY
SCHWARTZ, MD, SHELDON M	LYCOMING
SCHWARTZ, MD, STEPHEN L	PHILADELPHIA
SCHWARTZMAN, ERIC L	STUDENT
SCHWARTZMAN, GREGORY J	STUDENT
SCHWARZ, MD, DONALD F	PHILADELPHIA
SCHWARZ, MD, GABRIEL A	PHILADELPHIA
SCHWARZ, MD, LYNN-BETH	PHILADELPHIA
SCHWARZ, MD, RICHARD A	BUCKS
SCHWEIKLE, MD, MARY R	LYCOMING
SCHWEIZER, MD, ROBERT R	BERKS
SCHWEMMER, DO, HELENE M	PHILADELPHIA
SCHWENDEMAN, MD, LESLIE J	ALLEGHENY
SCHWENTKER, MD, EDWARDS P	DAUPHIN
SCHWERHA, MD, JOSEPH J	ALLEGHENY
SCHWERIN, MD, WILLIAM F	ALLEGHENY
SCHWIEP, MD, FRANCIS	LEHIGH
SCHWINGE, MD, ELAINE A	LEHIGH
SCHWITER, MD, E JOSEPH	LUZERNE
SCIALLA, MD, SALVATORE J	LACKAWANNA
SCIAMANNA, MD, CHRISTOPHER N	ALLEGHENY
SCIARA, MD, CHRISTINE	DELAWARE
SCIASCIA, DO, KAREN M	NORTHAMPTON
SCIBAL, MD, GARY J	LANCASTER
SCIBETTA, MD, MARIO P	ERIE
SCICCHITANO, MD, DAVID C	NORTHMBRLAND
SCICUTELLA, DO, CAROL J	ALLEGHENY
SCIOSCIA, MD, EUGENE A	ALLEGHENY
SCIOSCIA JR, MD, EUGENE A	ALLEGHENY
SCIUBBA, MD, ROCCO P	DELAWARE
SCIULLI, MD, ROBERT L	ALLEGHENY
SCLABASSI, MD, ROBERT J	ALLEGHENY
SCOBLIONKO, MD, DAVID P	NORTHAMPTON
SCOGLIETTI, MD, VINCENT C	ALLEGHENY
SCOGNO, CHARLES A	STUDENT
SCOLA, MD, ANTHONY J	PHILADELPHIA
SCOLA, FILOMENA M	STUDENT
SCOLIERI, MICHAEL J	STUDENT
SCOPELLITI, DEBRA	STUDENT
SCOPELLITI, MD, JOSEPH A	BRADFORD
SCORNAVACCHI, MD, JOSEPH M	BERKS
SCORNAVACCHI JR, MD, JOSEPH M	BERKS
SCORZA, LARI M	STUDENT
SCOTT, MD, ALVIN J	LUZERNE
SCOTT, MD, DONNA P	DELAWARE
SCOTT, MD, DOROTHY C	ALLEGHENY
SCOTT, MD, DURELLE T	LUZERNE
SCOTT, MD, EARL S	PHILADELPHIA
SCOTT, MD, ELAINE B	ARMSTRONG
SCOTT, MD, H DENMAN	PHILADELPHIA
SCOTT, MD, HENRY	PHILADELPHIA
SCOTT, MD, HOWARD K	BUTLER
SCOTT, MD, J CLIFFORD	CHESTER
SCOTT, MD, JACK A	ALLEGHENY
SCOTT, MD, JOHN H	ALLEGHENY
SCOTT, KIRBY J	STUDENT
SCOTT, DO, MARK E	DELAWARE
SCOTT, MD, NORMAN E	ALLEGHENY
SCOTT, MD, PHYLLIS B	TIOGA
SCOTT, DO, ROBERT C	LANCASTER
SCOTT, MD, SHARON L	YORK
SCOTT, MD, THOMAS F	ALLEGHENY
SCOTT, MD, THOMAS R	YORK
SCOTT JR, MD, S DAVID	MONTGOMERY
SCOTTI, MD, DANIEL M	PHILADELPHIA
SCOVAZZO, MD, MARY L	ALLEGHENY
SCOVERN, MD, HENRY	BERKS
SCRIBNER, MD, BRENDA C	PHILADELPHIA
SCULLIN III, MD, JOHN P	MERCER
SCULLY, MD, JOHN P	BERKS
SCUTELLA, MD, MICHEAL A	ERIE
SE GALL, MD, JANET S	MERCER
SEARCY, MD, WILLIAM A	ALLEGHENY
SEARFOSS, MD, ROGER C	WESTMORELAND
SEARS, MD, ALAN J	DELAWARE
SEBASTIAN, MD, CARMELLA M	LACKAWANNA
SEBASTIAN, MD, EUGENE F	DAUPHIN
SEBASTIANELLI, MD, MARIO J	LACKAWANNA
SEBASTIANELLI, MD, WAYNE J	LACKAWANNA
SECHLER, MD, EDITH W	VENANGO
SECKINGER, MD, RAYMOND P	LEHIGH
SECOSKY, MD, JOSEPH J	ALLEGHENY
SEDA, MD, HECTOR J	BERKS
SEDACCA, MD, PAUL J	PHILADELPHIA
SEDLOVSKY, MD, MICHAEL Z	NORTHMBRLAND
SEEBER, MD, JOHN J	CAMBRIA
SEECOF, MD, RICHARD M	WESTMORELAND
SEEL, MD, MICHAEL J	ALLEGHENY
SEELAUS, MD, JERE F	MONTGOMERY
SEEWALD, MD, TRACY R	ALLEGHENY
SEGAL, MD, ALLAN	BEAVER
SEGAL, MD, BERNARD L	PHILADELPHIA
SEGAL, MD, HERBERT E	CUMBERLAND
SEGAL, JODI B	STUDENT
SEGAL, MD, RICARDO	ALLEGHENY
SEGAL, MD, SCOTT	PHILADELPHIA
SEGAL, MD, STANTON	PHILADELPHIA
SEGARRA, MD, SERGIO	MERCER
SEGEDY, MATTHEW S	STUDENT
SEGRAVE-DALY, MD, STEPHEN L	MONROE
SEIAVITCH, MD, SAMUEL A	ALLEGHENY
SEID, DERICE P	STUDENT
SEIDEL, MD, FREDERICK J	DAUPHIN
SEIDEL, MD, HORACE Y	NORTHAMPTON
SEIDERS, MD, ELIZABETH P	ALLEGHENY
SEIDL, MD, DANIEL C	YORK
SEIDLICH, MD, FRANKLIN T	DAUPHIN
SEIDMAN, MD, JANICE D	MONTGOMERY
SEIDNER, MD, MICHAEL R	MONTGOMERY
SEIFERT, MD, CAROL L	ALLEGHENY
SEIFERT, DO, MARY C	ALLEGHENY
SEIFERT, DO, RAYMOND D	ALLEGHENY
SEIFERT, MD, THOMAS E	CAMBRIA
SEIFERTH, MD, WILLIAM J	ERIE
SEIGLE, MD, WALTER E	LACKAWANNA
SEINIGE, MD, URSULA L	PHILADELPHIA
SEIPLE, MD, HARVEY H	LANCASTER
SEITCHIK, MD, MURRAY W	PHILADELPHIA
SEITCHIK, MD, SCOTT H	PHILADELPHIA
SEITMAN, MD, DAVID T	BUCKS
SEITZ, MD, EDWARD R	ALLEGHENY
SEITZ, MD, NEVIN H	YORK
SEITZ JR, MD, HORACE M	PHILADELPHIA
SEKARAN, MD, KAMALESH K	BUTLER
SEKARAN, MD, SOMASUNDARAM K	BUTLER
SEKERES, MIKKAEL A	STUDENT
SEKHON, MD, MANI S	INDIANA
SEKULA-PERLMAN, MD, ADRIENNE	PHILADELPHIA
SELBST, MD, STEVEN M	PHILADELPHIA
SELBY, MD, CHARLES L	MONTGOMERY
SELBY, RACHEL M	STUDENT
SELCER, MD, UZI M	PHILADELPHIA
SELICKMAN, MD, MITCHELL A	PHILADELPHIA
SELIG, MD, MICHAEL B	NORTHAMPTON
SELIG, MD, ROBERT M	PHILADELPHIA
SELIGER, MD, GUSTAV	DELAWARE
SELINGO, MD, JAMIE A	PHILADELPHIA
SELKER, MD, ROBERT G	ALLEGHENY
SELKOVITS, MD, SIDNEY	ALLEGHENY
SELL, MD, HARRY W	ALLEGHENY
SELLARO, DO, SALVATORE R	ERIE
SELLERS, MD, ALFRED M	PHILADELPHIA
SELTMAN, MD, GARY M	MONTOUR
SELTZER, MD, HARRY	ALLEGHENY
SELTZER, MD, JOSEPH L	PHILADELPHIA
SELTZER, MD, MAURICE	PHILADELPHIA
SELVARAJ, MD, MYLAPPAN	BUTLER
SELVARAJ, MD, VIJAYALAKSHMI	BUTLER
SELVARAYAN, MD, PHILIP T	LUZERNE
SEMANOFF, MD, THEOPHILA C	BUCKS
SEMBROT, MD, WILLIAM B	PHILADELPHIA
SEMINS, MD, HOWARD	ALLEGHENY
SEMPLE, MD, JOSEPH M	ERIE
SEMPOWSKI, DO, TIMOTHY J	PHILADELPHIA
SENAN, MD, PUSHPENDRA	ALLEGHENY
SENECAL, MD, KEITH E	FRANKLIN
SENFT, MD, KAREN E	NORTHAMPTON
SENFT, MD, STEPHEN C	NORTHAMPTON
SENGSTAKEN, MD, ELIZABETH A	PHILADELPHIA
SENITA, MD, G ROBERT	ALLEGHENY
SENTER, MD, HOWARD J	ALLEGHENY
SEO, MD, JIN S	BERKS
SEPESKY, VICTORIA M	STUDENT
SEPROSKY JR, MD, JOSEPH C	LACKAWANNA
SERBER, MD, WILLIAM	PHILADELPHIA
SERENA, MD, THOMAS E	WARREN
SERENE, MD, HARRY E	ALLEGHENY
SERFAS, MD, LEE S	NORTHAMPTON
SERGI, MD, MICHAEL A	BERKS
SERKES, MD, CONSTANTINE A	CHESTER
SERPICO, DO, PETER C	BUCKS
SERRANO, MD, ALBERTO C	PHILADELPHIA
SERRIAN JR, MD, JOHN L	BERKS
SERWINT, MD, MICHAEL S	LYCOMING
SESKI, MD, JAN C	ALLEGHENY
SESSLER, MD, MONIQUE N	BERKS
SESSOMS, MD, FRANK E	ALLEGHENY
SETH, MD, PRABHAT	ALLEGHENY
SETH, MD, RAJENDRA N	PHILADELPHIA
SETHI, MD, SURENDRA K	BUTLER
SETLOCK, DO, WALTER W	SCHUYLKILL
SETO, DO, PATRICIA	DAUPHIN
SETTY, MD, POLEPALLI S	WESTMORELAND
SETZENFAND, ROY A	STUDENT
SEVCIK, MD, MATTHEW F A	ALLEGHENY
SEVICK, MD, MYRON E	CENTRE
SEWAK, MD, MICHAEL E	CAMBRIA
SEWARDS, MD, PATRICK M	LEHIGH
SEWATSKY, MD, MARY F	LACKAWANNA
SEXTON JR, MD, GEORGE L	BERKS
SEY, MD, MARK J	PHILADELPHIA
SEYEDZADEH, MICHELLE	STUDENT
SEYLER, MD, RAYMOND Q	DELAWARE
SEYMOUR, ELIZABETH M	STUDENT
SGARLAT, MD, JOSEPH R	LUZERNE
SGRO, MD, ANTONIO	PHILADELPHIA
SHABLIN, BRIAN K	STUDENT
SHABLOSKI, DO, REGAN P	ERIE
SHACKELFORD JR, MD, HOWARD L	ALLEGHENY
SHACKLETT, MD, DOROTHY E	PHILADELPHIA
SHAD, MD, AZIZA T	DAUPHIN
SHADDUCK, MD, RICHARD K	ALLEGHENY
SHADDUCK, MD, SNEED P	BERKS
SHADLE, MD, CHESTER A	YORK
SHAEFFER, MD, JOSEPH M	BUCKS
SHAFER, MD, EDWARD A	LUZERNE
SHAFFER, MD, CAROLYN W	DAUPHIN
SHAFFER, MD, EUGENE M	BERKS
SHAFFER, MD, GEORGE W	BUCKS
SHAFFER, MD, HOWARD L	LAWRENCE
SHAFFER, MD, IRVIN G	BERKS
SHAFFER, MD, LAWRENCE A	MERCER
SHAFFER, DO, LINDA E	DELAWARE
SHAFFER, MD, LIONEL B	MONTGOMERY
SHAFFER, MD, TERRY D	LAWRENCE
SHAFFER, MD, WALTER L	ALLEGHENY
SHAFIA, MD, HASS	PHILADELPHIA
SHAFIQUE, MD, MOHAMMAD	LYCOMING
SHAH, MD, AJIT N	ALLEGHENY
SHAH, MD, ANILKUMAR T	LUZERNE
SHAH, ASHISH S	STUDENT
SHAH, ASIT K	STUDENT
SHAH, MD, EVELYN M	LUZERNE
SHAH, MD, HARNISH V	BERKS
SHAH, HIREN M	STUDENT
SHAH, MD, JITENDRA N	PHILADELPHIA
SHAH, MD, MAHENDRA C	PHILADELPHIA
SHAH, MD, MAHENDRA K	SUSQUEHANNA
SHAH, MD, MANJULA S	JEFFERSON
SHAH, MD, MEHUL N	MONTGOMERY
SHAH, MD, MUBARIK A	BUCKS
SHAH, MD, MUKTA K	MIFFLIN/JUNI
SHAH, MD, NARAYAN	MONTOUR
SHAH, MD, NAYAN C	LACKAWANNA
SHAH, MD, RAHMAT	LACKAWANNA
SHAH, MD, RAJESH C	ALLEGHENY
SHAH, MD, RANJAN R	DELAWARE
SHAH, MD, RANJIT R	DELAWARE
SHAH, MD, RATAN S	WESTMORELAND
SHAH, MD, SAMIRKUMAR J	ALLEGHENY
SHAH, MD, SATISH A	ADAMS
SHAH, MD, SHAILEN R	PHILADELPHIA
SHAH, MD, SHIRISH N	ALLEGHENY
SHAH, SUSIE S	STUDENT
SHAH, MD, SYED G	SCHUYLKILL
SHAH, MD, VINOD H	ALLEGHENY
SHAHID, MD, MIAN M A	CARBON
SHAIKH, MD, AYESHA R	LACKAWANNA
SHAIKH, MD, KHALEEL A	LACKAWANNA
SHAIKH, MD, M NASIR	WESTMORELAND
SHAKIN, MD, ERIC P	DELAWARE
SHALLEY, MD, ANN M	ALLEGHENY
SHAMBAUGH, MD, SHAWN C	DAUPHIN
SHAMPAIN, MD, MARK P	LEHIGH
SHANAGHAN, DO, KEVIN J	LYCOMING
SHANAHAN, MD, J RUSH	PHILADELPHIA
SHANAHAN, MD, NANCY R	BUCKS
SHANER, MD, CATHARINE L	LEHIGH
SHANFELD, MD, NORMAN M	DELAWARE
SHANK, MD, IRENE A	ALLEGHENY
SHANLEY, MD, THOMAS P	PHILADELPHIA
SHANMUGAM, MD, KASINATHAN	WARREN
SHANNON, MD, THOMAS O	MONTGOMERY
SHAPIRA, MD, EDITH L	ALLEGHENY
SHAPIRO, MD, ALVIN P	ALLEGHENY
SHAPIRO, MD, BARBARA S	PHILADELPHIA
SHAPIRO, MD, BENNETT M	BUCKS
SHAPIRO, MD, BERNARD	PHILADELPHIA
SHAPIRO, MD, BRYAN E	CAMBRIA
SHAPIRO, MD, CHARLES J	FRANKLIN
SHAPIRO, DO, ERIC B	DELAWARE
SHAPIRO, ERIC D	STUDENT
SHAPIRO, MD, JOHN A	BERKS
SHAPIRO, MD, LEONARD H	PHILADELPHIA
SHAPIRO, MD, LESTER F	ALLEGHENY
SHAPIRO, MD, MORRY	ALLEGHENY
SHAPIRO, NATHAN I	STUDENT
SHAPIRO, MD, STEVEN L	YORK
SHAPIRO, MD, TIMOTHY A	BERKS
SHAPREN, KRISTEN M	STUDENT
SHARBAUGH, MD, DONALD G	BEDFORD
SHARE, LISA J	STUDENT
SHARIFF, MD, HAJI M	PHILADELPHIA
SHARIFF, YASMEEN K	STUDENT
SHARIFI-AZAD, MD, SAID	PHILADELPHIA
SHARKEY, MD, THOMAS G	LUZERNE
SHARKEY JR, MD, SEAN J	PHILADELPHIA
SHARMA, MD, AMAR J	NORTHAMPTON
SHARMA, MD, JASHWANT K	ALLEGHENY
SHARMA, MD, MEERA V	LACKAWANNA
SHARMA, MD, OM P	NORTHAMPTON
SHARMA, MD, RANJANA S	CUMBERLAND
SHARMA, MD, SUKH D	ERIE
SHARMAN, MD, MICHAEL H	WASHINGTON
SHARP JR, MD, JOHN W	LANCASTER
SHARPE, MD, MATTHEW R	ALLEGHENY
SHARPLESS, MD, EDWIN D	DELAWARE
SHARPNACK, MD, BRUCE C	WASHINGTON
SHARPS, MD, FRANK	PHILADELPHIA
SHARRER, MD, MARGARET C	ALLEGHENY
SHASHIKUMAR, MD, V L	PHILADELPHIA
SHATTEN, MD, THOMAS A	ALLEGHENY
SHATZ, MD, RICHARD N	LYCOMING
SHAUB JR, MD, HOWARD G	BLAIR
SHAUGHNESSY, MD, MICHAEL J	ALLEGHENY
SHAVER, MD, JAMES A	ALLEGHENY
SHAVER, MD, JOHN C	ALLEGHENY
SHAVER, MD, VERNE C	ALLEGHENY
SHAW, MD, DIANA S	NORTHAMPTON
SHAW, DO, DONALD D	TIOGA
SHAW, MD, ELLEN M	MONTGOMERY
SHAW, MD, GORDON A	LYCOMING
SHAW, MD, JAMES A	DAUPHIN
SHAW, MD, KATHY N	PHILADELPHIA
SHAW, MD, WILLIAM I	ALLEGHENY
SHAW III, MD, LEWIS C	DAUPHIN
SHAWALUK, MD, PAUL D	PHILADELPHIA
SHAWI, MD, JOSEPH I	BUTLER
SHAY, MD, PAUL L	ALLEGHENY
SHEA, MD, FRANCIS J	PHILADELPHIA
SHEAFFER, MD, HAROLD C	DELAWARE
SHEARBURN III, MD, EDWIN W	BUCKS
SHEARER, MD, DAVID M	YORK
SHEARER, MD, DONALD E	LYCOMING
SHECHTER, MD, JAY A	LACKAWANNA
SHECTER, DO, FREDRIC M	PHILADELPHIA
SHECTER, MD, JAMES S	YORK
SHEDD, MD, ANN C	ALLEGHENY
SHEDDEN, MD, ARTHUR H	MONTGOMERY
SHEDRO, MD, HECTOR	WESTMORELAND
SHEEDY, MD, JOHN G	BLAIR
SHEEHAN, MD, JOHN H	ALLEGHENY
SHEEHE, MD, DENNIS M	COLUMBIA
SHEELY, MD, RAYMOND F	ADAMS
SHEER, MD, GEORGE W	LACKAWANNA
SHEETS, MD, EVERETT O	PHILADELPHIA
SHEETS, MD, JAMES A	LEHIGH
SHEFFER, MD, M LEONARD	BERKS
SHEFFO, MD, GREGORY S	ALLEGHENY
SHEINBAUM, MD, ROY J	PHILADELPHIA
SHELANSKI, MD, SHARON L	PHILADELPHIA
SHELBY, MD, JOSEPH E	FAYETTE
SHELDON, MD, DOUGLAS L	LACKAWANNA
SHELLEY, MD, LISBETH E	ALLEGHENY
SHELLEY, MD, MARK H	MCKEAN
SHELLEY, MD, WILLIAM L	CUMBERLAND
SHELLING, MD, RICHARD E	BRADFORD
SHELLY, MD, ROBERT M	SUSQUEHANNA
SHELLY, MD, W DAYTON	WYOMING
SHELTON, MD, BARBARA	PHILADELPHIA
SHEMANSKI, MD, CLEM J	BERKS
SHENAI, MD, PUNDALIK G	DAUPHIN
SHENBERGER, MD, KEITH N	LYCOMING
SHENFIELD, MD, HENRY T	BRADFORD
SHENKIN, MD, HENRY A	PHILADELPHIA
SHEPARD, MD, WILLIAM R	MONTGOMERY
SHEPHERD, MD, LORI L	YORK
SHEPPARD, MD, EDITH S	MONTGOMERY
SHEPPARD, MD, SCOTT F	ALLEGHENY
SHEPPS, CRAIG D	STUDENT
SHEPTAK, MD, PETER E	ALLEGHENY
SHER, MD, LIANE	PHILADELPHIA
SHER, MD, PAUL B	PHILADELPHIA
SHER, PETER M	STUDENT
SHER, MD, SCOTT A	PHILADELPHIA
SHERBAN, MD, PAUL R	LANCASTER
SHERBOTIE, MD, JOSEPH R	PHILADELPHIA
SHERK, MARY H	STUDENT
SHERMAN, MD, ALFRED J	DAUPHIN
SHERMAN, MD, ANTHONY	PHILADELPHIA
SHERMAN, CAROLYN E	STUDENT
SHERMAN, MD, HAROLD F	ALLEGHENY
SHERMAN, MD, HENRY K	ALLEGHENY
SHERMAN, MD, M JACKSON	PHILADELPHIA
SHERMAN, MD, SAMUEL	ALLEGHENY
SHERRY, MD, MICHAEL M	ALLEGHENY
SHERTZER, MD, JOHN H	LANCASTER
SHERWIN, MD, EDWARD A	LACKAWANNA
SHERWIN, MD, NANCY M	DELAWARE
SHERWIN, MD, ROBERTA	PHILADELPHIA
SHERWIN, MD, WILLIAM K	MONTGOMERY
SHERWOOD, MD, ARTHUR W	WYOMING
SHERWOOD, MD, JOHN W	LUZERNE
SHETE, MD, LEENA P	WESTMORELAND
SHETTER, MD, THOMAS G	BUTLER
SHETTY, MD, ASHOK K	WESTMORELAND
SHETTY, MD, BALU B	ALLEGHENY
SHETTY, MD, K NARAYAN	BEAVER
SHETTY, MD, KARUNAKAR S	WESTMORELAND
SHETTY, MD, NANDALIKE S	MERCER
SHETTY, MD, RATNAKAR S	BEAVER
SHETZLEY, MD, CARL M	BUCKS
SHEVCHIK, MD, GRANT J	WESTMORELAND
SHIBUTANI, MD, YASUSHI F	MONTGOMERY
SHIEH, MD, KAN C	LEHIGH
SHIELDS, MD, JERRY A	PHILADELPHIA
SHIELDS, MD, JOHN J	MONTGOMERY
SHIELDS, MD, MARY S	LEHIGH
SHIELDS, MD, RALPH L	NORTHAMPTON
SHIELDS, MD, THOMAS J	MONTGOMERY
SHIENBAUM, ALAN J	STUDENT
SHILLING, JACK W	STUDENT
SHIM, MD, CHUNGJA C	VENANGO
SHIM, MD, WAN S	DELAWARE
SHIN, MD, HEE JOON	NORTHAMPTON
SHIN, MD, MAUNG T	ERIE
SHINDEL, MD, JAMES H	BLAIR
SHINDLER, MD, ROBERT L	DAUPHIN
SHINGALA, MD, ARUN J	LACKAWANNA
SHINN, MD, SARAH B	ALLEGHENY
SHINNICK, DO, JAMES P	PHILADELPHIA
SHIPKOVITZ, MD, HARVEY D	ALLEGHENY
SHIPLEY, MD, DIANNA L	ALLEGHENY
SHIPPEN, MD, EUGENE R	BERKS
SHIPSTONE, MD, ASHEESH	ALLEGHENY
SHIPTON, DO, WILLIAM E	SCHUYLKILL
SHIREY, MD, ELAINE D	CHESTER
SHISHAK, MD, ARYO A	WAYNE/PIKE
SHIU, TRUDI	STUDENT
SHIVDE, MD, PINAKINI	ERIE
SHLOMCHIK, MD, MARK J	PHILADELPHIA
SHMOKLER, MD, MITCHELL F	DELAWARE
SHOCKMAN, MD, JOEL	PHILADELPHIA
SHOEMAKER, MD, DAVID M	BUCKS
SHOEMAKER, MD, LARRY D	PHILADELPHIA
SHOEMAKER, MD, MARGRIT M	LYCOMING
SHOEMAKER, MD, PATRICIA L	LEHIGH
SHOEMAKER, DO, STEPHEN N	LUZERNE
SHOENER, MD, JOHN A	ALLEGHENY
SHOENTHAL, MD, DONALD R	ALLEGHENY
SHOENTHAL, MD, WILLIAM J	BUCKS
SHOGAN, MD, JEFFREY E	ALLEGHENY

SHOGRY, MD, ROBERT N	ALLEGHENY
SHOLDER, MD, ARNOLD J	ALLEGHENY
SHOLEHVAR, MD, JAVAD	LEHIGH
SHOLEVAR, MD, FARHAD	LEHIGH
SHONBERG, MD, BARBARA H	BUCKS
SHONBERG, MD, IRVING L	ALLEGHENY
SHONNARD, MD, JOHN W	VENANGO
SHOOK, III,, MD, WILLIS D	ALLEGHENY
SHOPE, MD, EARL S	BEDFORD
SHORE, DO, MATTHEW J	DELAWARE
SHORE, MD, PAUL D	DELAWARE
SHORE, MD, ROBERT A	MONTGOMERY
SHORE, MD, ROGER J	CLARION
SHORE, MD, SEYMOUR M	PHILADELPHIA
SHORE, MD, SIDNEY	MONTGOMERY
SHORE, MD, STEPHEN A	DELAWARE
SHORE, MD, STEPHEN R	LEHIGH
SHOTWELL, MD, BARBARA A	PHILADELPHIA
SHOURAIE, MD, ZARRIN	PHILADELPHIA
SHOVLIN, MD, J MICHAEL	LACKAWANNA
SHOWERS, DO, THOMAS L	LANCASTER
SHOYER, DARREN C	STUDENT
SHRAGER, DO, LARRY M	DELAWARE
SHRAGER, MD, MORTON W	PHILADELPHIA
SHREINER, MD, DAVID P	ALLEGHENY
SHROFF, MD, FAROOK K	LUZERNE
SHROM, MD, STANLEY H	DELAWARE
SHU, MD, JASON C	LYCOMING
SHUBIN, MD, HARRY	PHILADELPHIA
SHUE, MD, WILLIAM M	YORK
SHUGERT, MD, GUY S	BEAVER
SHUGERT, MD, JOHN H	BEAVER
SHUKLA, MD, ROHITKUMAR S	FRANKLIN
SHULKIN, MD, DAVID J	PHILADELPHIA
SHULKIN, MD, MARK W	DELAWARE
SHULMAN, MD, JOHN F	PHILADELPHIA
SHULTZ, MD, BARRY S	BERKS
SHULTZ, MD, ROBERT G	LANCASTER
SHULTZ, MD, THOMAS L	BUCKS
SHUMAN, MD, CHARLES R	PHILADELPHIA
SHUMAN, MD, JOHN F	BERKS
SHUMAN, MD, LEIGH S	LANCASTER
SHUMAN, MD, NANCY A	BERKS
SHUMAN, MD, SANDRA J	PHILADELPHIA
SHUNG-LU, MD, TA	BRADFORD
SHURMAN, BRETT D	STUDENT
SHUSMAN, MD, ROBERT S	DELAWARE
SHUSTER, MD, EUGENE	PHILADELPHIA
SHUSTERMAN, DO, LARRY	DELAWARE
SHUSTERMAN, MD, NEIL H	PHILADELPHIA
SHUSTERMAN, MD, RICHARD D	BUCKS
SHUTACK, DO, JOHN G	PHILADELPHIA
SHUTACK, JOHN M	STUDENT
SHUTTER, MD, WALTER D	WESTMORELAND
SHUTTLEWORTH, MD, LAMONT V	ALLEGHENY
SHYAMALAN, MD, JAYALAKSHMI	PHILADELPHIA
SHYAMALAN, MD, NELLIATE C	PHILADELPHIA
SHYMANSKY, MD, J STEPHEN	ALLEGHENY
SHYMANSKY, MD, LAURA M	ALLEGHENY
SHYNN, MD, TAE I	LUZERNE
SIA, MD, JOSE K	BEAVER
SIAM, MD, NABIL A	PHILADELPHIA
SIAR, MD, W JOHN	JEFFERSON
SIBERSKI, DO, DUANE D	DELAWARE
SIBERSKI, MD, JOHN R	LUZERNE
SIBINGA, MD, MAARTEN S	DELAWARE
SIBLEY, MD, ROBERT E	LACKAWANNA
SIBOLBORO, MD, ISABELO Z	INDIANA
SICHER, MD, BRUNO P	MCKEAN
SICILIANO, MD, LOUIS J	BERKS
SICKEL, MD, EDWARD F	DAUPHIN
SICKORA, DO, MARK S	ALLEGHENY
SICONOLFI, MD, ERNEST P	ALLEGHENY
SICURANZA, MD, MICHAEL J	YORK
SIDARI, MD, JUDE F	LUZERNE
SIDAROUS, MD, MICHAEL G	LUZERNE
SIDDIQI, MD, SIRAJ U	ALLEGHENY
SIDDIQI, MD, TARIQ	PHILADELPHIA
SIDDIQUI, MD, SHEHLA S	MONTGOMERY
SIDDOWAY, MD, LYLE A	YORK
SIDOR, MD, CAROLYN F	PHILADELPHIA
SIDOROV, MD, JAAN E	MONTOUR
SIEBER, MD, PAUL R	LANCASTER
SIEBER, MD, WILLIAM K	ALLEGHENY
SIEGEL, MD, AYN D	UNION
SIEGEL, MD, BERNARD	PHILADELPHIA
SIEGEL, MD, DAVID M	ALLEGHENY
SIEGEL, MD, JOSEPH F	WASHINGTON
SIEGEL, MD, PAUL D	PHILADELPHIA
SIEGEL, MD, SEYMOUR	PHILADELPHIA
SIEGEL, MD, WILLIAM	BUCKS
SIEGELBAUM, MD, STEVEN P	DAUPHIN
SIEGER, MD, DAVID D	LANCASTER
SIEGFRIED, MD, JAY W	PHILADELPHIA
SIEGFRIED, MD, MYRTLE M	LEHIGH
SIEGLER, MD, PETER E	PHILADELPHIA
SIEGRIST, MD, J DONALD	LANCASTER
SIEMS, LAURA J	STUDENT
SIEPER, DO, WILLIAM J	WESTMORELAND
SIEPSER, MD, STEVEN B	CHESTER
SIERZENSKI, PAUL R	STUDENT
SIESHOLTZ, MD, THOMAS S	BUCKS
SIEWERS, MD, CHRISTIANE	ALLEGHENY
SIEWERS, MD, RALPH D	ALLEGHENY
SIGAFOOS, EXEC SEC, SALLY J	LANCASTER
SIGAL, MD, MICHAEL B	ALLEGHENY
SIGLER, MD, MILES H	PHILADELPHIA
SIGMUND, MD, WILLIAM J	LANCASTER
SIGNORELLA, MD, ARTHUR P	ALLEGHENY
SIGNORELLA, MD, LOUIS	WASHINGTON
SIGUENZA, MD, ROBERT F	DAUPHIN
SIHA, MD, VICTOR L	ALLEGHENY
SIKER, MD, EPHRAIM S	ALLEGHENY
SIKORSKI, CYNTHIA S	STUDENT
SILBER, MD, JEFFREY H	PHILADELPHIA
SILBERGLEIT, MD, ROBERT	PHILADELPHIA
SILBERMAN, MD, DAVID A	BUCKS
SILBERMAN, MD, HARVEY D	PHILADELPHIA
SILBERMAN, MD, IRA	PHILADELPHIA
SILBERMAN, MD, LESLIE J	ALLEGHENY
SILBERMAN, MD, ROBERT M	NORTHAMPTON
SILBERSTEIN, MD, MARSHA M	PHILADELPHIA
SILBERSTEIN, MD, STEPHEN D	PHILADELPHIA
SILBERT, MD, RICHARD R	LACKAWANNA
SILER, MD, JANET N	PHILADELPHIA
SILIQUINI, MD, JOHN J	PHILADELPHIA
SILK, MD, RAYMOND E	PHILADELPHIA
SILKO, MD, GARY J	WASHINGTON
SILLARS, MD, CHARLES H	MONTGOMERY
SILVA-LOPEZ, MD, EDIBALDO	MONTOUR
SILVAGGIO, MD, TERESA	ALLEGHENY
SILVER, MD, BARRY A	MONTGOMERY
SILVER, MD, BERNICE S	PHILADELPHIA
SILVER, MD, BRUCE G	DELAWARE
SILVER, DO, DAVID M	PHILADELPHIA
SILVER, MD, FRANK	PHILADELPHIA
SILVER, MD, HARRIS S	PHILADELPHIA
SILVER, MD, ISRAEL O	DAUPHIN
SILVER, MD, LAURENCE M	MONTGOMERY
SILVER, MD, LAWRENCE B	DAUPHIN
SILVER, DO, MARC R	PHILADELPHIA
SILVER, MD, RICHARD C	DELAWARE
SILVER, MD, SAUL J	ALLEGHENY
SILVER, MD, SCOTT J	YORK
SILVER, MD, STEPHEN C	DELAWARE
SILVERBERG, MD, ALAN	CHESTER
SILVERBERG, MD, ALAN L	PHILADELPHIA
SILVERBERG, MD, BRUCE J	LEHIGH
SILVERBERG, MD, DANIEL M	LEHIGH
SILVERBERG, MD, JAY H	ALLEGHENY
SILVERBLATT, MD, BERNARD L	ALLEGHENY
SILVERBLATT, MD, MARVIN L	ALLEGHENY
SILVERIO, MD, JOHN	CHESTER
SILVERMAN, MD, ALAN R	ALLEGHENY
SILVERMAN, MD, ALEXANDER	ALLEGHENY
SILVERMAN, MD, EDWARD J	BERKS
SILVERMAN, DO, EDWARD M	PHILADELPHIA
SILVERMAN, MD, HOWARD A	LEHIGH
SILVERMAN, MD, JERRY D	ALLEGHENY
SILVERMAN, MD, JOSEPH S	BLAIR
SILVERMAN, MD, MENDEL	ALLEGHENY
SILVERMAN, MD, MORTON I	LEHIGH
SILVERMAN, MD, MORTON L	MONTGOMERY
SILVERMAN, MD, STUART L	ALLEGHENY
SILVERMAN, MD, WILLIAM H	NORTHAMPTON
SILVERMAN, MD, WILLIAM S	PHILADELPHIA
SILVERS, MD, ABIGAIL A	MONTGOMERY
SILVERS, MD, ARTHUR H	DELAWARE
SILVERSTEIN, MD, ALAN J	ALLEGHENY
SILVERSTEIN, MD, CHARLES E	ALLEGHENY
SILVERSTEIN, MD, DANIEL K	LUZERNE
SILVERSTEIN, MD, DANIEL M	PHILADELPHIA
SILVERSTEIN, MD, DAVID H	JEFFERSON
SILVERSTEIN, MD, LEONARD I	MONTGOMERY
SILVERSTEIN, DO, SCOTT D	LANCASTER
SILVERSTEIN, SCOTT L	STUDENT
SILVERSTINE, MD, LESLIE B	MCKEAN
SILVERTON, MD, SUSAN F	MONTGOMERY
SILVESTRI, MD, ARCHIMEDE J	PHILADELPHIA
SILVIS, MD, HARRY J	WASHINGTON
SIM, MD, HYUN S	ARMSTRONG
SIMAN, MD, BERNARD	PHILADELPHIA
SIMBRA, MARIA E	STUDENT
SIMERMAN, MD, LEE PAUL	PHILADELPHIA
SIMKINS, MD, JO M	ALLEGHENY
SIMMONDS, MD, MARY A	DAUPHIN
SIMMONDS, MD, ROBERT T	ALLEGHENY
SIMMONS, MD, JEANE R	PHILADELPHIA
SIMMONS, MARK L	STUDENT
SIMMONS, MD, RICHARD L	ALLEGHENY
SIMMS, MD, GEORGE R	DAUPHIN
SIMON, DANIELE	STUDENT
SIMON, MD, GABOR	PHILADELPHIA
SIMON, JEFFREY A	STUDENT
SIMON, MD, KATHRYN K	MONTGOMERY
SIMON, MD, WILLIAM H	PHILADELPHIA
SIMONE, MD, FRANK J	INDIANA
SIMONE, MD, SAMUEL T	ALLEGHENY
SIMONIAN, MD, THOMAS M	ERIE
SIMONS, MD, CARL I	BUCKS
SIMONS, MD, JEFFREY S	BERKS
SIMONS, MD, LAWRENCE M	BEDFORD
SIMONS, MD, RICHARD J	DAUPHIN
SIMONS, MD, ROBERT M	MONTGOMERY
SIMONS, MD, WILLIAM M	MONROE
SIMONSEN, MD, RONALD W	WARREN
SIMORA, MD, FELIX S	ERIE
SIMPSON, MD, JOSEPH W	PHILADELPHIA
SIMPSON, MD, ROY W	LACKAWANNA
SIMPSON, ZACHARY W	STUDENT
SIMS, MD, CYNTHIA J	ALLEGHENY
SINAIKO, MD, PETER A	BUCKS
SINCAVAGE, MD, JOSEPH T	DELAWARE
SINCLAIR, MD, CATHERINE P	WASHINGTON
SINCLAIR, MD, MICHAEL C	LEHIGH
SINCLAIR, MD, STEPHEN H	PHILADELPHIA
SINE-KARASICK, DO, MADELYN	MONTGOMERY
SINGER, MD, BARRY L	MONTGOMERY
SINGER, DANIEL A	STUDENT
SINGER, MD, EDWARD S	PHILADELPHIA
SINGER, MD, FRED	PHILADELPHIA
SINGER, MD, IRVIN	PHILADELPHIA
SINGER, MD, JEROME	DELAWARE
SINGER, MD, MARY V	DAUPHIN
SINGER, MD, RAYMOND L	LEHIGH
SINGER, MD, WILLIAM H	LEHIGH
SINGH, MD, AJAY P	SOMERSET
SINGH, MD, AMARJEET R	BEAVER
SINGH, MD, ARVIND K	LACKAWANNA
SINGH, MD, ASIM R	ERIE
SINGH, MD, BIJAI B	INDIANA
SINGH, MD, DALJIT	WESTMORELAND
SINGH, MD, DALJIT	ALLEGHENY
SINGH, MD, GURCHARAN	PHILADELPHIA
SINGH, MD, GURDIAL N	NORTHUMBRLAND
SINGH, MD, GURMIT	ALLEGHENY
SINGH, MD, GURSHARAN	SCHUYLKILL
SINGH, MD, MALKIT	FAYETTE
SINGH, MD, RAJENDRA	SCHUYLKILL
SINGH, MD, SURENDER	LANCASTER
SINGH, MD, USHA D	WESTMORELAND
SINGH, MD, VIJAI P	FAYETTE
SINGHI, MD, SUSHIL K	ALLEGHENY
SINGLETON, MARLYNN	STUDENT
SINGLEY, MD, THOMAS L	FAYETTE
SINHA, MD, LINA M	PHILADELPHIA
SINHA, MD, RAJ KAMAL	PHILADELPHIA
SINK, MD, JAMES D	PHILADELPHIA
SINKER, MD, DALE V	PHILADELPHIA
SINNOTT, DO, ROBERT J	BUCKS
SINOR, MD, BAKHTI	ALLEGHENY
SINZ, MD, ELIZABETH H	ALLEGHENY
SIPE, KELLY L	STUDENT
SIPE, MD, PAUL G	YORK
SIPES, MD, DUANE E	FRANKLIN
SIPES, MD, EARL K	LEHIGH
SIRIO, MD, CARL A	DAUPHIN
SIRIPONG, MD, SILPACHAI	LAWRENCE
SIRKEN, DO, DAVID H	PHILADELPHIA
SIROTNAK JR, MD, JOHN J	LACKAWANNA
SIROTTA, MD, PAUL S	LEHIGH
SISSON, MD, RALPH S	NORTHAMPTON
SITKOFF, DO, ANDREW D	CHESTER
SIVALINGAM, MD, ARUNAN	PHILADELPHIA
SIVALINGAM, MD, JOCELYN F	PHILADELPHIA
SIVENDRAN, MD, THARMALINGAM	ADAMS
SIVITZ, MD, MARTA E	PHILADELPHIA
SIVITZ, MD, MICHAEL C	MONTGOMERY
SIVULICH, MD, MICHAEL J	CAMBRIA
SKALINA, MD, STEFAN M	DELAWARE
SKEDROS, MD, DEMETRIOS G	ALLEGHENY
SKEEN, MD, JAMES T	DAUPHIN
SKELLY, MD, WILLIAM J	LYCOMING
SKERL, MD, ANTON O	BLAIR
SKERRETT, MD, PHILIP V	PHILADELPHIA
SKETTINO, MD, JOSEPH A	LACKAWANNA
SKIENDZIELEWSKI, MD, JOHN J	MONTOUR
SKINNER, MD, DOUGLAS V	ALLEGHENY
SKINNER III, MD, ROBERT W	LANCASTER
SKLAROFF, MD, DAVID M	PHILADELPHIA
SKLAROFF, MD, ROBERT B	PHILADELPHIA
SKLIZOVIC, MD, DAVOR G	ALLEGHENY
SKOBIERANDA, KATHE R	STUDENT
SKOLNICK, MD, BRUCE A	PHILADELPHIA
SKOLNICK, MD, KENNETH B	BEAVER
SKONIECZKI III, MD, STAN R	LANCASTER
SKORINKO, MD, KENNETH P	NORTHAMPTON
SKOTNICKI, DO, ROBERT A	DAUPHIN
SKOVIRA, MD, EDWARD M	LACKAWANNA
SKOVRON, MD, MICHAEL	ERIE
SKOWRONSKI, MD, THEODORE J	MONTGOMERY
SKRENTA, MD, RICHARD J	ALLEGHENY
SKRENTNY, MD, THOMAS T	BLAIR
SKRINCOSKY, MD, PETER J	LEHIGH
SKROMAK, MD, STANLEY J	PHILADELPHIA
SKUBICK, MD, DANIEL L	MONTGOMERY
SKURA, MD, DOUGLAS S	ALLEGHENY
SKUTCHES, MD, JOSEPH M	NORTHAMPTON
SKVERSKY, MD, NORMAN J	PHILADELPHIA
SKWEIR, MD, LEON A	LEHIGH
SKWIRUT, MD, FRANK A	DELAWARE
SLABIC, MD, PETER P	ERIE
SLABIC, MD, STAN F	ERIE
SLABYJ, MD, NATALKA A	DAUPHIN
SLADE, MD, ROBERT N	NORTHAMPTON
SLADKY, MD, JOHN T	PHILADELPHIA
SLAGLE, MD, EDWARD H	ALLEGHENY
SLANINA, MD, MICHAEL S	PHILADELPHIA
SLAP, MD, JOSEPH W	PHILADELPHIA
SLATER, MD, HARVEY	ALLEGHENY
SLATER, MD, KENNETH C	CARBON
SLATER, MD, ROBERT	DELAWARE
SLATON, MD, STEPHEN S	SCHUYLKILL
SLAVIN, MD, DOROTHY A	PHILADELPHIA
SLAVIN, MD, JAMES W	PHILADELPHIA
SLAVIN, DO, MICHAEL J	PHILADELPHIA
SLAVISH, MD, LYDIA G	BERKS
SLAVKIN, MD, MARVIN D	ALLEGHENY
SLAYTON, MD, ROBERT I	ALLEGHENY
SLEDZ, MD, ANN MARIE	NORTHAMPTON
SLEMENDA, MD, WILLIAM D	BEAVER
SLENKER, MD, KEVIN F	LANCASTER
SLEZAK, MD, JOSEPH A	WESTMORELAND
SLICK, MD, GREGORY	BEDFORD
SLIMMER JR, MD, SAMUEL C	SCHUYLKILL
SLIWINSKI, MD, STANLEY J	BUCKS
SLOAN, MD, CHARLES R	FAYETTE
SLOAN, MD, RICHARD W	YORK
SLOANE, MD, BRUCE B	PHILADELPHIA
SLOANE, MD, CHARLES E	WESTMORELAND
SLOCHOWER, MD, DENNIS	PHILADELPHIA
SLOMIANY, MD, WALTER P	WASHINGTON
SLOMPAK, MD, CAROL A	LEHIGH
SLOOP, MD, JANET T L	ALLEGHENY
SLOTHOUR, MD, EDWARD F	YORK
SLOVAK, MD, JOHN P	LANCASTER
SLOVAK, DO, MICHAEL J	LUZERNE
SLUHOCKI, DO, MARK	LUZERNE
SMALL, MD, RICHARD E	YORK
SMALL, MD, ROY S	LANCASTER
SMALLEY, MD, ARTHUR J	YORK
SMART, MD, LAWSON C	CRAWFORD
SMART, MD, PAUL E	MERCER
SMEAL, MD, WILLIAM E	CAMBRIA
SMELTZER, MD, KENNETH L	DAUPHIN
SMETANKA, CYNTHIA A	STUDENT
SMIGOCKI JR, MD, GENE C	LANCASTER
SMILEY, MD, JOSEPH W	DELAWARE
SMINK JR, MD, ROBERT D	DELAWARE
SMITH, MD, A MITCHELL	PHILADELPHIA
SMITH, MD, ABBY A	ALLEGHENY
SMITH, MD, ARTHUR E	PHILADELPHIA
SMITH, MD, ARTHUR K	PHILADELPHIA
SMITH, MD, BARTON L	BERKS
SMITH, MD, CARL L	ALLEGHENY
SMITH, MD, CATHERINE S	LACKAWANNA
SMITH, MD, CHARLES E	ALLEGHENY
SMITH, MD, CHARLES F	LEHIGH
SMITH, DO, COLEEN M	LANCASTER
SMITH, MD, DAVID A	BUCKS
SMITH, MD, DAVID A	DAUPHIN
SMITH, MD, DAVID G	PHILADELPHIA
SMITH, MD, DAVID L	BUCKS
SMITH, MD, DAVID R	MONTGOMERY
SMITH, MD, DEAN A	LUZERNE
SMITH, MD, DENNIS R	UNION
SMITH, MD, DONALD B	VENANGO
SMITH, MD, DONALD H	NORTHAMPTON
SMITH, MD, EARL B	ALLEGHENY
SMITH, MD, EDGAR C	DELAWARE
SMITH, MD, EUGENE C	LANCASTER
SMITH, MD, GARY L	ALLEGHENY
SMITH, MD, GARY M	LUZERNE
SMITH, MD, GISELE	PHILADELPHIA
SMITH, MD, GREGORY N	ALLEGHENY
SMITH, MD, GREGORY T	ALLEGHENY
SMITH, MD, IAN D	LANCASTER
SMITH, MD, IVAN S	MONTGOMERY
SMITH, MD, JACK D	WESTMORELAND
SMITH, MD, JAMES K	ALLEGHENY
SMITH, MD, JAMES M	CUMBERLAND
SMITH, MD, JAMES W	YORK
SMITH, MD, JAN D	ALLEGHENY
SMITH, MD, JERE P	LEHIGH
SMITH, MD, JOHN M	YORK
SMITH, MD, JOHN R	ALLEGHENY
SMITH, MD, JOHN W	ALLEGHENY
SMITH, MD, JOSEPH L	MONTOUR
SMITH, MD, KAIGHN	PHILADELPHIA
SMITH, MD, KAREN D L	PHILADELPHIA
SMITH, MD, LAURANCE D	MONTGOMERY
SMITH, MD, LINDA A	ALLEGHENY
SMITH, MD, LINDA M	LEBANON
SMITH, MD, M SUE	MONTGOMERY
SMITH, MD, MARIA B	DELAWARE
SMITH, MD, MARY L	MONTGOMERY
SMITH, MD, MICHAEL F	PHILADELPHIA
SMITH, MD, MONICA E	DELAWARE
SMITH, MD, RANDALL N	PHILADELPHIA
SMITH, MD, RAYMOND L	BERKS
SMITH, RICK D	STUDENT
SMITH, MD, ROBERT C	ALLEGHENY
SMITH, MD, ROBERT G	WARREN
SMITH, MD, ROBERT W	MONTGOMERY
SMITH, MD, ROGER M	MONTGOMERY
SMITH, MD, RONALD E	BERKS
SMITH, MD, RUSSELL C	CHESTER
SMITH, MD, SANDRA J	DAUPHIN
SMITH, MD, STEPHEN H	BUCKS
SMITH, MD, THOMAS C	HUNTINGDON
SMITH, MD, THOMAS W	JEFFERSON
SMITH, MD, TIMOTHY C	PHILADELPHIA
SMITH, MD, VICTORIA T	BLAIR
SMITH, MD, WADE R	ALLEGHENY
SMITH, MD, WALTER E	ALLEGHENY
SMITH, MD, WALTER K	WESTMORELAND
SMITH, MD, WARREN S	ALLEGHENY
SMITH, MD, WILLIAM D	DELAWARE
SMITH, MD, WILLIAM P	CAMBRIA
SMITH, MD, WILLIAM T	ALLEGHENY
SMITH IV, MD, CHRISTOPHER A	PHILADELPHIA
SMITH JR, MD, B DAVISON	DELAWARE
SMITH JR, MD, BENJAMIN V	ALLEGHENY
SMITH JR, MD, CHESTER L	MONROE
SMITH JR, MD, EDGAR C	PHILADELPHIA
SMITH JR, MD, GEORGE S	LEHIGH
SMITH JR, MD, H ALEX	LUZERNE
SMITH JR, MD, J STANLEY	DAUPHIN
SMITH JR, MD, JAMES W	BEAVER
SMITH JR, MD, MORGAN T	MONTGOMERY
SMITH JR, MD, PERRY C	WASHINGTON
SMITH JR, MD, ROSS H	ALLEGHENY
SMITH-ELEKES, DO, SUZANNE	MONTGOMERY
SMITH-LEVITIN, MD, MICHELLE A	PHILADELPHIA
SMOKER-JOHNSTON, MD, CYNTHIA B	LANCASTER
SMOLEN, DO, DANIEL A	DELAWARE
SMOLINSKI, DO, WILLIAM J	LEHIGH
SMOLKO, MD, JAMES M	YORK

SMOLKO, MD, JAMES R	YORK
SMOLKO, MD, MILAN J	LACKAWANNA
SMOOKE, MD, MARK E	MIFFLIN/JUNI
SMOOKLER, AMY E	STUDENT
SMOYER, MD, RONALD L	CAMBRIA
SMULLEN, MD, SEAN M	PHILADELPHIA
SMULLENS, MD, STANTON N	PHILADELPHIA
SMYSER, MD, LINDA M	MONTGOMERY
SMYTH, MD, LAWRENCE T	NORTHAMPTON
SMYTHE, MD, PEGGY A	ALLEGHENY
SNEDDEN, MD, HAL E	MONTGOMERY
SNEDDEN, MD, MICHAEL H	MONTGOMERY
SNEERINGER, DO, THOMAS D	CRAWFORD
SNEFF, MD, EUGENE M	BLAIR
SNELLING, MD, LESLEY	PHILADELPHIA
SNIDER, MD, B LEONARD	ERIE
SNIDER, MD, CAMERON F	ALLEGHENY
SNITZER, MD, LEWIS S	CAMBRIA
SNODGRASS JR, MD, W HOMER	ALLEGHENY
SNOOK, MD, MARY ELLEN	PHILADELPHIA
SNOVER, MD, SETH W	MONTOUR
SNOW, MD, LAURENCE H	PHILADELPHIA
SNOW, MD, ROSS A	ERIE
SNOWBERGER, DO, TINA M	WASHINGTON
SNYDER, DO, ALLAN R	BUCKS
SNYDER, MD, ALLEN P	ALLEGHENY
SNYDER, MD, BARRY J	BUCKS
SNYDER, MD, BARRY J	CLARION
SNYDER, MD, DAVID C	BEAVER
SNYDER, MD, DIEHL M	LEBANON
SNYDER, MD, EARL J	LEBANON
SNYDER, MD, HARRY D	MONTGOMERY
SNYDER, MD, HENRY R	YORK
SNYDER, MD, JOHN M	NORTHAMPTON
SNYDER, LORI S	STUDENT
SNYDER, MD, MARVIN C	CARBON
SNYDER, MD, RANDALL W	LACKAWANNA
SNYDER, DO, RICHARD K	LEHIGH
SNYDER, MD, RICHARD L	LANCASTER
SNYDER, MD, RICHARD W	MONTGOMERY
SNYDER, MD, ROBERT D	CHESTER
SNYDER, MD, ROBERT L	NORTHAMPTON
SNYDER, DO, SAMUEL K	PHILADELPHIA
SNYDER, SCOTT G	STUDENT
SNYDER, MD, STANLEY	LEHIGH
SNYDER, MD, STUART	PHILADELPHIA
SNYDER, SUSAN L	STUDENT
SNYDER III, MD, HOWARD MCC	PHILADELPHIA
SNYDER JR, MD, CHARLES F	NORTHAMPTON
SNYDER JR, MD, CHARLES P	WESTMORELAND
SNYDERMAN, MD, CARL H	ALLEGHENY
SNYDERMAN, MD, RUBEN	ALLEGHENY
SNYDMAN, MD, LEONARD	PHILADELPHIA
SO, MD, ANTHONY D	PHILADELPHIA
SOBEL, MD, ADAM C	PHILADELPHIA
SOBEL, JOSEPH B	STUDENT
SOBEL, MD, RICHARD M	PHILADELPHIA
SOBER, MD, DIANE M	ALLEGHENY
SOBERS-BROWN, MD, KAREN D	PHILADELPHIA
SOBIESKI, MD, JOSEPH T	CAMBRIA
SOBLE, MD, MARC G	YORK
SOBOLEWSKI, MD, CRAIG J	BERKS
SOBOTA, BRET T	STUDENT
SOCRATES, MD, JESS U	YORK
SODEMAN, MD, WILLIAM A	PHILADELPHIA
SODICOFF, ERIC J	STUDENT
SODOWICK, MD, BRADFORD C	PHILADELPHIA
SOFFE, MD, ALVIN M	PHILADELPHIA
SOFFER, MD, MARVIN	PHILADELPHIA
SOFFER, MD, STEPHEN R	BERKS
SOFFIETTI, MD, JOHN H	BUTLER
SOFFRONOFF, MD, PIERCE	ALLEGHENY
SOIFER, DO, NEAL E	LACKAWANNA
SOISSON JR, MD, FERDINAND L	CAMBRIA
SOKALCHUK, MD, ANDREW	PHILADELPHIA
SOKIL, MD, ALEXIS BOHDAN	PHILADELPHIA
SOKOL, MD, JOEL H	DELAWARE
SOKOL, MD, MICHAEL C	STUDENT
SOLA, MD, JULIO I	CUMBERLAND
SOLAN, MD, JAMES A	WESTMORELAND
SOLAN, MD, MERRILL J	DELAWARE
SOLANKI, MD, PADMANAND Y	DELAWARE
SOLANO JR, MD, FRANCIS X	ALLEGHENY
SOLBERG, MD, BYRNE L	DELAWARE
SOLI, MD, SOLEIMAN M	PHILADELPHIA
SOLIC, MD, JOHN J	CENTRE
SOLIMAN, MD, EZZAT M	WYOMING
SOLIS, MD, J ANDREW	BUCKS
SOLIT, DAVID B	STUDENT
SOLIT, MD, ROBERT W	PHILADELPHIA
SOLL, MD, DAVID B	PHILADELPHIA
SOLLENBERGER, MD, LARRY L	DAUPHIN
SOLLENBERGER, MD, LAURA B	BLAIR
SOLLENBERGER, DO, STANTON E	FRANKLIN
SOLLER, MD, HERBERT I	DAUPHIN
SOLOMON, MD, BARRY A	PHILADELPHIA
SOLOMON, MD, CYNTHIA A	LUZERNE
SOLOMON, MD, DANIEL J	MONROE
SOLOMON, DO, DENNIS R	PHILADELPHIA
SOLOMON, MD, ELIAS M	LANCASTER
SOLOMON, DO, ERIC D	BUCKS
SOLOMON, MD, HOWARD J	WESTMORELAND
SOLOMON, MD, MARK P	PHILADELPHIA
SOLOMON, MD, SAMUEL J	YORK
SOLOMON, MD, SOLOMON D	ADAMS
SOLOMON, MD, STEPHEN U	MIFFLIN/JUNI
SOLOSHAR, LESLIE B	STUDENT
SOLOT, DO, JERALD A	ALLEGHENY
SOLOTOFF, MD, STEPHEN A	MONTGOMERY
SOLOW, MD, EDWARD A	PHILADELPHIA
SOLOW, MD, IRWIN A	ALLEGHENY
SOLOWAY, MD, STEPHEN	DELAWARE
SOLTER, MD, ALAN W	ALLEGHENY
SOMA, MD, JOSEPH J	LACKAWANNA
SOMASUNDARAM, MD, ANASUYA	NORTHAMPTON
SOMERS, MD, DEBRA L	PHILADELPHIA
SOMERS, MD, ERNEST E	FRANKLIN
SOMERS, MD, HERBERT J	PHILADELPHIA
SOMERS, MD, KEITH S	ALLEGHENY
SOMERS, MD, LAURENCE A	PHILADELPHIA
SOMERS, MD, ROBERT G	PHILADELPHIA
SOMERS, MD, WILLIAM R	LYCOMING
SOMERSET, DO, WILLIAM J	ALLEGHENY
SOMMA, MD, RICHARD M	LUZERNE
SOMMER, MD, DEBORAH L	ALLEGHENY
SOMMER, MD, JOHN T	DELAWARE
SOMMER, MD, VICKI M	BLAIR
SOMMERFELD, MD, JAMES P	LAWRENCE
SONBOLIAN, MD, NASSER	ALLEGHENY
SONDER, MD, HESTER M	PHILADELPHIA
SONDER, MD, MAX J	PHILADELPHIA
SONG, MD, SANG W	BUCKS
SONG, MD, STEVEN S	MONTGOMERY
SONG, SUNG W	STUDENT
SONG, MD, YOUNG J	WESTMORELAND
SONG, MD, YUNG-DOO	PHILADELPHIA
SONNE, MD, JOHN C	PHILADELPHIA
SONNEBORN, MD, DUANE G	PHILADELPHIA
SONSINI, MD, GREGG A	MONTGOMERY
SONTCHI, SIOBHAN L I	STUDENT
SOPCHAK, MD, MICHAEL A	YORK
SORARUF IV, MD, LOUIS P	CHESTER
SORBER, MD, JON A	WYOMING
SORBER, MD, WILLIAM A	LYCOMING
SORDONI, SUSAN F	STUDENT
SORENSEN, MD, ALFRED L	WASHINGTON
SORIANO, MD, CLAVER S	ALLEGHENY
SORIANO JR, MD, MANUEL G	ELK/CAMERON
SORICELLI, MD, RHONDA L	PHILADELPHIA
SORICELLI, MD, RICHARD R	DELAWARE
SORKIN, MD, HARDY L	CHESTER
SOROKANICH, MD, STEPHEN	LACKAWANNA
SOROKANICH, MD, STEPHEN	LACKAWANNA
SOROKIN, MD, RACHEL B	PHILADELPHIA
SOROSKY, MD, JOEL I	DAUPHIN
SORR, MD, EDWARD M	ALLEGHENY
SORTINO, MD, ANTONIO	ALLEGHENY
SOSIS, MD, ARTHUR C	LEHIGH
SOSS, JASON R	STUDENT
SOSS, DO, MURRAY C	PHILADELPHIA
SOTELO, MD, AUGUSTO	WESTMORELAND
SOTEREANOS, MD, DEAN G	ALLEGHENY
SOTEREANOS, MD, NICHOLAS G	ALLEGHENY
SOTIR, MD, LISA W	PHILADELPHIA
SOTOODEHFAR, MD, RAHIM	ALLEGHENY
SOTOS, MD, L NICHOLAS	ARMSTRONG
SOTOS, MD, PETER N	ARMSTRONG
SOTOS, MD, STEVEN N	ALLEGHENY
SOTTILE, ELISA M	STUDENT
SOTUS, MD, PETER C	MERCER
SOUAID JR, MD, VICTOR J	ERIE
SOUDER, MD, C LAWRENCE	LEHIGH
SOUDER, MD, FRANCIS R	BUCKS
SOUDER, MD, RONALD L	BUCKS
SOUDERS, MD, THOMAS B	BERKS
SOUILLIARD, MD, DONALD H	BUCKS
SOUNDARARAJAN, MD, RANGANATHA	LYCOMING
SOUNDARARAJAN, VIDYA	STUDENT
SOUSER, MD, ROSLYN C	MONTGOMERY
SOUTHERLAND, NATALIA J	STUDENT
SOVETSKY, DO, CHARLES L	DELAWARE
SPADARO, MD, DONNA P	VENANGO
SPADONI, MD, JOSEPH L	LEHIGH
SPAETH, MD, GEORGE L	PHILADELPHIA
SPAGNOLETTI, MD, LOUIS	PHILADELPHIA
SPAGNOLI, MD, MARIE V	ADAMS
SPAHN, DO, KREIG A	CRAWFORD
SPAHR, MD, ROBERT C	MONTOUR
SPANARD, MD, RUSSELL A	ALLEGHENY
SPANGLER, MD, JOHN G	MONTOUR
SPANOGIANS, MD, ANGELO J	WASHINGTON
SPAZIANI, MD, JOSEPH T	LUZERNE
SPEAKE, MD, MARK R	UNION
SPEAR, MD, BARBARA A	BUCKS
SPEARS, JULIE A	STUDENT
SPEARS, MD, LAURA S	YORK
SPEARS, MD, PAUL F	YORK
SPEASE, DO, CARL R	MIFFLIN/JUNI
SPECTER, MD, JANET S	PHILADELPHIA
SPECTOR, MD, GUS	CHESTER
SPECTOR, DO, HOWARD L	LUZERNE
SPECTOR, MD, NANCY D	PHILADELPHIA
SPEEDY, MD, HARRY W	WESTMORELAND
SPEERS, MD, HERBERT K	BUCKS
SPEICHER, MD, JULIE M	LACKAWANNA
SPEICHINGER, MD, JAMES P	LYCOMING
SPELLER, MD, J FINTON	PHILADELPHIA
SPELLMAN, MD, WILLIAM H	MONTGOMERY
SPELTS, MELINDA K	STUDENT
SPENCE, DO, MICHAEL W	MONROE
SPENCER, MD, DEAN W	CRAWFORD
SPENCER, MD, DONALD LYNN	CHESTER
SPENCER, MD, H NEWTON	DELAWARE
SPENCER, MD, JAMES H	LAWRENCE
SPENCER, MD, JEANNE P	CAMBRIA
SPERANZA, MD, DAVID N	LUZERNE
SPERLING, MD, DAVID M	ALLEGHENY
SPERLING, MD, HERBERT V	ALLEGHENY
SPERRAZZA, JIM C	STUDENT
SPIEGEL, MD, EDWARD P	BUCKS
SPIEGEL, MD, JOSEPH R	PHILADELPHIA
SPIELBERG, MD, STEPHEN P	MONTGOMERY
SPIELMAN, MD, SCOTT R	PHILADELPHIA
SPIELVOGEL, MD, RICHARD L	PHILADELPHIA
SPIGEL, JOE J	STUDENT
SPIGNER, MD, DONALD W	DAUPHIN
SPIKER, MD, DUANE G	ALLEGHENY
SPILSBURY, MD, PAUL R	MONTOUR
SPINA, MD, CARMEN M	BUTLER
SPINA, MD, NANCY R	BUTLER
SPINA JR, MD, JOSEPH	DELAWARE
SPINGOLA, MD, CHARLES E	BUTLER
SPINNER, MD, MORTON H	MONROE
SPINNEY, MD, CARMEN E	LYCOMING
SPINO, MD, PASCAL D	WESTMORELAND
SPINOLA, ANTHONY	STUDENT
SPINUZZA, MD, THOMAS J	FAYETTE
SPIRITOS, MD, MICHAEL D	MONTGOMERY
SPITLER III, MD, WILLIAM M	LANCASTER
SPITZ, MD, EUGENE B	PHILADELPHIA
SPITZ, MD, LAWRENCE K	PHILADELPHIA
SPITZER, DO, IRA E	BUCKS
SPITZER, MD, STANLEY	PHILADELPHIA
SPIVACK, MD, JACK	BUCKS
SPLAIN, DO, DENNIS J	LEHIGH
SPLANE, MD, BRUCE L	MONTOUR
SPOCK, MD, NICHOLAS	NORTHUMBRLAND
SPOEHR, MD, LUTHER W	ALLEGHENY
SPOLL, DO, EDWARD A	NORTHAMPTON
SPOTTS, MD, DOUGLAS A	STUDENT
SPOTTS, MD, RICKE L	LEBANON
SPRANDIO, MD, JOHN D	PHILADELPHIA
SPRATT, MD, CHARLES E	MONTGOMERY
SPRATT, MD, ROBERT H	MONTGOMERY
SPRING, MD, DEBORAH A	LUZERNE
SPRINGER, MD, JAY M	MONTGOMERY
SPRINGER III, MD, ROBERT M	LANCASTER
SQUADRITO JR, MD, JAMES F	MONTGOMERY
SQUIERS, MD, ELIZABETH C	MONTOUR
SRIDHARA, MD, C R	PHILADELPHIA
SRIDHARAN, MD, MALINI	PHILADELPHIA
SRIHARSHA, MD, PATALAM S	COLUMBIA
SRINIVASAGAM, MD, NARASIMMAN	ALLEGHENY
SRINIVASAN, MD, VENKATRAMAN	ALLEGHENY
SRIVASTAVA, MD, BRIJ B	DELAWARE
SRIVASTAVA, MD, POONAM	NORTHUMBRLAND
SRODES, MD, CHARLES H	ALLEGHENY
SROUJI, MD, MAURICE N	PHILADELPHIA
SROUJI, MD, SAMIR J	DAUPHIN
SROUR, MD, JAMES W	YORK
ST ANDRE, MD, MARY L	ALLEGHENY
STAAB, MD, JEFFREY P	ALLEGHENY
STAAS JR, MD, WILLIAM E	PHILADELPHIA
STABILE, MD, JEROME G	NORTHAMPTON
STABLER, MD, CRAIG L	LYCOMING
STACHER, MD, ERIC D	GREENE
STACHOWIAK, MD, EDWARD J	LUZERNE
STACK, MD, WILLIAM T	PHILADELPHIA
STAEBLER, MD, ROBIN J	BERKS
STAFFEN, MD, ROBERT N	DAUPHIN
STAFFORD, MD, CALVIN R	DELAWARE
STAFFORD, DO, DOUGLAS T	MONTGOMERY
STAFFORD, MD, PERRY W	PHILADELPHIA
STAFFORD, MD, REGIS W	ALLEGHENY
STAHLFELD, MD, KURT R	ALLEGHENY
STAHLFELD, MD, MARGARET M	ALLEGHENY
STAHLMAN, MD, FREDERICK B	CLARION
STAHLMAN, MD, ROY A	DELAWARE
STAHLNECKER, MD, C STEPHEN	DELAWARE
STAINBACK, MD, WILLIAM C	MONTGOMERY
STALLINGS, MD, VIRGINIA A	PHILADELPHIA
STALTER, MD, RALPH J	ALLEGHENY
STAMAN, MD, HARRY	ALLEGHENY
STAMATAKOS, MD, MICHAEL J	LEHIGH
STAMBAUGH, MICHAEL D	STUDENT
STAMM, MD, BARRY D	ERIE
STANCOMBE, MD, WESLEY R	NORTHAMPTON
STANDER, MD, ERIC P	PHILADELPHIA
STANEK, MD, MARJORIE A	PHILADELPHIA
STANEK, MD, ROBERT	PHILADELPHIA
STANGER, MD, ROBERT H	ALLEGHENY
STANISLAW, MD, SCOTT R	STUDENT
STANKIEWICZ, MD, RUSSELL J	UNION
STANKO, MD, KENNETH M	ALLEGHENY
STANKOSKI, MD, JOHN A	LUZERNE
STANKOVIC, MD, LJUBISA	DAUPHIN
STANLEY, MD, CHARLES A	PHILADELPHIA
STANTON, MD, DAVID C	PHILADELPHIA
STANTON, MD, ELIZABETH L	BERKS
STANTON JR, MD, JAMES N	ALLEGHENY
STANTON JR, MD, JOHN J	PHILADELPHIA
STANULONIS, MD, STANLEY W	SCHUYLKILL
STAPFER, MARIA V	STUDENT
STAPLES, MD, HERMAN D	DELAWARE
STAPOR, MD, DAVID J	ALLEGHENY
STAPP, MD, HARRIET L	MONTGOMERY
STAR, MD, ANDREW M	MONTGOMERY
STARER, MD, LARRIMORE J	DELAWARE
STARK, MD, BRUCE I	CHESTER
STAROS, MD, ERIC B	DELAWARE
STARR, MD, ROBERT	ALLEGHENY
STARR, MD, STUART E	PHILADELPHIA
STARRELS, MD, MICHAEL E	BUCKS
STARRELS, MD, SIDNEY H	PHILADELPHIA
STARZ, MD, TERENCE W	ALLEGHENY
STASIK JR, MD, JOHN J	LEHIGH
STASSI, MD, JOHN	PHILADELPHIA
STATLER, JOHN D	STUDENT
STAUB, MD, ALICE W	PHILADELPHIA
STAUFFER, BRIAN L	STUDENT
STAUFFER, MD, HAROLD E	LANCASTER
STAUFFER, MD, JAMES D	LEBANON
STAUFFER, PAUL R	STUDENT
STAUFFER, MD, RICHARD A	NORTHAMPTON
STAUFFER, MD, STANLEY S	NORTHAMPTON
STAVRIDES, MD, ALEXANDER	ALLEGHENY
STAYER, MD, GLENN A	MONTOUR
STEADMAN, MD, ROBERT G	CRAWFORD
STEC, MD, EUGENE G	LACKAWANNA
STECHSCHULTE JR, MD, DONALD W	UNION
STECKEL, MD, ALAN J	ALLEGHENY
STECKEL, MD, DONALD C	UNION
STEED, MD, DAVID L	ALLEGHENY
STEEL, MD, HOWARD H	PHILADELPHIA
STEELE, MD, JOHN E	CARBON
STEELE, MD, JOHN F	MERCER
STEELE, DO, KIRTH W	NORTHAMPTON
STEELE, MD, LOGAN H	ALLEGHENY
STEEN, MD, C A EDWARD	MONTOUR
STEEN, MD, OLIVER T	ALLEGHENY
STEERMAN, MD, PAUL H	PHILADELPHIA
STEFANELLI, MD, JAMES L	LACKAWANNA
STEFANELLI, MD, JOANN G	ALLEGHENY
STEFANICK, DO, PATTI A	CAMBRIA
STEFANIK, MD, DAVID	CAMBRIA
STEFANKO, KAREN E	STUDENT
STEFANOVSKI, MD, NICK	ERIE
STEFANYSZYN, MD, MARY A	PHILADELPHIA
STEFFE, MD, THOMAS J	PHILADELPHIA
STEFFENSEN, MD, DAVID O	WESTMORELAND
STEGURA, MD, BARNEY A	LUZERNE
STEIGERWALT, MD, JOHN L	MONTGOMERY
STEIKER, MD, DANIEL D	PHILADELPHIA
STEIN, ALAN D	STUDENT
STEIN, MD, ALAN H	CAMBRIA
STEIN, MD, ANTHONY	PHILADELPHIA
STEIN, MD, ARTHUR V	LEHIGH
STEIN, BARRY D	STUDENT
STEIN, MD, BRADLEY D	ALLEGHENY
STEIN, DO, DAVID M	LEHIGH
STEIN, MD, ELEANOR R	DAUPHIN
STEIN, MD, FRANKLIN M	PHILADELPHIA
STEIN, MD, GEORGE N	PHILADELPHIA
STEIN, MD, HARMON C	BUCKS
STEIN, DO, HERMINE	MONTGOMERY
STEIN, MD, HYMEN D	PHILADELPHIA
STEIN, MD, IRVIN	PHILADELPHIA
STEIN, DO, JACK M	PHILADELPHIA
STEIN, MD, RICHARD N	NORTHAMPTON
STEIN, MD, ROBERT S	NORTHAMPTON
STEIN, MD, STANLEY I	NORTHAMPTON
STEIN, MD, THOMAS M	ALLEGHENY
STEIN, MD, WALTER	BERKS
STEIN JR, MD, DONALD B	DELAWARE
STEINBERG, MD, ABRAAM	ALLEGHENY
STEINBERG, DAVID M	STUDENT
STEINBERG, MD, DEAN A	PHILADELPHIA
STEINBERG, MD, MARVIN E	PHILADELPHIA
STEINBERG, MD, MICHAEL L	ALLEGHENY
STEINBERG, MD, NATHAN	PHILADELPHIA
STEINBOOK, MD, MELVIN	NORTHAMPTON
STEINBRINK, MD, WILLIAM H	ERIE
STEINDEL, MD, CARL R	LACKAWANNA
STEINER, MD, ROBERT M	PHILADELPHIA
STEINFELD, MD, RICHARD I	MERCER
STEINFIELD, MD, PAUL H	PHILADELPHIA
STEINGARD, MD, JOSEPH J	PHILADELPHIA
STEINMAN, MD, ARNOLD M	ALLEGHENY
STEINMAN, MD, RICHARD A	ALLEGHENY
STEINMAN, MD, ROBERT C	LANCASTER
STEINMETZ III, MD, CHARLES G	PHILADELPHIA
STEINMEYER JR, MD, HARRY H	MONTGOMERY
STEINOUR, MD, THOMAS A	FRANKLIN
STEKERT, MD, RUTH	BUCKS
STELLA, MD, HECTOR J	DELAWARE
STELMACH, MD, JOHN P	BERKS
STELMACH, MD, PAUL	BERKS
STELMACH, MD, PETER	BERKS
STELMACH, MD, W PETER	BERKS
STELZER, MD, FREDERIC A	LEHIGH
STEM JR, MD, THEODORE B	WESTMORELAND
STEMMLER, MD, MARGARET M	PHILADELPHIA
STEN, MD, JON D	NORTHUMBRLAND
STENBERG, MD, ROBERT G	CAMBRIA
STENCLER, MD, KERRY A	STUDENT
STENE, MD, JOHN K	DAUPHIN
STENGEL, MD, ROBERT J	LANCASTER
STEPANSKY, MD, DAVID W	MONTGOMERY
STEPHENS, MD, MARILYN H	CLEARFIELD
STEPHENS JR, MD, HARRY W	LEHIGH
STEPHENSON, MD, JAMES B	CHESTER
STEPHENSON, MD, KEITH R	ERIE
STEPHENSON, MD, ORLANDO K	PERRY
STEPHENSON, MD, PATRICIA A S	BUCKS
STEPPACHER, MD, LESTER G	PHILADELPHIA
STEPT, MD, LARRY L	ALLEGHENY
STEPT, MD, LEONARD A	ALLEGHENY
STEPT, MD, RAYMOND	ALLEGHENY
STEPT, MD, WILLIAM J	ALLEGHENY
STERLING, MD, NANCY I	DAUPHIN
STERLING, ROBERT S	STUDENT

STERLING, SCOTT W	STUDENT
STERN, MD, JOHN J	PHILADELPHIA
STERN, MD, LILLIAN H	PHILADELPHIA
STERN, MD, ROBERT M	ALLEGHENY
STERNBURG, MD, JON K	WAYNE/PIKE
STERNER, MD, DORRIT H	PHILADELPHIA
STERNLIEB, MD, JONATHAN M	MONTGOMERY
STERNLIEB, MD, SANFORD B	LUZERNE
STETZ, DO, DREW J	HUNTINGDON
STEVEN, MD, JAMES M	PHILADELPHIA
STEVENS, MD, BRYAN J	YORK
STEVENS, DO, PHILIP J	DELAWARE
STEVENS, MD, ROBERT G	LYCOMING
STEVENSON, MD, KAREN B	ALLEGHENY
STEVENSON, MD, KATHLEEN M	STUDENT
STEVENSON, MD, RICHARD D	MONTGOMERY
STEVER, DO, MICHAEL R	INDIANA
STEWARD, MD, JOANNE A	LEHIGH
STEWARD JR, MD, ROBERT E	CLEARFIELD
STEWART, MD, MERVIN S	ALLEGHENY
STEWART, MD, MICHAEL J	PHILADELPHIA
STEWART, MD, MICHAEL P	LACKAWANNA
STEWART, MD, RICHARD P	DAUPHIN
STEWART, MD, WILLIAM D	ALLEGHENY
STEWART, MD, WILLIAM W	MONTGOMERY
STEWART III, DO, JOSEPH H	FRANKLIN
STEWART JR, MD, WILLIAM G	MONTGOMERY
STICK, MD, WESLEY D	YORK
STIEBER, MD, SCOTT F	LANCASTER
STIEG, MD, PHILIP D	LEBANON
STIEGEL, MD, ROBERT M	BEAVER
STIERSTORFER, MD, MAX J	LEHIGH
STIFFEL, MD, ARTHUR	PHILADELPHIA
STIFFEL, MD, JERRY	PHILADELPHIA
STILE, MD, SABATO A	WESTMORELAND
STILL, DO, CHRISTOPHER D	MONTOUR
STILLER, SONJA R	STUDENT
STINE, MD, AMY R	ALLEGHENY
STINE JR, MD, LESTER E	ALLEGHENY
STINELY, MD, REGIS W	WASHINGTON
STINEMAN, MD, MARGARET G	PHILADELPHIA
STISH, MD, EUGENE R	LUZERNE
STISH JR, MD, ANTHONY G	LUZERNE
STITT, MD, DONALD G	MERCER
STOCK, MD, RICHARD G	ALLEGHENY
STOCKSTILL, MD, TODD F	ALLEGHENY
STODDARD, MD, NEIL W	LEHIGH
STOFMAN, MD, GUY M	ALLEGHENY
STOKAR, MD, LAWRENCE M	ALLEGHENY
STOKEN, MD, DREW J	CUMBERLAND
STOKER, MD, JOHN W	BLAIR
STOKES, MD, LOUIS C	CHESTER
STOKES, MD, RANJAN	PHILADELPHIA
STOLLER, MD, RONALD G	ALLEGHENY
STOLOFF, MD, IRWIN L	PHILADELPHIA
STOLTZFUS, MD, BONNIE M	PHILADELPHIA
STOLTZFUS, MD, ELAM R	UNION
STOLZ, MD, JOHN C	BERKS
STOLZ, MD, JONATHAN L	BERKS
STOLZ, MD, PAUL K	BERKS
STOLZ, DO, RALPH E	LEHIGH
STOLZER, MD, BERTRAND L	ALLEGHENY
STONE, MD, DAVID A	ALLEGHENY
STONE, DO, DONALD J	COLUMBIA
STONE, MD, GWEN E	PHILADELPHIA
STONE, MD, HRANT H	PHILADELPHIA
STONE, MD, JEFFREY D	STUDENT
STONE, MD, ROBERT K	MONTGOMERY
STONE, MD, WALKER H	LYCOMING
STONE JR, MD, CHARLES S	ALLEGHENY
STONER, MD, JOHN C	DAUPHIN
STONER, MD, JOHN G	YORK
STONER, MD, MAX A	DAUPHIN
STONER, MD, PAUL S	DAUPHIN
STONER, MD, ROBERT E	LANCASTER
STOOL, MD, SYLVAN E	ALLEGHENY
STORM, MD, CHARLES T	DELAWARE
STORY, MD, NANCY S	LYCOMING
STOTT, MD, GERALDINE A	YORK
STOUDT, MD, DONALD E	BERKS
STOUDT, MD, K DONALD	MERCER
STOUDT, DO, KATHY J	BERKS
STOUFFER JR, MD, VANCE R	YORK
STOUT, JOYCE E	STUDENT
STOUT, MD, RICHARD R	ALLEGHENY
STOUT, DO, STACY J	PHILADELPHIA
STOUT, MD, WILLIAM J	LANCASTER
STOVER, MD, DONALD L	CAMBRIA
STOWELL, MD, JOSEPH M	BLAIR
STRACCI, DO, PETER F	ALLEGHENY
STRAKA, MD, JOHN A	ALLEGHENY
STRALEY, MD, RICHARD K	LYCOMING
STRAMAT, MD, JOHN M	ALLEGHENY
STRANG, MD, CLYDE A	YORK
STRANG, MD, DAVID J	LUZERNE
STRANG, MD, JOHN E	MONTGOMERY
STRANGARITY, MD, JOSEPH W	LANCASTER
STRATIS, MD, JOHN P	DAUPHIN
STRATTON, MD, HENRY A	PHILADELPHIA
STRATTON, MD, ROBERT D	ERIE
STRAUB, MD, WILLIAM H	ALLEGHENY
STRAUSBAUGH, MD, JANET T	YORK
STRAUSBAUGH, MD, RICHARD	YORK
STRAUSE JR, MD, HAROLD L	BERKS
STRAUSS, MD, JAY E	NORTHAMPTON
STRAUSS, MD, RICHARD E	BUCKS
STRAUSS, MD, ROBERT D	LEHIGH
STRAVINO, MD, VINCENT D	NORTHAMPTON
STRAYER, MD, DAVID R	PHILADELPHIA
STRAZEK, MD, LESLAW M	ERIE
STREET, MD, THOMAS F	LUZERNE
STREISFELD, MD, DAVID L	LEBANON
STREISFELD, MD, NEIL T	PHILADELPHIA
STRELEC, MD, STEPHEN R	ALLEGHENY
STREMPLE, MD, JOHN F	ALLEGHENY
STRENGE, MD, HENRY J	PHILADELPHIA
STRENIO, MD, JONATHAN S	ALLEGHENY
STREUBERT, MD, GEORGE E	NORTHAMPTON
STRIAR, MD, JEFFREY H	MONTGOMERY
STRICKLAND, MD, MARY L	MONTOUR
STRICKLER, MD, JANE A M	CENTRE
STRIMLAN, MD, C VAUGHN	ALLEGHENY
STRITE JR, MD, JAMES A	FRANKLIN
STRITTMATTER, MD, JOHN M	LANCASTER
STROBEL JR, MD, GEORGE E	BERKS
STROCK, MD, BRADFORD K	DAUPHIN
STROCKBINE, MD, MELVIN F	YORK
STROHLEIN, MD, STEPHEN S	MONROE
STRONG, MD, GEORGE H	PHILADELPHIA
STRONG, MD, THERESSA B	ALLEGHENY
STRONG III, MD, MICHAEL D	PHILADELPHIA
STRONY JR, RONALD S	STUDENT
STROUD, MD, HILARY A	ALLEGHENY
STROUD, JOAN A	STUDENT
STROWHOUER, DO, WILLIAM J	DELAWARE
STRUMIA, MD, PAUL V	MONTGOMERY
STRUMPH, MD, PAUL S	ALLEGHENY
STRUNK, MD, THOMAS J	CAMBRIA
STRUNK, MD, WILLIAM M	NORTHAMPTON
STRYKER, MD, ALLAN K	LYCOMING
STRZELECKI, MD, ZIGMUND F	BUCKS
STUART, MD, JOHN A	ALLEGHENY
STUART, MD, JOHN C	ALLEGHENY
STUART, MD, THOMAS J	LANCASTER
STUART, EXEC SEC, MD, ROBERT B	ERIE
STUBA, MD, STELLA	MONTGOMERY
STUBBS, MD, G WINSTON	PHILADELPHIA
STUCCIO, MD, DOMINICK A	LUZERNE
STUCCIO, MD, JOSEPH J	LUZERNE
STUGAN, MD, ANTHONY J	STUDENT
STULL, MD, MARK W	LANCASTER
STUMACHER, MD, RUSSELL J	PHILADELPHIA
STUMPF, MD, REBECCA L	ALLEGHENY
STUPI, MD, ANGELA M	ALLEGHENY
STUPNIKER, MD, SONIA	PHILADELPHIA
STURM, MD, PATRICK W	BEAVER
STURM JR, MD, CHARLES F	ALLEGHENY
STUTMAN, MD, FRED A	PHILADELPHIA
STUTZ, MD, MARTIN	WASHINGTON
STYLER, MD, MICHAEL J	PHILADELPHIA
STYPULA, MD, MARK O	ALLEGHENY
STYPULA, MD, RICHARD W	MERCER
SU, MD, LANG-PAO	LACKAWANNA
SU, MD, SEAN	STUDENT
SU, MD, SHYH-MIN	ALLEGHENY
SUAREZ, MD, RAMON U	LEBANON
SUATONI JR, MD, FRANK J	ALLEGHENY
SUBBIAH, MD, THEUARAYA N	BUTLER
SUBRAMANIAN, MD, THYAGARAJAN	ALLEGHENY
SUBRAMANY, MD, NARAYANASWAMY	ELK/CAMERON
SUBRAMANYAN, MD, SMITHA	STUDENT
SUCHESKI, BRIAN M	STUDENT
SUDOL, KATARZYNA S	STUDENT
SUERO, MD, RENE OSCAR	PHILADELPHIA
SUFIT, MD, SUSAN D	WASHINGTON
SUGAR, MD, MIKLOS	DELAWARE
SUGARMAN, MD, SAMUEL	PHILADELPHIA
SUGIURA, MD, SUMIKO M	PHILADELPHIA
SUH, MD, SANG J	LACKAWANNA
SUK, MD, JIN H	VENANGO
SUKANICH, MD, KRIENGSAK	ALLEGHENY
SUKAROCHANA, MD, KAMTHORN	ALLEGHENY
SUKERKAR, MD, NITEEN N	FRANKLIN
SUKYS, MD, NANCY A	ALLEGHENY
SUL, JAMES H	STUDENT
SULECKI, MD, MATTHEW G	WESTMORELAND
SULEWSKI, MD, MICHAEL E	PHILADELPHIA
SULLIVAN, MD, CHARLES C	PHILADELPHIA
SULLIVAN, MD, EDWARD M	DELAWARE
SULLIVAN, DO, JAMES J	YORK
SULLIVAN, MD, JOHN M	DAUPHIN
SULLIVAN, MD, LAWRENCE X	ALLEGHENY
SULLIVAN, MD, MICHAEL T	CLEARFIELD
SULLIVAN, MD, MICHAEL W	PHILADELPHIA
SULLIVAN, MD, RICHARD A	MONTGOMERY
SULLIVAN, MD, ROBERT D	BLAIR
SULLIVAN, MD, TIMOTHY M	BRADFORD
SULLIVAN, MD, WILLIAM A	DAUPHIN
SULLIVAN, MD, WILLIAM H	PHILADELPHIA
SULLIVAN JR, MD, LAWRENCE X	ALLEGHENY
SULLUM, MD, JONATHAN C	LACKAWANNA
SULTZ, DO, MARVIN E	PHILADELPHIA
SUMKIN, DO, JULES H	ALLEGHENY
SUMMERS, MD, KERMIT L	LANCASTER
SUMMERS, MD, RICHARD F	PHILADELPHIA
SUMMERTON, MD, SUSAN L	PHILADELPHIA
SUMMONS, MD, HOWARD J	BERKS
SUMNER, MD, ANDREW D	DAUPHIN
SUN, ANDREW N	STUDENT
SUN, MD, DANNY D	NORTHAMPTON
SUN, MD, ELIZABETH A	MONTGOMERY
SUN, MD, HSIANG-CHUN	BERKS
SUN, MD, WILLIAM Z	PHILADELPHIA
SUNDAY, MD, MICHAEL L	LACKAWANNA
SUNDERLIN JR, MD, FREDERICK S	MONTOUR
SUNDERMAN, MD, F WILLIAM	PHILADELPHIA
SUNDHEIM, MD, JAMES L	LACKAWANNA
SUNDT, MD, LINDA M	DELAWARE
SUNG, MD, CHUN M	ALLEGHENY
SUNG, MD, DUK I	ALLEGHENY
SUNG, MD, LEE H	WESTMORELAND
SUNG, MD, PAUL P	LAWRENCE
SUNSERI, MD, MARIA J	ALLEGHENY
SUNYECZ, MD, JOHN A	ALLEGHENY
SUPER, MD, LEONID E	PHILADELPHIA
SUPERDOCK, MD, DAVID T	LANCASTER
SUPINSKI, MD, ROBERT S	POTTER
SUPPA, MD, OSVALDO S	ERIE
SUPPLE, MD, EDWARD W	LANCASTER
SUPROCK, MD, MARK D	ERIE
SURACI, MD, ALDO J	COLUMBIA
SURI, MD, SANJEEV	PHILADELPHIA
SURKIN, MD, MARC I	DELAWARE
SURMELI, SEDAT M	STUDENT
SUSANG-TALAMO, MD, BARBARA A	ALLEGHENY
SUSANN, MD, PHILIP W	ERIE
SUSI, MD, JOSEPH A	ERIE
SUSKI, DAVID A	STUDENT
SUSSMAN, MD, DAVID	LEHIGH
SUSSMAN, MD, MARCEL S	PHILADELPHIA
SUSSMAN, DO, MARK P	MONTGOMERY
SUSSMAN, MD, NATHAN	DAUPHIN
SUSSMAN, MD, SYLVIA	LEHIGH
SUTER, MD, HARRY J	LYCOMING
SUTER, MD, STANLEY C	LEBANON
SUTHAR, MD, ARVIND L	MIFFLIN/JUNI
SUTHERLAND, MD, ROBERT D	BERKS
SUTLIFF, MD, CARLENE S	DAUPHIN
SUTLIFF, MD, FREDERICK P	MONTGOMERY
SUTNICK, MD, ALTON I	PHILADELPHIA
SUTTER, DO, FRANCIS P	PHILADELPHIA
SUTTON, MD, A KEITH	HUNTINGDON
SUTTON, MD, CHARLES A	BLAIR
SUTTON, MD, LESLIE N	PHILADELPHIA
SUTTON, MD, PAUL L	MONTOUR
SUTTON, MD, ROBERT L	ALLEGHENY
SUTTON JR, MD, EDWARD L	BUTLER
SUTTON JR, MD, JOHN C	BEAVER
SUVARNAKAR, MD, JAWAHAR N	JEFFERSON
SUWAN, MD, NIPAPAN	ARMSTRONG
SUWAN, MD, SAKDIDEJ	ARMSTRONG
SVERSTIUK, MD, ANDRIJ E	PHILADELPHIA
SVIGALS, MD, PAUL J	PHILADELPHIA
SWAAB, MD, RONALD L	PHILADELPHIA
SWACKHAMMER, MD, RANDY L	WESTMORELAND
SWAGLER, DO, CURTIS P	TIOGA
SWAIN, MD, STEPHEN S	SCHUYLKILL
SWALLOW, DO, WILLIAM B	UNION
SWAMI, MD, KUMAR	PHILADELPHIA
SWAMIDOSS, MD, STEPHENSON S	DAUPHIN
SWAMY, MD, MALLIKARJUNA S	ALLEGHENY
SWAN, MD, BARBARA E	ALLEGHENY
SWAN, MD, DAVID M	ALLEGHENY
SWANK, MD, MARK D	NORTHAMPTON
SWANSIGER, MD, BRIAN J	ALLEGHENY
SWANSIGER, MD, ROBERT J	CAMBRIA
SWANSON, MD, ERNEST W	MERCER
SWANSON, MD, JOEL W	ALLEGHENY
SWANSON, MD, LEE A	ALLEGHENY
SWANSON, MD, MICHAEL D	ALLEGHENY
SWANTEK, DO, LEO J	ERIE
SWARTZ, MD, EDWARD F	FRANKLIN
SWARTZ, MD, JOEL D	PHILADELPHIA
SWARTZ, MD, MARK A	FRANKLIN
SWARTZ, MD, STAN H	LYCOMING
SWARTZ, MD, WILLIAM M	ALLEGHENY
SWARUP, MONTE R	STUDENT
SWAYSER, DO, WILLIAM R	LEHIGH
SWEDARSKY, MD, ROBERT H	ALLEGHENY
SWEENEY, DO, DONALD J	TIOGA
SWEENEY, DO, THOMAS F	YORK
SWEER, MD, LEON W	CUMBERLAND
SWEET, MD, LEIGHTON J	ALLEGHENY
SWEGAL, MD, OTTO F	ALLEGHENY
SWEIGARD, MD, KEITH W	MONTGOMERY
SWEINBERG, MD, SHARON K	PHILADELPHIA
SWENSEN, MD, HAROLD E	ALLEGHENY
SWENSEN, MD, NANCY M	ALLEGHENY
SWENSON, MD, DAVID L	BUTLER
SWETERLITSCH, MD, LOUIS H	NORTHAMPTON
SWICK II, MD, J HOWARD	BEAVER
SWIDRYK, MD, JOHN P	PHILADELPHIA
SWIDWA, MD, DENISE M	ALLEGHENY
SWIERCZEWSKI, MD, EDWARD V	WESTMORELAND
SWIFT, MD, FRANK L	LACKAWANNA
SWIFT, IAN R	STUDENT
SWIFT, MD, SARAH E	PHILADELPHIA
SWISHER II, MD, CHARLES L	LACKAWANNA
SWITALA, REGIS T	STUDENT
SWITZER, MD, GARY L	VENANGO
SYBING, MD, EUGENIO A	MERCER
SYBING, MD, MELITA M	MERCER
SYED, MD, TASNEEM A Z	WASHINGTON
SYKES, DO, LEROY I	DAUPHIN
SYKES JR, MD, NORMAN L	PHILADELPHIA
SYLVESTER, ALFRED P	STUDENT
SYLVESTRI, MD, GEORGE M	DAUPHIN
SYMES, MD, PHILIP H	ERIE
SYMS, MD, CHARLES A	PHILADELPHIA
SYROP, TAMA L	STUDENT
SYROPOULOS, MD, HEIDI J	CENTRE
SZABO, MD, EDWARD T	WESTMORELAND
SZABO, MD, EMIL R	HUNTINGDON
SZABO, MD, FERDINAND F	COLUMBIA
SZABO, MD, RUDOLPH G	COLUMBIA
SZAFRANSKI, MD, JOHN A	ALLEGHENY
SZAL, MD, JOSEPH J	PHILADELPHIA
SZALADOS, MD, JAMES E	PHILADELPHIA
SZARKO, MD, CAROL J	BERKS
SZARKO, MD, FRANK J	BERKS
SZARKO, MD, RICHARD J	LANCASTER
SZAWALUK, MD, JOHN J	ALLEGHENY
SZAYNA, MD, STANLEY	PHILADELPHIA
SZENICS, MD, JONATHAN M	LEHIGH
SZOKE, MD, EDWARD E	ADAMS
SZOMSTEIN, MD, MARCOS	PHILADELPHIA
SZUSTAK, DO, JOSEPH J	LUZERNE
SZUSTER, MD, DAVID S	PHILADELPHIA
SZUTOWICZ, DO, MICHAEL P	LANCASTER
SZVETECZ, MATTHEW J	STUDENT
SZYDLOWSKI, MD, THADDEUS R	LEBANON
SZYMANSKI, MD, MARK B	MONTGOMERY

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TABACHNICK, MD, THEODORE M	ALLEGHENY
TABAS, MD, GARY	ALLEGHENY
TABAS, MD, JANET H	ALLEGHENY
TABB, MD, DAVID R	YORK
TABLADA, MD, GUILLERMO J	ALLEGHENY
TABOR, MD, ELLEN K	ALLEGHENY
TABUENA, MD, AMELIA L	MONTGOMERY
TACHOJIAN, MD, VAHAKEN	PHILADELPHIA
TACHOVSKY, MD, THOMAS J	NORTHAMPTON
TADA, MD, NAOTO	ALLEGHENY
TADDONIO, MD, RICHARD B	BUCKS
TADDONIO, MD, WILLIAM S	CHESTER
TADJALLI, MD, HELEN E	YORK
TADLEY, DO, GERALD	PHILADELPHIA
TAEKMAN, MD, JEFFREY M	DAUPHIN
TAFFLIN, DO, DENNIS H	BUCKS
TAFTAF, MD, MOHAMMAD O	LAWRENCE
TAGALA, MD, PRAXIDIO H	CLEARFIELD
TAGGART, MD, GEORGE W	LUZERNE
TAGGART, MD, JAMES D	CUMBERLAND
TAGHIZADEH, MD, FIROOZ	FAYETTE
TAI, LISA H	STUDENT
TAIT, MD, EDWIN C	MONTGOMERY
TAITELBAUM, MD, BEN	ALLEGHENY
TAKACH, MD, STEPHEN J	INDIANA
TAKEDA, MD, MISAO	PHILADELPHIA
TALAGA, MD, RONALD N	WAYNE/PIKE
TALAMO, MD, ROBERT J	MONTGOMERY
TALANGBAYAN, MD, FRANCIS V	PHILADELPHIA
TALATI, MD, DINESHKUMAR C	LUZERNE
TALBERT, MD, MADONNA L	LANCASTER
TALBOT, MD, GEORGE T	ALLEGHENY
TALBOT, MD, SHERYL F	PHILADELPHIA
TALBOTT, MD, JOHN B	ALLEGHENY
TALLERICO, MD, SAMUEL J	ALLEGHENY
TALLMAN, MD, EDWIN H	BERKS
TALLUTO, MD, DONNA M	LEHIGH
TAMA, MD, LAWRENCE	BRADFORD
TAMAKI, MD, H TOM	MONTGOMERY
TAMBURRO, DO, VALERIE L	DELAWARE
TAN, MD, ANTHONY H	ALLEGHENY
TAN, MD, ANTONIUS H	LEHIGH
TAN, MD, DOMINGO C	CLEARFIELD
TAN, MD, EDWIN L	CAMBRIA
TAN, MD, ISABEL G	MERCER
TAN, MD, LIAN K	CARBON
TAN, MD, MYRNA M	PHILADELPHIA
TAN, MD, WILFREDO S	ERIE
TAN, MD, YOKE Y	DAUPHIN
TAN JR, MD, RAMON N	CAMBRIA
TANANIS, MD, LEONARD J	SCHUYLKILL
TANG, GEOFFREY R	STUDENT
TANGOREN, IBRAHIM A	STUDENT
TANNEHILL, MD, NORMAN B	ALLEGHENY
TANNENBAUM, MD, DAVID S	MONTGOMERY
TANNER, MD, JONATHAN W	PHILADELPHIA
TANNER, MD, LEONARD M	LEBANON
TANNING, MD, HOWARD M	ALLEGHENY
TANRIBILIR, MD, ABDUL K	COLUMBIA
TANTISIRA, MD, SOMPHONG	WESTMORELAND
TANTUM, MD, KERMIT R	DAUPHIN
TANUS, MD, TONNY	PHILADELPHIA
TANYOL, MD, HASIB	MONTGOMERY
TANZER, MD, PETER P	ALLEGHENY
TAPYRIK, MD, NICHOLAS	BEAVER
TARABISHI, MD, FARIDA NASR	ALLEGHENY
TARAS, MD, JOHN S	PHILADELPHIA
TARASZEWSKI, MD, ROBERT	MONTOUR
TARGUM, MD, STEVEN D	DELAWARE
TAROLI, MD, ANDREA C	LUZERNE
TART JR, MD, BRASTON I	YORK
TARWATER, MD, DOYLE L	WASHINGTON
TASE, MD, DOUGLAS S	BERKS
TASHMAN, DAVID A	STUDENT
TASMAN, MD, WILLIAM S	PHILADELPHIA
TASSAKIS, MD, TOM A	ALLEGHENY
TASSONE, ROSALIE F	STUDENT
TATARKO, MD, MICHAEL	CAMBRIA
TATE, MD, FREDERICK J	LEHIGH
TATEM III, MD, HENRY R	BUCKS
TATU, MD, WILLIAM F	MONROE
TATUM, MD, JAMES K	BEAVER
TAUBER, MD, JOSEPH B	ALLEGHENY
TAUBERG, MD, HERBERT R	ALLEGHENY
TAUBERG, MD, STUART G	ALLEGHENY
TAUS, DO, JOHN K	LEHIGH
TAUSCH, MD, GILBERT S	MONTGOMERY
TAVANA, MD, MANOUCHER	ERIE
TAVANI, DO, DEEBEANNE M	PHILADELPHIA
TAVARES, MD, JOAO O	ERIE

TAVARES, MD, JOSEPH F	NORTHMBRLAND
TAVARIA, MD, SOLI	SCHUYLKILL
TAX, MD, RICHARD L	BUCKS
TAXIN, MD, RICHARD N	DELAWARE
TAYLOR, MD, BRIAN T	FAYETTE
TAYLOR, MD, DEBRA D	CUMBERLAND
TAYLOR, MD, JAMES A	MONROE
TAYLOR, MD, JAMES E	PHILADELPHIA
TAYLOR, MD, JEFFREY S	MONROE
TAYLOR, MD, MARCIA R	MONTGOMERY
TAYLOR, MD, MARK A	BLAIR
TAYLOR, MD, MARK A	PHILADELPHIA
TAYLOR, MD, MEGAN B	MONTGOMERY
TAYLOR, MD, PHILIP C	PHILADELPHIA
TAYLOR, MD, SHARON L	ALLEGHENY
TAYLOR, MD, SUSAN C	PHILADELPHIA
TAYLOR, MD, THOMAS J	FRANKLIN
TAYLOR III, MD, JAMES S	DAUPHIN
TAYLOR-TYREE, MD, GILL M	ADAMS
TCHONG, MD, KUO-LIANG	DELAWARE
TE, MD, TOMAS T	BUCKS
TEANO, MD, DAN A	DELAWARE
TECCE, MD, MARC A	PHILADELPHIA
TEDESCHI, MD, MICHELE T	PHILADELPHIA
TEDESCO, DO, J MICHAEL	LUZERNE
TEDESCO, DO, JOHN A	ERIE
TEE, MD, STEVEN T	ALLEGHENY
TEEHAN, MD, BRENDAN P	MONTGOMERY
TEEPLE JR, MD, EDWARD	ALLEGHENY
TEET, MD, DANIEL A	WESTMORELAND
TEETER, MD, JAMES H	FRANKLIN
TEGELER, MD, JAMES A	YORK
TEGZES JR, MD, GEORGE	ALLEGHENY
TEH, MD, PEK C	LAWRENCE
TEICH, MD, STEPHEN M	MONTGOMERY
TEICHMAN, MD, FRED	UNION
TEITELBAUM, MD, CARL	LUZERNE
TEJPAR, MD, MOHAMED K	LAWRENCE
TEMELES, MD, LAWRENCE	PHILADELPHIA
TEMELES, MD, ROY S	ALLEGHENY
TEMPLE, MD, ANTHONY R	CHESTER
TEMPLETON, MD, BRYCE	PHILADELPHIA
TEMPLETON, JAMES B	STUDENT
TEMPLETON, MD, JOSEPHINE J	PHILADELPHIA
TEMPLETON III, MD, JOHN Y	PHILADELPHIA
TEMPLETON JR, MD, JOHN M	PHILADELPHIA
TENAGLIA, MD, NICHOLAS C	MONTGOMERY
TENDLER, MD, STEVEN W	MONTGOMERY
TENEDIOS, MD, GEORGE	MONTOUR
TENENOUSER, MD, BARRY	ALLEGHENY
TENICELA, MD, RUBEN	ALLEGHENY
TENSUAN JR, MD, LEONARDO S	SOMERSET
TEODORO, MD, JOSE V	CAMBRIA
TEPLICK, MD, J GEORGE	PHILADELPHIA
TEPLIS, MD, ALAN C	DAUPHIN
TEPPER, MD, MAURICE C	PHILADELPHIA
TEPPER, MD, RICHARD L	PHILADELPHIA
TEREDESAI, MD, PRADIP R	ALLEGHENY
TERHAAR, DO, PETER J	COLUMBIA
TERMINI, MD, JOSEPH T	LEHIGH
TERNER, MD, IRWIN S	ALLEGHENY
TERNES, MD, ROBERT J	FRANKLIN
TERRY, CHARLES M	STUDENT
TERSAK, JEAN M	STUDENT
TERSHAKOVEC, MD, ANDREW M	PHILADELPHIA
TERWILLIGER, MD, JERRY W	BRADFORD
TERZIAN, MD, ALLEN E	DELAWARE
TESSARO, MD, ANNE N	ALLEGHENY
TESSLER, MD, A ROBERT	PHILADELPHIA
TESTA, MD, JOSEPH A	WESTMORELAND
TESTA, DO, MARK A	PHILADELPHIA
TESTER, MD, WILLIAM J	PHILADELPHIA
TETRICK, MD, ELBERT L	ALLEGHENY
TEUFEL, MD, SEVERIN	MONTGOMERY
TEY, MD, PETER H	CARBON
THAETE, MD, F LELAND	ALLEGHENY
THAGGERT, TAMMY N	STUDENT
THAI, NGOC L	STUDENT
THAKARAR, MD, PUSHPA	CHESTER
THAKKAR, MD, HARISH N	BUCKS
THAL, MD, IRA M	CHESTER
THALER, MD, ERICA R	PHILADELPHIA
THAMES, DO, RICHARD	JEFFERSON
THANE, MD, T TOE	FRANKLIN
THANKI, MD, ASHOKKUMAR S	BUCKS
THASE, MD, MICHAEL E	ALLEGHENY
THATCHER, MD, JEFFREY D	BUCKS
THEAKSTON, MD, ROBERT W	WASHINGTON
THEERAKULSTIT, MD, VIRACHAI	BUTLER
THEIS, MD, STEVEN W	ALLEGHENY
THEL JR, MD, HENRY C	BEAVER
THEM, MD, THEODORE F	BRADFORD
THEMAN, MD, TERRILL E	NORTHAMPTON
THEODORAN, DO, CHRIS G	LANCASTER
THETGYI, MD, KATHERINE	PHILADELPHIA
THEURKAUF JR, MD, EDWARD A	CHESTER
THIELE, MD, BRIAN L	DAUPHIN
THIO, MD, CHLOE L	PHILADELPHIA
THODER, MD, JOSEPH J	PHILADELPHIA
THOMAS, MD, ALEX T	LEHIGH
THOMAS, MD, ANN-MARIE S	PHILADELPHIA
THOMAS, MD, BRUCE L	HUNTINGDON
THOMAS, MD, CARMEN C	PHILADELPHIA
THOMAS, DO, CHARLES E	YORK
THOMAS, MD, CHESTER G	DAUPHIN
THOMAS, MD, CHRISTOPHER W	CRAWFORD
THOMAS, DO, DAVID A	DELAWARE
THOMAS, MD, DAVID E	ALLEGHENY
THOMAS, DO, GARY S	CAMBRIA
THOMAS, MD, GEORGE P	CARBON
THOMAS, MD, HAROLD D	WASHINGTON
THOMAS, MD, HARRY L	PHILADELPHIA
THOMAS, MD, HENRY W	ALLEGHENY
THOMAS, MD, JAMES H	WESTMORELAND
THOMAS, MD, JOHN J	PHILADELPHIA
THOMAS, MD, JOHN W	ALLEGHENY
THOMAS, MD, JOSEPH M	ERIE
THOMAS, MD, L MARTHA ANN	YORK
THOMAS, MD, LISA C	ALLEGHENY
THOMAS, MD, LYNDA T	PHILADELPHIA
THOMAS, MD, NATHAN O	SOMERSET
THOMAS, DO, PAUL D	MONTOUR
THOMAS, MD, ROBERT D	ALLEGHENY
THOMAS, MD, RONALD L	ALLEGHENY
THOMAS, MD, STEPHEN J	STUDENT
THOMAS, MD, TERRENCE J	SOMERSET
THOMAS, MD, VICTOR J	ALLEGHENY
THOMAS, MD, WILLIAM E	MERCER
THOMAS JR, MD, DAVID W	CLINTON
THOMAS JR, MD, HOWARD P	BUCKS
THOMAS JR, MD, JAMES A	DELAWARE
THOMAS JR, MD, JAMES J	ERIE
THOMAS JR, MD, JOHN W	PHILADELPHIA
THOME, DO, DONALD H	MIFFLIN/JUNI
THOMPSON, MD, BRADFORD R	BEAVER
THOMPSON, MD, C FRED	NORTHAMPTON
THOMPSON, MD, CAREN L	PHILADELPHIA
THOMPSON, MD, CARSON J	LACKAWANNA
THOMPSON, MD, DAN R	ALLEGHENY
THOMPSON, MD, DAVID I	CUMBERLAND
THOMPSON, MD, GREGORY M	CHESTER
THOMPSON, MD, HERBERT	ALLEGHENY
THOMPSON, HOLLY J	STUDENT
THOMPSON, MD, JAMES W	MONTGOMERY
THOMPSON, DO, JEFFREY N	ALLEGHENY
THOMPSON, MD, JOHN W	JEFFERSON
THOMPSON, MD, LINDA G	BEAVER
THOMPSON, MD, MARCIA L	ALLEGHENY
THOMPSON, MD, MARK E	ALLEGHENY
THOMPSON, MD, PATREECE M	PHILADELPHIA
THOMPSON, MD, PETER J	VENANGO
THOMPSON, MD, ROBERT J	LEHIGH
THOMPSON, MD, ROBERT L	ALLEGHENY
THOMPSON, MD, ROBERT L	CUMBERLAND
THOMPSON, TODD P	STUDENT
THOMPSON, MD, WILLIAM G	ALLEGHENY
THOMPSON, MD, WILLIAM W	ELK/CAMERON
THOMPSON II, MD, TROY L	PHILADELPHIA
THONET, MD, MARCEL A	PHILADELPHIA
THORNSLEY, MD, SUSAN L	DAUPHIN
THORNTON, MD, JOSEPH K	FRANKLIN
THORNTON III, MD, JAMES J	DELAWARE
THORP, MD, T RAMSEY	PHILADELPHIA
THORSEN JR, MD, WILLIAM B	YORK
THOYER, ERINN	STUDENT
THURMAN, MD, JOHN N	DELAWARE
TIBBELS JR, MD, EWING W	BUCKS
TIBBENS, MD, GEORGE F	WASHINGTON
TIBBITTS, MD, JAMES A	LEBANON
TIBERIO, MD, RICHARD A	FAYETTE
TIBURCIO JR, MD, ALBINO F	BUTLER
TICK, MD, ROBERT C	BLAIR
TICZON, MD, ANDRES R	ALLEGHENY
TIECHE, MD, STEVEN C	MCKEAN
TIEDEKEN III, JOHN J	STUDENT
TIEFF, DO, MICHAEL W	MONROE
TIERNEY, MD, JAMES R	ALLEGHENY
TIETBOHL, MD, RALPH H	BERKS
TIETJEN, MD, GEORGE W	WAYNE/PIKE
TIFFANY, MD, JOHN R	NORTHAMPTON
TIGER, MD, MELVYN E	PHILADELPHIA
TIGHE, MD, DENNIS A	PHILADELPHIA
TIGNOR, MD, RICHARD F	LYCOMING
TILLIM, MD, STEPHEN L	LYCOMING
TILTON, DO, BRUCE R	CHESTER
TILVA, MD, PRAFUL K	NORTHMBRLAND
TIMEK, MD, PATRICIA A	CAMBRIA
TIMENS, MD, LAWRENCE J	CAMBRIA
TIMKO, MD, JOHN V	PHILADELPHIA
TIMMAPURI, MD, AJAZ J	BUCKS
TIMMINS III, MD, PATRICK F	ALLEGHENY
TIMMONS IV, MD, BENSON E L	YORK
TIN-U, MD, CAESAR K	CAMBRIA
TINDALL, MD, HERBERT L	LANCASTER
TINDALL, MD, JANICE C	LANCASTER
TING, MD, ROSALIND Y	PHILADELPHIA
TINIANOW, MD, LLOYD N	LEHIGH
TINKLEPAUGH, MD, CAROLE N	MONTGOMERY
TINNEY JR, MD, WILLIAM S	LANCASTER
TINSLEY, MD, WENDY W	BUCKS
TINTNER, DO, SUZANNE G	DAUPHIN
TIONGSON, MD, ELEANOR S	DELAWARE
TIONGSON JR, MD, JOSE G	DELAWARE
TIPPERMAN, MD, RICHARD	PHILADELPHIA
TIPPET, MD, PAUL D	ALLEGHENY
TIPPING, MD, JAMES S	ALLEGHENY
TIPTON, MD, RAYMOND L	VENANGO
TIRACCHIA, MD, JOSEPH	PHILADELPHIA
TIRNEY, SEAN P	STUDENT
TIRUCHELVAM, MD, VASUDEVAN	YORK
TISHERMAN, MD, SAMUEL A	ALLEGHENY
TISHERMAN, MD, SAMUEL E	ALLEGHENY
TITCHWORTH, MD, ROY L	ALLEGHENY
TITMAN, MD, WILLIAM E	COLUMBIA
TIU, MD, GRISELDA E	MONTGOMERY
TIVAKARAN, MD, SANJEEVI C	DAUPHIN
TKATCH, MD, LISA S	DAUPHIN
TOAL, MD, THOMAS M	VENANGO
TOBIA, MD, ENIO W	DELAWARE
TOBIAS, MD, RICHARD B	LYCOMING
TOBIASZ, MD, CHRISTOPHER	LYCOMING
TODARO, MD, SAMUEL R	LACKAWANNA
TODD, MD, JEFFREY S	LEBANON
TODHUNTER, MD, WILLIAM D	LYCOMING
TODHUNTER, MD, WILLIAM J	LYCOMING
TODOR, MIRCEA C	STUDENT
TODOROVSKA, MD, ZAGORKA	PHILADELPHIA
TOFF, DO, KENNETH J	LEHIGH
TOKARS, MD, ROGER P	ALLEGHENY
TOKIWA, MD, YUMIKO	ALLEGHENY
TOLAN, MD, JEFFREY R	DAUPHIN
TOLAND, MD, JOSEPH C	PHILADELPHIA
TOLAND, MD, JOSEPH J	PHILADELPHIA
TOLAT, MD, PRATIMA R	PHILADELPHIA
TOLEDANO, MD, CONRADO P	ERIE
TOLEDO, MD, FRANCISCO L	PHILADELPHIA
TOLENTINO, MD, JULIAN C	BUTLER
TOLENTINO, MD, PABLITO L	BUCKS
TOLHURST, MD, KIRK D	BRADFORD
TOLIS, MD, BASILE D	BLAIR
TOLLERUD, MD, DAVID J	ALLEGHENY
TOLLETT, MD, CHARLES A	PHILADELPHIA
TOLMAN, MD, LEON M	ARMSTRONG
TOM, MD, CAROL M	MONTGOMERY
TOM, MD, LAWRENCE WC	PHILADELPHIA
TOM, MD, TODD N	CLARION
TOMA, MD, MICHAEL J	PHILADELPHIA
TOMACK, MD, LAWRENCE S	LYCOMING
TOMARELLI, MD, RAYMOND C	ALLEGHENY
TOMASELLO, MD, DONALD N	PHILADELPHIA
TOMASI, MD, SAMUEL J	BEAVER
TOMASO, HERBERT J	STUDENT
TOMASSO, MD, STEPHANIE J	STUDENT
TOMAZIC, DO, DAVID R	LACKAWANNA
TOMCI, MD, GEORGE E	WESTMORELAND
TOME, MD, JULIA A	ALLEGHENY
TOMEDI, MD, JOHN R	LUZERNE
TOMEO, MD, MICHAEL	MONTGOMERY
TOMEZSKO, MD, JANET E	LEHIGH
TOMHAVE, MD, ROBERT H	CAMBRIA
TOMKO, MD, LINDA P	PHILADELPHIA
TOMLEY, MD, JOHN E	ALLEGHENY
TOMLIN, MD, JOSEPH G	SCHUYLKILL
TOMLINSON, MD, JOHN W	BUCKS
TOMLINSON, MD, JOHN W	DELAWARE
TOMPKINS, MD, H ERNEST	MONTGOMERY
TON, MD, MARTIN V T	PHILADELPHIA
TONDREAU, MD, RODERICK L	PHILADELPHIA
TONEY, MD, DAVID M	WESTMORELAND
TONEY, MD, MELINDA Q	NORTHAMPTON
TONG, MD, DER-LONG	ALLEGHENY
TONKONOW, MD, BARRY L	BUCKS
TONSEY, MD, HABIB	PHILADELPHIA
TOOZE, MD, FRANK M	ERIE
TOPAL, MD, JEFFREY E	PHILADELPHIA
TOPERZER, MD, BETTY C	ERIE
TOPOLSKY, MD, DAVID LANE	PHILADELPHIA
TOPORCER, MD, MARY B	PHILADELPHIA
TORAYA, CINDY E	STUDENT
TORCHIA, MD, JOSEPH A	DAUPHIN
TORCHIA, MD, MARY J	ALLEGHENY
TOREN, MD, PETER C	MONTGOMERY
TORET, MD, MICHEL P	WESTMORELAND
TORI, MD, JOSEPH N	DELAWARE
TORIO, MD, REYNALDO M	WESTMORELAND
TORNETTA, MD, FRANK J	MONTGOMERY
TOROK, MD, FRANK S	WASHINGTON
TORONY-OKUN, MD, JEANNE A	LUZERNE
TORPEY JR, MD, DAVID J	ALLEGHENY
TORPIE, MD, BARBARA A P	PHILADELPHIA
TORRENCE, MD, MICHAEL B	DELAWARE
TORRES, MD, CARLOS P	ALLEGHENY
TORRES, MD, FLORA M	BEDFORD
TORRES, MD, JULIO E	NORTHAMPTON
TORRES, MD, MARGARITA	PHILADELPHIA
TORRES, MD, ROBIN G	BEDFORD
TORRES, MD, VICTOR L	PHILADELPHIA
TORRETTI, MD, DENNIS	MONTOUR
TORREY, MD, EDWIN H	YORK
TOSHNIWAL, MD, PRADIP K	NORTHAMPTON
TOSHNIWAL, MD, RENU	NORTHAMPTON
TOSO, MD, GIANFRANCO F	BERKS
TOTINO, MD, JOSEPH A	DELAWARE
TOUB, MD, DAVID B	MONTGOMERY
TOUCH, MD, SUZANNE M	STUDENT
TOURTELLOTTE, MD, CHARLES D	PHILADELPHIA
TOUSI, MD, ABBAS H	BEDFORD
TOVEY, MD, JAMES E	MONROE
TOWERS, MD, JEFFREY D	ALLEGHENY
TOWNEND, MD, STEPHEN C	CHESTER
TOWNSEND, MD, JAY A	CUMBERLAND
TOWNSEND, MD, MARK E	ERIE
TRABULSI, MD, L RICHARD	DELAWARE
TRACHTENBERG, MD, LEE A	ALLEGHENY
TRACHTENBERG, MD, WILLIAM M	LEHIGH
TRACY, MD, GERALD P	LACKAWANNA
TRACY, MELISSA J	STUDENT
TRAGER, MD, JONATHAN D K	STUDENT
TRAGER, MD, STUART L	PHILADELPHIA
TRAGESER, MD, TIMOTHY C	ERIE
TRAIMAN, MD, RICHARD G	CHESTER
TRAIN, MD, HENRY D	DAUPHIN
TRAINER, MD, PAUL J	ALLEGHENY
TRAJTENBERG, MD, GEORGE A	CHESTER
TRAN, CECILIA H	STUDENT
TRAN, MD, NEIL N	MONTGOMERY
TRAN, MD, TRAN N	CUMBERLAND
TRANOVICH, MD, MARK	FAYETTE
TRANOVICH, MD, MICHAEL A	ALLEGHENY
TRAUM, MD, RONALD E	PHILADELPHIA
TRAUPMAN, MD, ARNOLD F	NORTHAMPTON
TRAUTLEIN, MD, JOSEPH J	DAUPHIN
TRAVALINE, MD, JOHN M	MONTGOMERY
TRAVERS, MD, DANIEL J	WESTMORELAND
TRAVISANO, MD, FRANK J	DAUPHIN
TRECHA, MD, GREGORY T	ALLEGHENY
TREDENNICK, MD, CHARLES N	BUTLER
TREGER, MD, ALBERT	ALLEGHENY
TREIMAN, PHILIP R	STUDENT
TRELLA, JENNIFER M	STUDENT
TRELLIS, MD, DAN R	ALLEGHENY
TRELLIS, MD, EMIL S	ALLEGHENY
TREMBLAY, MD, ERNEST A	DELAWARE
TREMBLAY, MD, GEOFFREY P	DELAWARE
TREMENTOZZI, DANIEL P	STUDENT
TRENTON, DO, WALTER D	SOMERSET
TRETTER, DO, MARGARET S	LEHIGH
TREVASKIS, MD, ALLAN E	LEHIGH
TREVI, EXEC DIR, JOHN	PHILADELPHIA
TREVLYN, MD, DEAN W	DELAWARE
TREXLER, MD, ETHAN L	BERKS
TREZZA, MD, SCOTT A	CHESTER
TRIANA COOPER, MD, LISETTE	PHILADELPHIA
TRIANO, MD, GENE J	DAUPHIN
TRIANTAFYLLOU, MD, STEVEN J	YORK
TRIBBLE, MD, JANA K	NORTHAMPTON
TRIBIT JR, MD, CHARLES B	PHILADELPHIA
TRIBUIANI, MELISSA M	STUDENT
TRICHTINGER, MD, MARTIN D	MONTGOMERY
TRIESTER, MD, ARTHUR N	PHILADELPHIA
TRIMMER JR, MD, JOHN H	YORK
TRIMPI, MD, HOWARD D	LEHIGH
TRINH, MD, CHUONG V	MONTGOMERY
TRINH, MD, PHUONG N	PHILADELPHIA
TRINIDAD, MD, TITO B	CLEARFIELD
TRINKLE, MD, WILMER S	NORTHAMPTON
TRINKLEY, MD, DAVID R	PHILADELPHIA
TRIOLO, MD, JOSEPH	DELAWARE
TRIPI, MD, JOSEPH E	ADAMS
TRIPOLI, MD, CHARLES J	WASHINGTON
TRIPOLI, MD, LOUIS C	WASHINGTON
TRIPPITELLI, CAROL L	STUDENT
TRISAL, MD, VIJAY K	ALLEGHENY
TRITEL, PAUL	STUDENT
TRITSCHLER, MD, JOSEPH P	BEAVER
TRIVEDI, MD, GOPALKRISHNA M	MIFFLIN/JUNI
TRIVEDI, MD, RAKSHA A	BUCKS
TRIVUS, MD, ROBERT H	ALLEGHENY
TROCKI-VIDELL, DO, CYLA	PHILADELPHIA
TROIANOS, MD, CHRISTOPHER A	ALLEGHENY
TROLLINGER, MD, ROBERT J	PHILADELPHIA
TROMBETTA, MD, MARK G	ALLEGHENY
TROMPETER, MD, JOSEPH I	ALLEGHENY
TRONCALE, MD, JOSEPH A	BERKS
TRONCELLITI, MD, A WAYNE	MONTGOMERY
TRONCELLITI, MD, ALFRED E	MONTGOMERY
TRONCELLITI, MD, MANRICO A	MONTGOMERY
TRONCELLITI, MD, MARIO V	PHILADELPHIA
TRONETTI, DO, MICHAEL J	ERIE
TRONETTI, DO, PAMELA S	ERIE
TROPEA, DO, JOSEPH N	STUDENT
TROSTLE, MD, DAVID C	LEBANON
TROSTLE, MD, DOUGLAS R	LEHIGH
TROTTMAN, MD, JENNIFER E	DELAWARE
TROTZKY, MD, MARGRET S	DELAWARE
TROUT, MD, JOHN A	WESTMORELAND
TROXEL, MD, RICHARD S	LEHIGH
TROYAN, MD, BARRY E	INDIANA
TRUEX JR, MD, RAYMOND C	BERKS
TRUGLIA, MD, JOSEPH A	CHESTER
TRUITT, MD, GEORGE W	CHESTER
TRUITT JR, MD, R MARSHALL	PHILADELPHIA
TRUJILLO, MD, RENE	WYOMING
TRUMP, MD, BRYCE E	DAUPHIN
TRUONG, MD, NICHOLAS H	PHILADELPHIA
TRUSKY, MD, JEANETTE I	CENTRE
TRUSNOVIC, MD, WILLIAM D	WASHINGTON
TRYBUS JR, MD, ADAM G	BLAIR
TRYON, BRIAN C	STUDENT
TSAI, DAVID	STUDENT
TSAI, MD, EDWARD M	INDIANA
TSAI, GEORGE T	STUDENT
TSAI, MD, JER-YUAN	GREENE
TSAI, MD, MING C	BLAIR
TSAI, PAULUS D	STUDENT
TSAI, MD, YU J	MONTGOMERY
TSAMBASSIS, MD, NICHOLAS A	WASHINGTON
TSAO, MD, FRANCIS	ERIE
TSAROUHAS, MD, NICHOLAS	PHILADELPHIA
TSE, MD, ROSE L	PHILADELPHIA
TSENG, MD, CHUN-MING	PHILADELPHIA
TSENG, MD, FRANCIS H	ERIE
TSIRAKOGLOU, DO, DESPINA	DELAWARE
TSOUTSOPLIDES, MD, GEORGE C	LUZERNE
TSU, MD, JACQUELYNN L	MONTGOMERY
TSUNG, MD, WEN-HAN	BEAVER
TUAN, MD, BAO-KUEN	PHILADELPHIA
TUCHINDA, MD, JALIT	ALLEGHENY
TUCKER, MD, JAMES N	ALLEGHENY
TUCKER, MD, JEANIANNE	PHILADELPHIA
TUCKER, MD, JON B	ALLEGHENY

TUCKER, PETER J	STUDENT
TUCKER, MD, SAMUEL H	PHILADELPHIA
TUCKER, MD, THOMAS W	CHESTER
TUFFAHA, MD, HANI J	LYCOMING
TUFFIASH, MD, WILLIAM A	LEHIGH
TUKANOWICZ, MD, STANISLAW A	CAMBRIA
TULADHAR, MD, PANITRA M	ALLEGHENY
TULISZEWSKI, MD, ROBERT M	ADAMS
TULL, MD, JOHN W	YORK
TULLAI, MD, JOHN	DELAWARE
TULLOCK, MD, WILLIAM C	ALLEGHENY
TULLY, MD, VINCENT J	WAYNE/PIKE
TULSKY, MD, EMANUEL G	PHILADELPHIA
TUMAIAN, MD, ARAM	DELAWARE
TUMEN, MD, HENRY J	PHILADELPHIA
TUMMALA, MD, PADMAVATHY	PHILADELPHIA
TUNICK, MD, STEPHEN E	BEAVER
TUNNESSEN JR, MD, WALTER W	PHILADELPHIA
TUPCHONG, MD, LESLIE	DELAWARE
TURBESSI, MD, ALBERT J	WARREN
TURCAN, DO, ELAINE C	LUZERNE
TURCHETTI, MD, EUGENE A	LACKAWANNA
TUREK, MD, PAUL J	PHILADELPHIA
TUREL JR, MD, ANTHONY P	MONTOUR
TURISSINI, MD, THOMAS J	LUZERNE
TURK, CARL R	STUDENT
TURKEWITZ, MD, DAVID	MONTOUR
TURKIN, MD, SCOTT R	ALLEGHENY
TURNAMIAN, MD, RICHARD J	LUZERNE
TURNBULL, MD, ROBERTO E	INDIANA
TURNER, DO, CRAIG F	ALLEGHENY
TURNER, MD, JOSEPH	ALLEGHENY
TURNER, MD, MORRIS E	ALLEGHENY
TURNER, MD, OLIVER E	ALLEGHENY
TURNER III, MD, JOHN F	UNION
TURNER JR, MD, J ELLIS	DELAWARE
TURNQUIST, PAUL E	STUDENT
TUROCK, MD, MICHAEL J	LACKAWANNA
TUROCY, MD, JOHN F	ALLEGHENY
TURSKY, MD, ROSEMARIE J	DAUPHIN
TURTZO, MD, DOUGLAS F	NORTHAMPTON
TURULA, MD, JON B	LANCASTER
TUSHIM, MD, JOSEPH N	BLAIR
TUTTLE, MD, ALFRED	ALLEGHENY
TUTTLE, MD, WILLIAM B	ALLEGHENY
TUZINSKI, MD, JAMES E	LUZERNE
TWAL, MD, SHAFIC Y	INDIANA
TWERSKI, MD, ABRAHAM J	ALLEGHENY
TWIGGAR II, MD, EDWARD V	NORTHUMBRLAND
TYLER, MD, JOHN R	LANCASTER
TYLKA-HOFFMAN, MD, ELEANOR M	ALLEGHENY
TYMA, MD, CATHY S	ALLEGHENY
TYMOCZKO, MD, ROBERT G	WESTMORELAND
TYMON, MD, TIMOTHY P	LANCASTER
TYNDALL, MD, CHRISTINE S	ALLEGHENY
TYNDALL, MD, JAMES A	DAUPHIN
TYSON, H SCOTT	STUDENT
TYSON, MD, R ROBERT	PHILADELPHIA
TZAKIS, MD, ANDREAS G	ALLEGHENY
TZARNAS, MD, CHRIS D	PHILADELPHIA

U

UBER, MD, THOMAS R	LAWRENCE
UBERTI, MD, ANTHONY F	WASHINGTON
UBERTI, DO, FREDERICK G	MERCER
UDARBE, MD, GUILLERMO G	ELK/CAMERON
UDELL, MD, LOUIS	PHILADELPHIA
UDIS, MD, DAVID S	PHILADELPHIA
UDOMSAK, MD, PARAMIN	LACKAWANNA
UDOSHI, MD, MALLAPA B	LUZERNE
UFBERG, MD, MICHAEL H	LEHIGH
UHLAND, MD, HUGO	ALLEGHENY
UHLMAN, MD, ERIC J	CHESTER
UHLMAN, MD, RICHARD C	CHESTER
UKNIS, MD, AUDREY B	PHILADELPHIA
UKWU, MD, HENRIETTA N	PHILADELPHIA
ULASEWICZ, MD, CATHERINE C	BUCKS
ULASEWICZ, MD, JOSEPH T	MONTGOMERY
ULBRECHT, MD, JAN S	CENTRE
ULICHNEY, ANDREW B	STUDENT
ULICNY, MD, THOMAS L	ALLEGHENY
ULITSKY, MD, MARK I	BUCKS
ULIZIO, MD, ANTHONY R	ALLEGHENY
ULRICH, MD, JACK M	ALLEGHENY
ULRICH, MD, SAMUEL D	DAUPHIN
ULTMANN, MD, MICHELLE C	ALLEGHENY
UMALI, MD, IDONA C	LUZERNE
UMALI JR, MD, MELECIO J	BUCKS
UMAR, MD, KENAN	MONTGOMERY
UMEH, MD, ONUORAH I	PHILADELPHIA
UMLAUF, MD, CHARLES W	LEHIGH
UNAL, MD, ABDURRAHMAN	DAUPHIN
UNDERBERG-DAVIS, MD, SHARON J	PHILADELPHIA
UNDERHILL, MD, WILLIAM L	ERIE
UNDERWOOD, MD, MARA Z	MONTGOMERY
UNDERWOOD, MD, SUSAN K	MONTGOMERY
UNGER, MD, ANDREW	NORTHAMPTON
UNGER, DANA R	STUDENT
UNGER, MD, MICHAEL	MONTGOMERY
UNRUH, MD, THOMAS W	LUZERNE
UNWALA, MD, ASHFAQUE A	PHILADELPHIA
UNWIN, MD, WILLIAM M	YORK
UPDEGRAFF, MD, WILLIAM C	ALLEGHENY
UPDEGROVE, MD, JOHN H	NORTHAMPTON
UPDEGROVE, MD, ROBERT A	LYCOMING
UPDIKE JR, MD, FURMAN T	YORK
URAM, MD, HERBERT	ALLEGHENY
URBACH, MD, FREDERICK	MONTGOMERY
URBAN, MD, CLIFFORD H	CHESTER
URBAN, MD, DONALD G	CUMBERLAND
URBAN, MD, MELANIE A	STUDENT
URBAN, MD, RENA L	ALLEGHENY
URBAN, MD, RICHARD S	ALLEGHENY
URBAN, MD, ROBERT R	WESTMORELAND
URBANO, MD, ANTHONY M	NORTHAMPTON
URBANSKI, MD, LINDA M	PHILADELPHIA
URI, MD, ANTONIA K	PHILADELPHIA
URICCHIO, MD, FRANCIS J	PHILADELPHIA
URICCHIO, MD, JOSEPH F	PHILADELPHIA
UROSKIE, MD, THEODORE W	LACKAWANNA
UROSKIE JR, THEODORE W	STUDENT
URQUHART, MD, MARION LENA	PHILADELPHIA
URREA, MD, OSCAR	WASHINGTON
USELMAN, MD, JAMES H	ALLEGHENY
USHINSKI, MD, STANLEY C	LUZERNE
USTYNOSKI, MD, KENNETH R	LUZERNE
UTBERG, MD, JOHN R	ALLEGHENY
UTSINGER, MD, PETER D	MONTGOMERY
UTZ, JEFFREY P	STUDENT
UY, MD, HENRY T	WASHINGTON
UY, MD, NONITA T	ALLEGHENY

V

VACCARO, MD, V MICHAEL	PHILADELPHIA
VACCARO III, MD, ALEXANDER R	PHILADELPHIA
VACHARAT, MD, NIBONDH	PHILADELPHIA
VACHHANI, MD, MANSUKHLAL P	NORTHAMPTON
VACHIRANUKUNKIET, MD, THEERASAKID	MONTGOMERY
VADHER, MD, BHARAT N	BUCKS
VAFEAS, MD, JOYCE A	LANCASTER
VAGANOS, MD, NICHOLAS A	CHESTER
VAGANOS, MD, STEVE A	MONTGOMERY
VAGLEY, MD, RICHARD T	ALLEGHENY
VAHEDI, MD, HOUSHANG M	MONTGOMERY
VAIDYA, MD, SHAILENDRA	PHILADELPHIA
VAIL, MD, SYDNEY J	MONTGOMERY
VAKHARIA, MD, BHARAT M	MCKEAN
VAKHARIA, MD, PRATIBHA V	MIFFLIN/JUNI
VAKHARIA, MD, VIJAY H	MIFFLIN/JUNI
VAKIL, MD, HASSAN C	DELAWARE
VALCARCEL, MD, SOFRONIO J	ALLEGHENY
VALDERRAMA, MD, HUGO T	LUZERNE
VALDES, MD, CONRADO A	MCKEAN
VALDIVIA, MD, DUILIO E	MIFFLIN/JUNI
VALENA, MD, ELENA V	MERCER
VALENCIA, MD, CELEDONIO C	BERKS
VALENTA, MD, GEORGE F	LUZERNE
VALENTEEN, MD, J WALTER	DELAWARE
VALENTI, MICHAEL A	STUDENT
VALENTINE, MD, JEROME D	PHILADELPHIA
VALENTINO, DO, STEVEN J	MONTGOMERY
VALERIANO, MD, JAMES P	ALLEGHENY
VALIGORSKY, MD, PAUL J	ELK/CAMERON
VALKO, MD, ANNEMARIE S	ALLEGHENY
VALKO, MD, GEORGE P	PHILADELPHIA
VALLABH, MD, SAGAR V	MERCER
VALLE, MD, EDGAR O	DELAWARE
VALLEJO, MD, MANUEL C	WASHINGTON
VALLIAPPAN, MD, SWAMINATHAN	ALLEGHENY
VALLOROSI, CHRISTOPHER J	STUDENT
VALLOW, MD, MORTON J	PHILADELPHIA
VALVERDE, MD, MARIO F	LACKAWANNA
VAN ANTWERP, MD, MARK A	POTTER
VAN CLEEFF, MD, SANDER	ALLEGHENY
VAN DE BEEK, MD, M LOUIS	PHILADELPHIA
VAN DECKER, MD, WILLIAM A	PHILADELPHIA
VAN DUZER, SCOTT T	STUDENT
VAN EERDEN, MD, PETER	PHILADELPHIA
VAN HOVE, MD, SHAWN P	ERIE
VAN NEWKIRK, LAURA E	STUDENT
VAN TIL, ETHAN S	STUDENT
VAN VOORHEES, MD, ABBY S	MONTGOMERY
VANANTWERP, MD, KENNETH J	SOMERSET
VANBUSKIRK, MD, CHARLES	YORK
VANDAMIA, MD, DONALD N	ERIE
VANDER, MD, JAMES F	PHILADELPHIA
VANDERBEEK, MD, RICHARD R	BUCKS
VANDERLIN, MD, ROBERT L	LYCOMING
VANDERPOOL, MD, RAMON A	BUCKS
VANDERVEER, MD, JOSEPH B	MONTGOMERY
VANDERVEER, MD, LINDSLEY D	NORTHAMPTON
VANDYK, MD, KLAAS	WESTMORELAND
VANETT, MD, BRUCE B	DELAWARE
VANGAALEN, MD, ADRIAAN J	NORTHAMPTON
VANGIESEN, MD, PETER J	YORK
VANGORE, MD, SURYA K	PHILADELPHIA
VANKIRK JR, MD, JOHN S	ALLEGHENY
VANMETER, RICHARD A	STUDENT
VANNATTA, MD, FRED C	WAYNE/PIKE
VANRIPER, MD, DANIEL F	PHILADELPHIA
VANSANT, MD, ALAN E	YORK
VANSCOTT, MD, EUGENE J	MONTGOMERY
VANSTRIEN, MD, ADRIAN R	WASHINGTON
VANVORIS, MD, LEE P	ERIE
VANWYK, MD, RITA E	YORK
VARACALLO, MD, ALBERT L	JEFFERSON
VARADA, MD, ANNAPOORNA	PHILADELPHIA
VARADA, MD, K P BABU	MONTGOMERY
VARANO, MD, LOTTIE A	LANCASTER
VARANO, MD, VINCENT J	MONTOUR
VARAT, MD, MURRAY A	ALLEGHENY
VARAV, KALLE	STUDENT
VARDARO, MD, LINA G	PHILADELPHIA
VARE JR, MD, VICTOR B	MONTGOMERY
VARGA, MD, JEFFREY M	ALLEGHENY
VARGA, MD, JULIE L	PHILADELPHIA
VARINDANI, MD, MAHESH	ALLEGHENY
VARKER, MD, CAROLYN B	PHILADELPHIA
VARLEY, MD, WILLIAM A	ALLEGHENY
VARLEY, MD, WILLIAM J	ALLEGHENY
VARMA, MD, NEENA	DAUPHIN
VARMA, MD, RAJIV R	ALLEGHENY
VARNAS, ANTHONY	STUDENT
VARON, MD, STUART R	ALLEGHENY
VASILAKIS, MD, CHRIS	ALLEGHENY
VASILE, MD, JOSEPH S	ALLEGHENY
VASILY, MD, DAVID B	NORTHAMPTON
VASQUEZ, MD, JAVIER A	CUMBERLAND
VASSALLO, DO, FRANK A	PHILADELPHIA
VASSALLO, MD, RICHARD W	PHILADELPHIA
VASSALLO JR, MD, RALPH R	MONTGOMERY
VASSALLUZZO, MD, JULIO E	BUCKS
VASSALLUZZO, DO, PETER D	PHILADELPHIA
VASTA, MD, ALFRED G	BUCKS
VASTINE, MD, JOHN R	NORTHUMBRLAND
VASUDEVAN, MD, GOPALAN	WESTMORELAND
VASUDEVAN, MD, RAGHAVAN	LYCOMING
VAUGHN, ANDREW F	STUDENT
VAUGHN JR, MD, ARTHUR R	PHILADELPHIA
VAYONIS, MD, ANDREW G	ALLEGHENY
VAZALES, MD, BRAD E	LANCASTER
VAZQUEZ, MD, JORGE	WASHINGTON
VAZQUEZ-ARAN, MD, ANNETTE	MONROE
VEACH, MD, STEPHEN R	MONTGOMERY
VEASEY, MD, SIGRID C	PHILADELPHIA
VEGA, MD, ROGELIO E	ARMSTRONG
VEGARI, MD, MATT M	MONROE
VEGLIA, MD, ANTHONY P	SCHUYLKILL
VEGLIA, MD, KATHLEEN S	LUZERNE
VEKARIA, MD, KISHOR-KUMAR S	LACKAWANNA
VELAS, MD, CARLOS M	NORTHAMPTON
VELAYO, MD, DANTE P	UNION
VELEZ, MD, RAFAEL I	WESTMORELAND
VELEZ-RIVERA, MD, CARLOS A	PHILADELPHIA
VEMULAPALLI, MD, KUTUMBARAO	ERIE
VEMULAPALLI, MD, LAKSHMI R	ERIE
VENA, VINCENT	STUDENT
VENABLE JR, MD, JOHN E	ERIE
VENGROVE, DO, MARC A	NORTHAMPTON
VENIER, MD, LEON H	BERKS
VENIT, MD, BETHANY A	LUZERNE
VENTRE, MD, SUSAN	LACKAWANNA
VENTURA, MD, CECILIA R	LACKAWANNA
VENTURA, MD, SAMUEL R	LACKAWANNA
VERDI, MD, CAROL A	PHILADELPHIA
VERGARA, MD, J ROBERTO	WAYNE/PIKE
VERGARE, MD, MICHAEL J	PHILADELPHIA
VERGARI, MD, JOHN A	PHILADELPHIA
VERGIS, MD, EMANUEL N	ALLEGHENY
VERGIS, MD, JAMES G	BUCKS
VERMA, MD, MAHESHWER B	NORTHAMPTON
VERMA, MD, RAKESH C	PHILADELPHIA
VERMEIRE, MD, DAVID A	MERCER
VERNICK, MD, CLIFFORD G	LEHIGH
VERNICK, MD, JEROME J	PHILADELPHIA
VERNINO, DO, RICHARD JAMES	ALLEGHENY
VERNINO, MD, ROCCO A	ALLEGHENY
VERNOCY, MD, WILLIAM C	INDIANA
VERNOCY, MD, WILLIAM G	INDIANA
VERONESI, DO, JOHN N	JEFFERSON
VERSAGE, MD, JOSEPH L	NORTHAMPTON
VERSTRAETEN, MD, THIERRY C	ALLEGHENY
VERTOSICK JR, MD, FRANK T	ALLEGHENY
VERY, MD, RONALD M	ALLEGHENY
VERZELLA, MD, JEFFREY N	LYCOMING
VESIO, MD, KENNETH D	ALLEGHENY
VETTER, MD, VICTORIA L	PHILADELPHIA
VEY, MD, EDWIN K	ALLEGHENY
VEY, MD, ERIC L	ALLEGHENY
VICKERS, MD, CURTIS W	COLUMBIA
VICKERY, MD, JON L	DAUPHIN
VICTOR, MD, MARK F	PHILADELPHIA
VICTOR, MD, STEPHEN J	MONTGOMERY
VIECHNICKI, MD, M BRUCE	LEHIGH
VIERA, MD, ANGEL	ALLEGHENY
VIERRA, MARK A	STUDENT
VIGDAROVICH, MD, VLADIMIR	NORTHUMBRLAND
VIGILANTE, MD, MICHAEL	LEHIGH
VIGLIONE, MD, JOSEPH P	MONROE
VIGNERI, DO, PHILLIP M	LEHIGH
VIJAYAMOHAN, MD, GOVINDARAJULU	INDIANA
VIJAYKUMAR, MD, PUVALAI M	ALLEGHENY
VIJAYKUMAR, MD, USHARANI	ALLEGHENY
VILLA, MD, FRANCISCO B	POTTER
VILLACRUSIS, MD, OSCAR C	LUZERNE
VILLAGRA, MD, VICTOR G	MONTOUR
VILLANUEVA, MD, JESUS E	DELAWARE
VILLANUEVA, MD, STEVEN Y	BRADFORD
VILLARE, MD, ANTHONY W	PHILADELPHIA
VILLARREAL, MD, CARLOS X	SCHUYLKILL
VILLARS, MD, FREDERICK	BERKS
VILLAS, PETER A	STUDENT
VILLASIN, MD, JOSEPH V	LACKAWANNA
VILLAVICENCIO-NOCHE, MD, LYDIA L	FAYETTE
VILLEGAS, MD, ANTONIO C	MONTGOMERY
VILLEGAS, MD, EMILIO	WESTMORELAND
VILLELLA, MD, EDWARD R	ALLEGHENY
VILUSHIS, DO, GEORGE J	ERIE
VIN, MD, PRAKASH K	WESTMORELAND
VINCA, MARTIN J	STUDENT
VINCENS, MD, JAMES J	PHILADELPHIA
VINCENT, MD, GREGORY J	BUCKS
VINCENT, MD, JOSEPH E	LEHIGH
VIOLA, MD, JOHN E	YORK
VIOLAGO, MD, EDUARDO S	DAUPHIN
VIRAY, MD, NICK	LAWRENCE
VIRGILE, MD, ROGER S H	VENANGO
VISCUSI, MD, DONALD J	ERIE
VISHWANATH, MD, B M	ALLEGHENY
VISNESKI, DO, PAUL E	LANCASTER
VISOT, MD, LUIS R	SCHUYLKILL
VISPERAS, MD, EMILIANA P	NORTHAMPTON
VISPERAS, MD, MARIO F	CARBON
VISWANATHAN, MD, BYRAVAN	ADAMS
VISWANATHAN, MD, UMA P	ALLEGHENY
VISWANATWAN, AKILA N	STUDENT
VITANZA, DO, SEBASTIAN A	ERIE
VITHALA, MD, ANIL K	ALLEGHENY
VITTONE, MD, DANIEL C	WESTMORELAND
VITTONE, MD, RONALD B	WESTMORELAND
VITTONE, ROSEMARY	STUDENT
VITTORIO, MD, NINO	PHILADELPHIA
VIVIAN, MD, GAIL M	CHESTER
VIVINO, MD, FREDERICK B	PHILADELPHIA
VIZER, MD, MARK B	BUCKS
VLAHOS, DO, PATRICK J	ALLEGHENY
VLESSING, MD, EVA	BUCKS
VNENCHEK, MD, PAMELA A	LANCASTER
VOCI, MD, GERARDO	PHILADELPHIA
VODVARKA, DO, JAMES M	ALLEGHENY
VOGAN, MD, CLIFFORD R	ARMSTRONG
VOGAN, MD, WILLIAM R	MERCER
VOGEL, ERIC W	STUDENT
VOGEL JR, MD, JULIUS A	BEAVER
VOGELEY, MD, EVA A	ALLEGHENY
VOGIN, MD, EUGENE E	PHILADELPHIA
VOGLER JR, MD, WILFRED E	NORTHAMPTON
VOGT, MD, MERLE A	DELAWARE
VOGUS, MD, JAMES B	WARREN
VOJTA, CHRISTOPHER L	STUDENT
VOLCHONOK, MD, OLEG	PHILADELPHIA
VOLIN, MD, JAN J	MONTGOMERY
VOLK, MD, STEPHEN A	NORTHAMPTON
VOLKAR, MD, JUDITH K	CAMBRIA
VOLKIN, MD, LEONARD B	ALLEGHENY
VOLKIN, MD, ROBERT L	ALLEGHENY
VOLLMAR II, MD, WILLIAM R	LANCASTER
VOLLMER, MD, TIMOTHY P	MONTOUR
VOLOSKY, MD, ROBERT L	ALLEGHENY
VOLPE, DO, JOHN A	BUCKS
VOLPP, KEVIN G M	STUDENT
VONDERPORTEN, MD, KENNETH P	ALLEGHENY
VOORA, MD, SAMBASIVARAO	ERIE
VORA, MD, PRAFULLCHANDRA	GREENE
VORASINGHA, MD, THONGCHAI	PHILADELPHIA
VORE, MD, KIMBERLE K	WASHINGTON
VORE, MD, STEVEN B	CENTRE
VOSSENBERG, MD, FRANS J	MONTGOMERY
VOULALAS, MD, DEBRA S	PHILADELPHIA
VOUTSINAS, MD, LOUISA V	LUZERNE
VOYCE, MD, STEPHEN J	LACKAWANNA
VOYE, DO, THOMAS E	MONTGOMERY
VOYSTOCK JR, MD, JOSEPH F	SCHUYLKILL
VOYTKO, MD, RICHARD E	CAMBRIA
VOZZELLI, MICHAEL A	STUDENT
VRABEC, MD, DONALD P	MONTOUR
VREELAND, MD, JAMES H	BEDFORD
VROOMAN, MD, SAMUEL C	PHILADELPHIA
VU, MD, KHANH H	STUDENT
VUJAN, MD, ALEXANDER S	ALLEGHENY
VUJEVICH, MD, MARION M	ALLEGHENY
VUKMER, MD, GEORGE J	VENANGO
VUKMER JR, MD, GEORGE J	CRAWFORD
VYAS, MD, RAJIV K	ALLEGHENY
VYTLACIL, MD, MARK R	CAMBRIA

W

WACHMAN, MD, JILL F	ALLEGHENY
WACHS, MD, HIRSH	ALLEGHENY
WADDINGTON, MD, ARTHUR W	PHILADELPHIA
WADDLE, DO, KEITH A	HUNTINGDON
WADE, MD, FRANKLIN G	LYCOMING
WADE, MD, GEORGE R	CHESTER
WADE, MD, JEANNE A	ERIE
WADEMAN, MD, ROSS L	BERKS
WADHWA, MD, KAMAL P	LAWRENCE
WADHWA, MD, RAJINDAR K	ALLEGHENY
WADHWA, MD, SAROJ R	ALLEGHENY
WADHWANI, MD, BHAGWAN J	WASHINGTON
WADLINGTON, MD, VAN R	PHILADELPHIA
WAGENFUHR, MD, TIMM	CHESTER
WAGENHEIM, MD, HARRY H	PHILADELPHIA
WAGENHEIM, MD, HELEN S	PHILADELPHIA
WAGGENSPACK, MD, GERARD A	YORK
WAGMAN, MD, ALBERT D	PHILADELPHIA
WAGMAN, MD, PHILIP G	LAWRENCE
WAGNER, MD, CHARLES I	MONTGOMERY
WAGNER, MD, DAVID K	PHILADELPHIA
WAGNER, MD, HENRY R	PHILADELPHIA
WAGNER, MD, J KENT L	LEBANON
WAGNER, MD, JERE L	NORTHUMBRLAND
WAGNER, MD, JOHN B	BERKS
WAGNER, MD, JOHN M	LACKAWANNA
WAGNER, KRISTIN E	STUDENT
WAGNER, MD, KRISTINA M	DAUPHIN
WAGNER, MD, LOUIS J	LACKAWANNA

WAGNER, DO, PETER B	MONTGOMERY
WAGNER, MD, ROBERT A	VENANGO
WAGNER, MD, ROBERT E	ELK/CAMERON
WAGNER, MD, W JOHN	LYCOMING
WAGNER JR, MD, FREDERICK B	PHILADELPHIA
WAGNER JR, MD, RICHARD S	LANCASTER
WAHBA, MD, HANEY N	WESTMORELAND
WAHHAB, MD, ABDUL	SCHUYLKILL
WAHL, MD, JEFFREY M	CHESTER
WAHL, MD, LORETTA J	ALLEGHENY
WAHRMAN, MD, JULIE E	BUCKS
WAIBEL, MD, DAVID A	LACKAWANNA
WAIBEL, MD, JOHN T	BLAIR
WALBERG, MD, HARRY W	ALLEGHENY
WALDEN, MD, THOMAS B	NORTHAMPTON
WALDHAUSEN, MD, JOHN A	DAUPHIN
WALDMAN, MD, CLIFFORD R	ALLEGHENY
WALDMAN, MD, JOSEPH	PHILADELPHIA
WALDMAN, MD, SARAH E	STUDENT
WALDMAN, MD, SCOTT A	PHILADELPHIA
WALDMAN, MD, TERRY L	PHILADELPHIA
WALDNER, JOSEPH F	STUDENT
WALDO, MD, RALPH F	INDIANA
WALDOR, MD, PHILIP A	CHESTER
WALHEIM, MD, JON P	BUCKS
WALICHUCK, MD, JOHN G	DELAWARE
WALINSKY, MD, PAUL	PHILADELPHIA
WALKER, AMY B	STUDENT
WALKER, ANNE M	STUDENT
WALKER, MD, BARRY R	PHILADELPHIA
WALKER, MD, BRIAN K	CENTRE
WALKER, BRUCE J	STUDENT
WALKER, GREGORY E	STUDENT
WALKER, MD, HERBERT I	PHILADELPHIA
WALKER, MD, JAMES F	ERIE
WALKER, MD, JON G	LANCASTER
WALKER, MD, KIMBERLY C	PHILADELPHIA
WALKER, MD, LEVI	ALLEGHENY
WALKER, MD, M LORENZO	PHILADELPHIA
WALKER, MD, MARCELLUS A	WAYNE/PIKE
WALKER, MD, MARGARET E	PHILADELPHIA
WALKER, MD, ROBERT L	MONTOUR
WALKER, MD, STANLEY R	NORTHAMPTON
WALKER, MD, STEPHEN R	DELAWARE
WALKER, MD, WILLIAM R	LANCASTER
WALKER JR, MD, LEROY L	PHILADELPHIA
WALKOWSKI JR, MD, EDWARD J	LACKAWANNA
WALL, MD, JAMES R	LEHIGH
WALL, MD, JOHN N	ALLEGHENY
WALL, MD, NORMAN M	SCHUYLKILL
WALL, MD, ROD A	CAMBRIA
WALL, STEPHEN J	STUDENT
WALL, MD, THOMAS J	DAUPHIN
WALLACE, MD, IRA B	PHILADELPHIA
WALLACE, MD, KATHLEEN A	ALLEGHENY
WALLACE, MD, RICHARD P	PHILADELPHIA
WALLACE, MD, THOMAS E	LYCOMING
WALLACE, MD, WILBUR S	ERIE
WALLACE JR, MD, JOSEPH	DELAWARE
WALLACH, MD, LAWRENCE	DELAWARE
WALLEN, MD, ROBERT C	MONROE
WALLER, MD, JOAN C	DELAWARE
WALLER, MD, LOUIS C	ALLEGHENY
WALLER, MD, LOUIS C	LACKAWANNA
WALLERSTEIN, MD, EDWARD M	ERIE
WALLEY III, MD, ROBERT E	ALLEGHENY
WALLIA, MD, RAJNI	ALLEGHENY
WALLICK, MD, PETER G	FRANKLIN
WALLIN, MD, BRUCE A	MONTGOMERY
WALLIN, MD, THOMAS E	DAUPHIN
WALLISCH, MD, MICHAEL D	POTTER
WALLNER, DO, PAUL E	PHILADELPHIA
WALLS, DO, THERESA A	LANCASTER
WALMER, MD, JOHN D	LEBANON
WALNISTA, MD, FRANK J	LACKAWANNA
WALOFF, MD, RONALD I	PHILADELPHIA
WALOR, OFF MANAGER, MARGARET M	WESTMORELAND
WALRATH III, MD, MARTIN H	ALLEGHENY
WALSH, MD, ARTHUR C	ALLEGHENY
WALSH, MD, DEIRDRE V	MONTGOMERY
WALSH, MD, JAMES C	LUZERNE
WALSH, MD, JOHN J	ALLEGHENY
WALSH, DO, JOHN R	DELAWARE
WALSH, MD, KATHLEEN I	MONTOUR
WALSH, DO, MARK P	PHILADELPHIA
WALSH, MD, TIMOTHY P	FRANKLIN
WALTER, MD, C LEE	ALLEGHENY
WALTER, MD, DANIEL B	PHILADELPHIA
WALTER, MD, DAVID L	VENANGO
WALTER, MD, RICHARD D	LYCOMING
WALTER, MD, WILLIAM J	ALLEGHENY
WALTERS, DO, DONALD A	ALLEGHENY
WALTERS, MD, WILLIAM H	SCHUYLKILL
WALTERS, MD, WILLIAM S	WARREN
WALTMAN, MD, CHARLES A	NORTHAMPTON
WALTZ, MICHAEL D	STUDENT
WALTZ, MD, PAUL K	DAUPHIN
WALTZER, MD, FREDERICK N	MONTGOMERY
WAMPLER, MD, DAVID L	CUMBERLAND
WAMPLER, MD, M JOHN	YORK
WANAMAKER, MD, JOHN L	BRADFORD
WANCZYK, MD, CASIMIR J	BERKS
WANG, MD, BARBARA K	WESTMORELAND
WANG, MD, CHEE K	NORTHAMPTON
WANG, MD, GEORGE C	DELAWARE
WANG, MD, KER-SHI	SCHUYLKILL
WANG, MD, PETER T H	PHILADELPHIA
WANG, MD, SHEN-CHI	MERCER
WANG, MD, THOMAS N	PHILADELPHIA
WANG, MD, YAO C	LACKAWANNA
WAPENSKI, MD, JOSEPH A	ALLEGHENY
WAPNER, MD, JOHN M	LEHIGH
WAPNER, MD, KEITH L	PHILADELPHIA
WAPNER, MD, PAUL M	PHILADELPHIA
WARD, MD, EDGAR H	ERIE
WARD, MD, EDWARD J	DELAWARE
WARD, MD, H RICHARD	UNION
WARD, DO, JOHN R	ALLEGHENY
WARD, MD, MARY J	COLUMBIA
WARD, MD, MICHAEL J A	CHESTER
WARD, MD, SAMUEL P	DAUPHIN
WARD, MD, STEPHEN D	MONTGOMERY
WARD, MD, TIMOTHY J	ERIE
WARD, MD, W TIMOTHY	ALLEGHENY
WARD, DO, WILLIAM L	PHILADELPHIA
WARD JR, MD, MAURICE J	CHESTER
WARD JR, MD, THOMAS D	WESTMORELAND
WARDE, MD, DONAL A	ALLEGHENY
WARDEN, MD, JAMES R	ERIE
WARE, MD, WILLIAM B	BEAVER
WARE, MD, WILLIAM C	DELAWARE
WARFIELD, MD, ANNA S	DELAWARE
WARGO, MD, PETER J	ALLEGHENY
WARHOL, MD, MICHAEL J	PHILADELPHIA
WARIKOO, MD, SHIBAN K	CAMBRIA
WARK, MD, JAMES E	PHILADELPHIA
WARNER, MD, HOWARD F	PHILADELPHIA
WARNER, DO, MARIE J	MONTOUR
WARNER, MD, MICHAEL A	CHESTER
WARNER, MD, NORMAN M	CHESTER
WARNER, MD, ROBERT E	ALLEGHENY
WARNER, MD, ROBERT H	ALLEGHENY
WARNICK, MD, RICHARD D	PHILADELPHIA
WARNICK, MD, WILLIAM C	PHILADELPHIA
WARREN, DAVID K	STUDENT
WARREN, MD, JAMES W	DAUPHIN
WARREN, MD, JONATHAN	NORTHAMPTON
WARREN, MD, KENNETH C	MONTGOMERY
WARREN, MD, WILLIAM L	CHESTER
WARRENDER, MD, WILLIAM F	BUCKS
WARTELLA JR, MD, STEPHEN	LUZERNE
WASHBURN, MD, VIRGINIA E	ALLEGHENY
WASHBURNE MOYLAN, MD, JAQUELINE D	PHILADELPHIA
WASHINGTON, MD, BUFORD S	PHILADELPHIA
WASHOFSKY, RICHARD A	STUDENT
WASILEWSKI JR, MD, CHARLES L	LYCOMING
WASKO, MD, MARGERY L	DAUPHIN
WASKO, MD, ROBERT	LEHIGH
WASNICK, MD, WILLIAM	LUZERNE
WASSERMAN, MD, ANDREW P	PHILADELPHIA
WASSERMAN, CHANA S	STUDENT
WASSERMAN, MD, HENRY	LEBANON
WASSERMAN, MD, KENNETH E	PHILADELPHIA
WASSERMAN, MD, ROBERT	PHILADELPHIA
WASSIL, MD, JOHN G	MERCER
WASSIL, JOHN G	STUDENT
WASSIL JR, MD, JOHN G	MERCER
WATERS, MD, MARK H	ALLEGHENY
WATERS, MD, MICHAEL N	ALLEGHENY
WATERS, DO, PATRICK T	PHILADELPHIA
WATKIN JR, MD, WALTER B	DAUPHIN
WATKINS, MD, GEORGE M	NORTHAMPTON
WATKINS, MD, GLORIA J	WESTMORELAND
WATSKIN, MD, JACQUELINE S	PHILADELPHIA
WATSON, MD, BARBARA M	PHILADELPHIA
WATSON, MD, CHARLES G	ALLEGHENY
WATSON, MD, JAMES G	MONTGOMERY
WATSON, MD, JAMES R	ALLEGHENY
WATSON, MD, MARIA J	PHILADELPHIA
WATSON, MD, THOMAS G	SCHUYLKILL
WATSON, MD, WILLIAM GRAY	ALLEGHENY
WATSON III, MD, ROBERT A	PHILADELPHIA
WATSON-GRAY, KATHIE L	STUDENT
WATTENMAKER, MD, BERNARD M	ALLEGHENY
WATTERS, MD, EDMOND C	ALLEGHENY
WATTERSON, MD, SAMUEL G	SOMERSET
WAWROSE, MD, FREDERICK E	HUNTINGDON
WAXLER, MD, ANDREW R	ALLEGHENY
WAY, MD, GEORGE E	CAMBRIA
WAY JR, DO, JAMES F	LYCOMING
WAYLONIS, MD, J ROBERT	ALLEGHENY
WEADER, MD, JOSEPH A	MONTOUR
WEADER, MD, WILLIAM M	NORTHMBRLAND
WEAN, MD, LAWRENCE P	DELAWARE
WEANER, DO, SCOTT M	BUCKS
WEASON, MD, STEVEN R	BUCKS
WEATHERBY III, MD, ELLSWORTH	BUCKS
WEAVER, MD, AARON R	LANCASTER
WEAVER, MD, AMY LU	CENTRE
WEAVER, MD, DON K	LYCOMING
WEAVER, MD, FRANK M	YORK
WEAVER, DO, GLENN E	LUZERNE
WEAVER, MD, JAMES D	ERIE
WEAVER, MD, JEAN M	CAMBRIA
WEAVER, MD, JEFFREY A	DAUPHIN
WEAVER, DO, JEFFREY G	ALLEGHENY
WEAVER, MD, KENT E	BERKS
WEAVER, MD, LUNDA E	BLAIR
WEAVER, MD, M FAY	BERKS
WEAVER, MD, MICHAEL A	DAUPHIN
WEAVER, MD, MILES L	ALLEGHENY
WEAVER, DO, RICHMAN G	YORK
WEAVER, MD, ROBERT G	BRADFORD
WEBB, MD, ELIZABETH S	MONTGOMERY
WEBB III, MD, PAUL R	BRADFORD
WEBBER, MD, CAROL P	MONTGOMERY
WEBBER, MD, JOHN B	PHILADELPHIA
WEBER, MD, DANIEL I	DAUPHIN
WEBER, MD, GEORGE L	DELAWARE
WEBER, JEFFREY K	STUDENT
WEBER, MD, JOHN E	ALLEGHENY
WEBER, MD, JOHN I	PHILADELPHIA
WEBER, MD, LAWRENCE	ALLEGHENY
WEBER, MD, MARGARET ELLEN	PHILADELPHIA
WEBER, MD, OTTO R	MONROE
WEBER, MD, RICHARD H	LANCASTER
WEBER, MD, STANLEY	ALLEGHENY
WEBER, MD, STEVEN J	BUCKS
WEBER, MD, WILLIAM C	NORTHAMPTON
WEBSTER, MD, JOHN H	ALLEGHENY
WEBSTER, MD, LANE	TIOGA
WEBSTER, MD, MARSHALL W	ALLEGHENY
WEBSTER, MICHAEL L	STUDENT
WECHSLER, MD, LAWRENCE R	ALLEGHENY
WECHSLER, MD, RICHARD J	PHILADELPHIA
WECHSLER, MD, RICHARD L	ALLEGHENY
WECHT, MD, CYRIL H	ALLEGHENY
WEDEEN, MD, ROBERT S	CHESTER
WEDEMEYER, MD, ANNE L	ALLEGHENY
WEDEMEYER, MD, PHILLIPS P	ALLEGHENY
WEE, CHRISTINA C	STUDENT
WEE, MD, ENG C	MERCER
WEED, MD, ALLEN S	MONTGOMERY
WEED, MD, MICHAEL K	LANCASTER
WEHBE, MD, MARWAN A	MONTGOMERY
WEHRER, MD, JULIE A	ERIE
WEI, MD, LAWRENCE C	POTTER
WEI, MD, LAWRENCE M	ALLEGHENY
WEIBEL, MD, CHRISTOPHER J	PHILADELPHIA
WEIBEL, MD, DAVID C	UNION
WEIBEL, MD, ROBERT E	DELAWARE
WEIBEL, MD, SANDRA B	PHILADELPHIA
WEIBEL, MD, TIMOTHY J	ERIE
WEIDA, MD, THOMAS J	LANCASTER
WEIDENHAMER, MD, MONICA L	ALLEGHENY
WEIDMAN, MD, DAVID A	ALLEGHENY
WEIDMAN, EXEC DIR, BRUCE R	BERKS
WEIDNER, MD, JAMES R	PHILADELPHIA
WEIDNER, MD, PAUL L	BUCKS
WEIDNER, MD, SANDRA L	BERKS
WEIGEL, MD, A LINN	ALLEGHENY
WEIGEL, MD, JESSE A	DAUPHIN
WEIGEL, MD, JOSEPH H	BEAVER
WEIGEL JR, MD, JOHN E	ALLEGHENY
WEIGHTMAN, MD, JOSEPH	UNION
WEIGLER, MD, RICHARD R	ALLEGHENY
WEIKERS, MD, NORBERT J	ALLEGHENY
WEIMER, MD, GREGORY R	CENTRE
WEIN, MD, ALAN J	PHILADELPHIA
WEIN, MD, THOMAS P	ALLEGHENY
WEINBAUM, MD, DAVID L	ALLEGHENY
WEINBERG, MD, CARROLL A	DELAWARE
WEINBERG, MD, DAVID S	PHILADELPHIA
WEINBERG, MD, J DAVID	LANCASTER
WEINBERG, MD, JOEL H	ALLEGHENY
WEINBERG, MD, MICHAEL G	WESTMORELAND
WEINBERG, MD, PAUL M	PHILADELPHIA
WEINBERG, MD, RICHARD A	DELAWARE
WEINBERG, MD, RICHARD L	ALLEGHENY
WEINBERGER, MD, IRVING G	ALLEGHENY
WEINBLATT, MD, FRED M	CHESTER
WEINBLATT, MD, HOWARD A	PHILADELPHIA
WEINER, MD, BRUCE	MONTGOMERY
WEINER, MD, FRANK	INDIANA
WEINER, MD, GERALD H	LAWRENCE
WEINER, MD, HAROLD M	MONTGOMERY
WEINER, MD, HERMAN L	PHILADELPHIA
WEINER, DO, IRA H	DELAWARE
WEINER, MD, JACK	PHILADELPHIA
WEINER, MD, JEFFERY R	MONTGOMERY
WEINER, MD, LEON J	PHILADELPHIA
WEINER, MD, MARC H	LANCASTER
WEINER, MD, ROBERT A	MERCER
WEINGARTEN, MD, MARTIN Z	PHILADELPHIA
WEINGARTEN, MD, MICHAEL S	PHILADELPHIA
WEINGOLD, MD, DAVID H	LANCASTER
WEINRIEB, MD, ROBERT M	PHILADELPHIA
WEINSTEIN, MD, BARBARA J	ALLEGHENY
WEINSTEIN, MD, DAVID P	WESTMORELAND
WEINSTEIN, MD, GARY S	ALLEGHENY
WEINSTEIN, MD, GERALD S	ALLEGHENY
WEINSTEIN, MD, GREGORY S	PHILADELPHIA
WEINSTEIN, MD, LEE	DAUPHIN
WEINSTEIN, MD, MARYANN B	WASHINGTON
WEINSTEIN, MD, ROBERT S	PHILADELPHIA
WEINSTOCK, MD, JEROME L	MONTGOMERY
WEINSTOCK, MD, ROBERT M	PHILADELPHIA
WEINTRAUB, MD, HARVEY	LUZERNE
WEINTRAUB, MD, RUSSELL	MCKEAN
WEINZIMER, MD, STUART A	PHILADELPHIA
WEIS, MD, PAUL R	LEHIGH
WEISBERG, MD, EDWARD S	ALLEGHENY
WEISBERG, MD, JEROME S	BERKS
WEISBERG, MD, PAUL B	PHILADELPHIA
WEISBERG, MD, ROBERT A	BUCKS
WEISEL, MD, WILLIAM M	WESTMORELAND
WEISENFLUH, MD, MARK G	ERIE
WEISER, MD, JEFFREY N	PHILADELPHIA
WEISER, MD, MADELEINE C	MONTGOMERY
WEISER, MD, PAUL J	BUCKS
WEISKOPF, MD, JAY R	ALLEGHENY
WEISMAN, MD, HARLAN F	CHESTER
WEISMAN, MD, RICHARD A	ALLEGHENY
WEISMER, MD, RICHARD M	LANCASTER
WEISNER, MD, MICHAEL J	UNION
WEISS, MD, ALAN R	MONTGOMERY
WEISS, MD, ALBERT A	PHILADELPHIA
WEISS, MD, BURTON	PHILADELPHIA
WEISS, MD, CARL B	MONROE
WEISS, MD, DAVID L	PHILADELPHIA
WEISS, DO, DEBRA R	PHILADELPHIA
WEISS, MD, EDWARD D	PHILADELPHIA
WEISS, MD, ELISSA	ALLEGHENY
WEISS, MD, ERIC G	PHILADELPHIA
WEISS, MD, FRED H	MONTGOMERY
WEISS, MD, GEORGE H	MONTGOMERY
WEISS, MD, JAMES	ALLEGHENY
WEISS, MD, JEFFREY P	ALLEGHENY
WEISS, MD, JEFFREY P	LACKAWANNA
WEISS, MD, JORDAN B	PHILADELPHIA
WEISS, DO, KENNETH S	MONTGOMERY
WEISS, MD, LAURENCE B	PHILADELPHIA
WEISS, MD, MALCOLM S	ALLEGHENY
WEISS, MD, MICHAEL W	ALLEGHENY
WEISS, MD, NED M	MONTGOMERY
WEISS, MD, ROBERT	PHILADELPHIA
WEISS, MD, ROBERT D	ALLEGHENY
WEISS, MD, ROBERT F	ALLEGHENY
WEISS, MD, ROBERT J	WARREN
WEISS, DO, ROBERT J	LEHIGH
WEISS, MD, ROBERTA A	MONTGOMERY
WEISS, MD, ROCHELLE R	STUDENT
WEISS, DO, ROGER T	FRANKLIN
WEISS, MD, SHARON N	PHILADELPHIA
WEISS, MD, SIDNEY	PHILADELPHIA
WEISS, MD, STEPHEN M	PHILADELPHIA
WEISS, MD, STEVEN J	PHILADELPHIA
WEISS, MD, WILLIAM	PHILADELPHIA
WEISS, MD, WILLIAM B	LUZERNE
WEISS JR, MD, CARL B	NORTHAMPTON
WEISSBACH, MD, NANCY E	ERIE
WEISSER, MD, C WILLIAM	ALLEGHENY
WEISSMAN, MD, JOEL M	PHILADELPHIA
WEISSMAN, MD, MARCUS I	PHILADELPHIA
WEITEKAMP, MD, MICHAEL R	DAUPHIN
WEITZEL, MD, WILLIAM K	ALLEGHENY
WELBY, MD, TIMOTHY D	MONTOUR
WELCH, MD, J PATRICK	LEBANON
WELCH, MD, MARK J	PHILADELPHIA
WELDON, MD, JOHN F	WASHINGTON
WELDON, MD, JOHN P	ALLEGHENY
WELDON, DO, PATRICK O	STUDENT
WELKIE, MD, JOHN F	LEHIGH
WELLENBACH, MD, BURTON L	PHILADELPHIA
WELLES, MD, RICHARD V	ERIE
WELLS, MD, E BUIST	ERIE
WELLS, MD, GREGG B	PHILADELPHIA
WELSCH, MD, FRANK A	BUCKS
WELSH, MD, JAMES F	BERKS
WEMPLE, MD, JAN B	NORTHAMPTON
WENDEL, MD, MICHAEL J	LYCOMING
WENDELL JR, MD, JAMES I	MONTGOMERY
WENDER, MD, RICHARD C	PHILADELPHIA
WENDLING, MARK A	STUDENT
WENDLING, MD, WOODROW W	PHILADELPHIA
WENG, MD, SAM S	NORTHAMPTON
WENGER, MD, ALLEN S	DAUPHIN
WENGER, MD, JAY A	BUCKS
WENGER, MD, MARLIN E	LANCASTER
WENGER, MD, NORMAN E	LACKAWANNA
WENGER, MD, SIDNEY U	PHILADELPHIA
WENGERT JR, MD, PAUL A	DAUPHIN
WENGROVITZ, MD, PAUL H	CENTRE
WENIGER, MD, FREDERICK C	ALLEGHENY
WENNER, DO, DAVID R	DAUPHIN
WENNER, MD, ROBERT B	LUZERNE
WENNER JR, DO, EARL J	YORK
WENNER JR, MD, WILLIAM J	PHILADELPHIA
WENTZ, MD, HENRY S	LANCASTER
WENTZEL JR, MD, HARVEY E	PHILADELPHIA
WENTZLER, MD, J DONALD	UNION
WERLEY, MD, CHARLES W	NORTHAMPTON
WERLEY, MD, JOHN D	NORTHAMPTON
WERNER, MD, A WILLIAM	ELK/CAMERON
WERNER, MD, ALAN M	ALLEGHENY
WERNER, MD, DAVID B	CENTRE
WERNER, MD, DONALD J	LACKAWANNA
WERNER, MD, ELLIOT B	PHILADELPHIA
WERNER, MD, JOYCE Z	CAMBRIA
WERNER JR, MD, JOSEPH H	BUCKS
WERRIN, MD, MARGUERITE W	CHESTER
WERRIN, MD, RONALD J	CHESTER
WERTH, MD, VICTORIA P	MONTGOMERY
WERTHAN, MD, MERYLEE E	PHILADELPHIA
WERTHEIMER, MD, JOHN H	PHILADELPHIA
WERTHEIMER, MD, MARC J	DELAWARE
WERTHER, MD, NORMAN M	MONTGOMERY
WERTIME, MD, CLARA G	DAUPHIN
WERTZ, DO, JAMES T	LEHIGH
WERTZ, MD, ROBERT R	CAMBRIA
WESCHLER, MD, BARBARA	ALLEGHENY
WESS, MD, MICHAEL M	PHILADELPHIA
WESSEL, MD, ISADORE J	PHILADELPHIA
WESSNER-DUNLAP, DO, SUSAN L	MERCER
WEST, MD, EDWARD	CENTRE
WEST, MD, LESLEY S	CENTRE
WEST, MD, ROBERT B	MIFFLIN/JUNI
WEST, STEVEN E	STUDENT
WEST, MD, WILLIAM B	HUNTINGDON
WEST JR, MD, WILLIAM J	BERKS
WEST SR, MD, WILLIAM J	CUMBERLAND
WESTAWSKI, MD, DANIEL B	MONTGOMERY
WESTBY, MD, G RANDOLPH	DELAWARE
WESTCOTT, MD, RICHARD J	BERKS
WESTFIELD, WENDY K	STUDENT
WESTHEIM, MD, ALAN I	MONROE
WESTON, MD, JOHN M	UNION

WESTON, MD, WAYNE L LACKAWANNA
WESTPHAL, MD, THOMAS R LANCASTER
WETMORE, MD, RALPH F PHILADELPHIA
WETMORE, MD, STANLEY M DAUPHIN
WETSCHLER, MD, STANLEY S ALLEGHENY
WETSTONE, MD, JEFFREY B LYCOMING
WETTLAUFER, MD, MARILYN R PHILADELPHIA
WETTON, MD, RITA ALLEGHENY
WETZEL, MD, F TODD DAUPHIN
WETZEL, DO, GEHRED D LANCASTER
WETZEL, MD, MARIE A BLAIR
WETZEL, MD, ROBERT J YORK
WEXLER, MD, HARRY PHILADELPHIA
WEXLIN, MD, DONALD J MONTGOMERY
WEYN, MD, ADRIAN S DELAWARE
WHALEN, MD, THOMAS J WASHINGTON
WHARTON, MD, KEITH H ALLEGHENY
WHARTON, MD, STANLEY W ERIE
WHEATLY, MD, WILLIAM K LANCASTER
WHEELER, MD, GLEN N LEBANON
WHEELER, MD, JENETTE H MONTGOMERY
WHEELER, MD, JOHN S LEHIGH
WHEELER, LARA K STUDENT
WHEELER, MD, LEIGH D CENTRE
WHEELING, MD, GEORGE H CAMBRIA
WHELAN, MD, STEPHEN T DELAWARE
WHETSTONE, MD, CHARLES L LANCASTER
WHILDIN, MD, JAMES G NORTHAMPTON
WHINNEY, CHRISTOPHER M STUDENT
WHIPPLE, MD, DOROTHY S PHILADELPHIA
WHISNANT, MD, ROBERT A LEBANON
WHITAKER, MD, H CRAIG DELAWARE
WHITAKER, MD, J MICHAEL BUCKS
WHITAKER, MD, LINTON A PHILADELPHIA
WHITAKER, MD, PAUL J NORTHAMPTON
WHITCOMB, MD, CLARENCE A PHILADELPHIA
WHITCOMB, MD, LUTHER M CUMBERLAND
WHITCOPF, PETER J STUDENT
WHITE, MD, ALBERT E BUCKS
WHITE, MD, CAROL J GREENE
WHITE, MD, CHERYL JO MONTGOMERY
WHITE, MD, DANETTE PHILADELPHIA
WHITE, MD, DARYL E FRANKLIN
WHITE, MD, DAVID A WASHINGTON
WHITE, MD, FRANK J SCHUYLKILL
WHITE, MD, GEORGE S CENTRE
WHITE, MD, JACK C CHESTER
WHITE, MD, JAMES W LANCASTER
WHITE, JOHN E STUDENT
WHITE, MD, JOSEPH G CHESTER
WHITE, MD, KATHLENE MONTGOMERY
WHITE, MD, KELLEY J PHILADELPHIA
WHITE, MD, MICHAEL J ALLEGHENY
WHITE, MD, PETER F CRAWFORD
WHITE, MD, RICHARD K LEHIGH
WHITE, MD, ROBERT A DELAWARE
WHITE, MD, ROBERT P NORTHAMPTON
WHITE, MD, WAYNE D DAUPHIN
WHITE, MD, WESLEY R LACKAWANNA
WHITE, MD, WILLIAM L ALLEGHENY
WHITE, EXEC SEC, ANNE L FAYETTE
WHITE III, RICHARD J STUDENT
WHITE JR, MD, ROBERT H LANCASTER
WHITEBLOOM, DO, DALE LANCASTER
WHITELEY, MD, JOHN P YORK
WHITENACK, MD, STEPHEN H PHILADELPHIA
WHITESIDE, DEBORAH A STUDENT
WHITESIDE, MD, VIRGINIA E ALLEGHENY
WHITFORD, MD, THEODORE C ALLEGHENY
WHITING, MD, DONALD M ALLEGHENY
WHITING, MD, R KEITH LEBANON
WHITMAN, JAMES F STUDENT
WHITMAN, MD, MARC S PHILADELPHIA
WHITMAN, MD, MARK A BUCKS
WHITMAN, MD, RANDAL L PHILADELPHIA
WHITMAN, MD, ROBERT S ALLEGHENY
WHITMONT, MD, RONALD D DELAWARE
WHITMORE, MD, JOHN T BEDFORD
WHITMORE, MD, MASON DELAWARE
WHITNEY, MD, JONATHAN P DAUPHIN
WHITNEY, MD, MARK B CUMBERLAND
WHITSON, MD, DAVID W LEHIGH
WHITTAKER, MD, RICHARD P MONTGOMERY
WHITTLE, MD, DONNA I ALLEGHENY
WHOLEY, MD, MARK H ALLEGHENY
WHYTE, MD, JOHN PHILADELPHIA
WIBLE, MD, CLAIRE E YORK
WIBLE, MD, LEROY C ALLEGHENY
WICKRAMASINGHE, MD, EARDLY K ERIE
WIDDOWSON, MD, HAROLD R DELAWARE
WIDELITZ, MD, MARTIN M PHILADELPHIA
WIDER, MD, SAUL PHILADELPHIA
WIDGE, MD, TOERUNA S LEHIGH
WIDGER, MD, JOHN E COLUMBIA
WIDLAN, MD, SHELDON WESTMORELAND
WIDRA, MD, ERIC A PHILADELPHIA
WIECKS, MD, MICHAEL J DAUPHIN
WIEDER JR, MD, HENRY S PHILADELPHIA
WIEGAND, MD, DAVID A DAUPHIN
WIEGAND, ROSEMARY A STUDENT
WIELAND, MD, WINFRIED G LANCASTER
WIEMANN, MD, GEORGE F BUCKS
WIENER, MD, EUGENE S ALLEGHENY
WIENER, MD, JACOB S PHILADELPHIA
WIENER, MD, LAURENCE B MONTGOMERY
WIENER, DO, STEPHEN D MONTGOMERY
WIENER, MD, STEPHEN G BERKS
WIERCISIEWSKI, MD, DAVID R ALLEGHENY
WIESENFELD, MD, NATHANIEL H LUZERNE
WIESNER, MD, IRVING S DELAWARE
WIEST, MD, HIRAM L DAUPHIN
WIGERT, MD, WALTER S TIOGA
WIGHT, MD, SUSAN C PHILADELPHIA
WIGLE, MD, ARNOLD R WESTMORELAND
WIKLER, MD, LOUIS A PHILADELPHIA
WIKLER, MD, MATTHEW A PHILADELPHIA
WIKOFF, MD, EDWARD K PHILADELPHIA
WILBERGER JR, MD, JAMES E ALLEGHENY
WILBUR, MD, SABRINA L PHILADELPHIA
WILCOX, MD, GEOFFREY H ALLEGHENY
WILCOX, MD, KENNETH R LACKAWANNA
WILCOX, MD, SIMMON L BEAVER
WILCOX JR, MD, WINTHROP P LANCASTER
WILCZANSKI, MD, PETER L ERIE
WILD JR, MD, ROBERT M CENTRE
WILDBLOOD, MD, HARRY M YORK
WILDENHAIN, MD, PHILIP M ALLEGHENY
WILDENHAIN, MD, SARAH L ALLEGHENY
WILDER, MD, BRUCE L ALLEGHENY
WILDERMAN, MD, BARRY S BUCKS
WILDRICK, MD, KENNETH H NORTHAMPTON
WILEN, MD, HOWARD O ALLEGHENY
WILEY, MD, BERT C BLAIR
WILEY, MD, CATHERINE C PHILADELPHIA
WILEY, DO, DAVID E LANCASTER
WILEY, MD, LEE A ERIE
WILF, MD, HAROLD PHILADELPHIA
WILHELM, MD, BARBARA E FAYETTE
WILHELM, MD, WILLIAM C ERIE
WILKENING, MD, ROBIN M MIFFLIN/JUNI
WILKENS, MD, JILL C STUDENT
WILKERSON, MD, L DOUGLAS MONTGOMERY
WILKINS, MD, BYRON D LEHIGH
WILKINS, MD, H JEFFREY MONTGOMERY
WILKINSON, MD, DAVID M MONTOUR
WILKINSON, MD, HAROLD A DELAWARE
WILKINSON, MD, JOHN H ALLEGHENY
WILKINSON, JOHN J STUDENT
WILKINSON, MICHELLE E STUDENT
WILKINSON, MD, ROSELISE H DELAWARE
WILKS, MD, DAVID H ALLEGHENY
WILLARD III, MD, WILLIS W CUMBERLAND
WILLENBORG, MD, ANNE CENTRE
WILLENKIN, MD, MATTHEW BUCKS
WILLET, MD, ANDREW A GREENE
WILLIAMS, MD, A CLAUDE LYCOMING
WILLIAMS, MD, ANDRE' O CHESTER
WILLIAMS, MD, BRENDA A ALLEGHENY
WILLIAMS, MD, BURTON L DELAWARE
WILLIAMS, MD, CAROL C MIFFLIN/JUNI
WILLIAMS, MD, CLAUDE M DELAWARE
WILLIAMS, DO, DAVID T CAMBRIA
WILLIAMS, MD, ELIZABETH A STUDENT
WILLIAMS, MD, F MARIAN PHILADELPHIA
WILLIAMS, MD, GLENN R YORK
WILLIAMS, MD, HARRY K ALLEGHENY
WILLIAMS, MD, HENRY N LANCASTER
WILLIAMS, MD, HERMAN J BERKS
WILLIAMS, MD, JAMES R PHILADELPHIA
WILLIAMS, MD, JAMES W DAUPHIN
WILLIAMS, MD, JAY JAMES PHILADELPHIA
WILLIAMS, MD, JOHN J BERKS
WILLIAMS, JOHN M STUDENT
WILLIAMS, MD, JOHN T PHILADELPHIA
WILLIAMS, MD, KARL E ALLEGHENY
WILLIAMS, KEITH N STUDENT
WILLIAMS, MD, KIRKLEY R PHILADELPHIA
WILLIAMS, MD, LYNN R LAWRENCE
WILLIAMS, DO, MARK S WESTMORELAND
WILLIAMS, MD, MELVIN C INDIANA
WILLIAMS, MD, MICHAEL J PHILADELPHIA
WILLIAMS, DO, PAUL D DAUPHIN
WILLIAMS, MD, R HALLOCK MONTGOMERY
WILLIAMS, MD, RICHARD A ERIE
WILLIAMS, MD, RICHARD G ALLEGHENY
WILLIAMS, MD, RONALD J DAUPHIN
WILLIAMS, MD, SCOTT L ALLEGHENY
WILLIAMS, MD, SHELLEY D ALLEGHENY
WILLIAMS, MD, STEPHEN K MONTGOMERY
WILLIAMS, MD, SUSAN L DELAWARE
WILLIAMS, MD, VIRGINIA M DAUPHIN
WILLIAMS III, MD, IRVING UNION
WILLIAMS JR, MD, PHILIP D ALLEGHENY
WILLIAMS JR, MD, THOMAS L NORTHAMPTON
WILLIAMSON, MD, CLARKE E PHILADELPHIA
WILLIAMSON, MD, EDWARD L WESTMORELAND
WILLIAMSON, MD, MARK E ALLEGHENY
WILLIAMSON, MD, NEIHL J LYCOMING
WILLIG, MD, DORIS PHILADELPHIA
WILLIHNGANZ, MD, WALTER D BUCKS
WILLIS, PAUL M STUDENT
WILLNER, MD, DAVID L CHESTER
WILLNER, MD, IRA R PHILADELPHIA
WILLOCHELL, TERI A STUDENT
WILLS, MD, MICHAEL H LANCASTER
WILLS, MD, ROSELYN A BUCKS
WILLWERTH, MD, GERALD E FRANKLIN
WILSON, MD, ARTHUR R ARMSTRONG
WILSON, MD, DAVID G YORK
WILSON, MD, DAVID O ALLEGHENY
WILSON, MD, DONALD F CHESTER
WILSON, MD, DOROTHY G NORTHIMBRLAND
WILSON, MD, DOUGLAS G ALLEGHENY
WILSON, MD, EDWARD P PHILADELPHIA
WILSON, DO, FREDERICK R MERCER
WILSON, MD, FREDERICK S MONTGOMERY
WILSON, MD, GEORGE M PHILADELPHIA
WILSON, MD, GEORGE W ALLEGHENY
WILSON, MD, J EDWARD DAUPHIN
WILSON, MD, JAMES A LANCASTER
WILSON, MD, JAMES L TIOGA
WILSON, MD, JEFFREY C ALLEGHENY
WILSON, MD, JOHN A ALLEGHENY
WILSON, DO, JOHN E MONTGOMERY
WILSON, MD, JOHN F PHILADELPHIA
WILSON, MD, JOHN S WESTMORELAND
WILSON, MD, LANCE B BUCKS
WILSON, MD, LINDA C CHESTER
WILSON, MD, RAY A YORK
WILSON, MD, RICHARD A ARMSTRONG
WILSON, MD, RICHARD C LEHIGH
WILSON, MD, RICHARD P PHILADELPHIA
WILSON, DO, ROBERT E ALLEGHENY
WILSON, MD, ROBERT V YORK
WILSON, MD, RUTH W BEAVER
WILSON, MD, SAMUEL M PHILADELPHIA
WILSON, STEPHEN A STUDENT
WILSON, MD, THOMAS W LAWRENCE
WILSON, MD, W LAWRENCE ALLEGHENY
WILSON, MD, WILLIAM W MONTGOMERY
WILSON JR, MD, CHARLES R ALLEGHENY
WILSON JR, MD, ROBERT N MONTGOMERY
WILT, MD, KENNETH E YORK
WILTSHIRE-SCOTT, JOANNE A STUDENT
WIN, MD, ARTHUR H BUCKS
WINAND, DAVID A STUDENT
WINANS, MD, LEWIS E BERKS
WINEBERG, JENNIFER R STUDENT
WINER, MD, JOEL W YORK
WINER, MD, STEPHEN F LEBANON
WINEY, MD, WILFRED H CAMBRIA
WINFREE, MD, LISTERVELT S PHILADELPHIA
WING, MD, EDWARD J ALLEGHENY
WINGARD, MD, LARRY B ARMSTRONG
WINGATE, MD, GARY F CHESTER
WINGERD, MD, ROBERT A FRANKLIN
WINGERT JR, MD, CHARLES H CENTRE
WINGERT JR, MD, J PAUL BLAIR
WINIARSKI, MD, GENEVIEVE C LANCASTER
WINIARSKI, MD, JANUSZ BLAIR
WINKLER, MD, MARTIN ALLEGHENY
WINKLER JR, MD, LOUIS H NORTHAMPTON
WINN, MD, RANDALL S BERKS
WINN JR, MD, CHARLES L BUCKS
WINNEG, MD, KAREN P BUCKS
WINSLOW, MD, ROY E FRANKLIN
WINSON, MD, SAMUEL G PHILADELPHIA
WINSTON, MD, BRADLEY M DELAWARE
WINSTON, MD, JOSEPH M BERKS
WINSTON, MD, NORMAN J BERKS
WINSTON, MD, RALPH B BRADFORD
WINT, MD, ROGER M PHILADELPHIA
WINTER, MD, CHARLES R LANCASTER
WINTER, MD, FRED S MONTGOMERY
WINTER, MD, PETER M ALLEGHENY
WINTER II, MD, JOHN C LYCOMING
WINTERS, ELIZABETH A M STUDENT
WINTZ, MD, PHYLLIS W ALLEGHENY
WINZELBERG, MD, GARY G ALLEGHENY
WIRE, MD, WILBUR H YORK
WIRSHUP, MD, MARY B CHESTER
WIRTH, MD, TIMOTHY M BERKS
WIRTS JR, MD, C WILMER PHILADELPHIA
WIRTSHAFTER, MD, DAVID G PHILADELPHIA
WISE, MD, RICHARD J LUZERNE
WISEMAN, MD, BARBARA L BRADFORD
WISEMAN, DO, DOUGLAS C NORTHAMPTON
WISEMAN, MD, JEFFREY S BRADFORD
WISHNEV, MD, MARTIN A ALLEGHENY
WISMAN, MD, CRAIG B DAUPHIN
WISNIEWSKI, MD, PETER M LUZERNE
WISS, MD, RAYMOND J CUMBERLAND
WISSINGER, MD, H ANDREW ALLEGHENY
WISSLER, MD, ROBERT U LANCASTER
WITHAM, MD, REBECCA S DELAWARE
WITHERSPOON, MD, JOHN S ALLEGHENY
WITHERSPOON, MD, MYRA A CUMBERLAND
WITHERSPOON, MD, ROBERT G WESTMORELAND
WITHINGTON, MD, AMELIA M PHILADELPHIA
WITKES, DO, DAVID M CAMBRIA
WITKIN, MD, EVELYN D MONTGOMERY
WITKOWSKI, MD, JOSEPH A PHILADELPHIA
WITKOWSKI, MD, THOMAS A PHILADELPHIA
WITMER, MD, DONALD B LANCASTER
WITMER, MD, ROBERT H LANCASTER
WITOWSKI, MD, JOHN J LACKAWANNA
WITT, MD, PAUL J LUZERNE
WITTELS, MD, EMANUEL BERKS
WITTELS, MD, HEIDI L PHILADELPHIA
WITTERHOLT, MD, KENNETH A CHESTER
WITTHOFF JR, MD, ELMER M LYCOMING
WITTIG, MD, ROBERT L ALLEGHENY
WITTMANN, MD, THOMAS A ERIE
WITTS, MD, LAURIE H ALLEGHENY
WIVELL, MD, WAYNE A PHILADELPHIA
WODLINGER, MD, PAUL M WASHINGTON
WODZINSKI, MD, STEVEN F WESTMORELAND
WOELFEL, MD, GEORGE F ALLEGHENY
WOERTHWEIN, MD, KENNETH F YORK
WOHL, MD, MILTON A PHILADELPHIA
WOHL-KRISTO, MD, CATHERINE V DELAWARE
WOHLTMANN, MD, CHRISTOPHER D BRADFORD
WOJCIAK, DO, RAYMOND J ALLEGHENY
WOLANIN, MD, JANUSZ LUZERNE
WOLBACH JR, MD, ALBERT B LANCASTER
WOLDORF, MD, NORMAN M DAUPHIN
WOLDOW, MD, ANDREW B MONTGOMERY
WOLDOW, MD, ASHER PHILADELPHIA
WOLF, MD, CHARLES R CHESTER
WOLF, CINDY J STUDENT
WOLF, ERICA STUDENT
WOLF, MD, FRANKLIN M BERKS
WOLF, MD, LAURENCE R MONTGOMERY
WOLF, MD, LEWIS R PHILADELPHIA
WOLF, MD, MELVYN A MONTGOMERY
WOLF, MD, NELSON M PHILADELPHIA
WOLF, MD, ROBERT E DAUPHIN
WOLF, ROBERT S STUDENT
WOLF, MD, SANDRA M PHILADELPHIA
WOLF, MD, STEWART G NORTHAMPTON
WOLF III, ALBERT A STUDENT
WOLF JR, MD, JOHN H PHILADELPHIA
WOLFE, MD, DANIEL E LYCOMING
WOLFE, MD, DAVID W BRADFORD
WOLFE, MD, DWIGHT D LANCASTER
WOLFE, MD, JUDITH A CAMBRIA
WOLFE, MD, KENNETH H MONTGOMERY
WOLFE, MD, LEWIS T MONTOUR
WOLFE, MD, PATRICK W CAMBRIA
WOLFERT, MD, IRWIN H MONTGOMERY
WOLFERTH JR, MD, CHARLES C PHILADELPHIA
WOLFF, MD, CHARLES R ALLEGHENY
WOLFF, MD, DANIEL C SUSQUEHANNA
WOLFF, MD, JEFFREY M WESTMORELAND
WOLFF, MD, REGIS A ALLEGHENY
WOLFGANG, CHRISTOPHER STUDENT
WOLFGANG, MD, GARY L MONTOUR
WOLFINGER, MD, WALTER L FRANKLIN
WOLFORD, MD, JACK A ALLEGHENY
WOLFORD, DO, MICHAEL G MERCER
WOLFSON, MD, BERNARD ALLEGHENY
WOLFSON, MD, PHILIP J PHILADELPHIA
WOLFSON, MD, ROBERT J PHILADELPHIA
WOLFSON, MD, STEVEN J LYCOMING
WOLFSON JR, MD, SIDNEY K ALLEGHENY
WOLGEMUTH JR, MD, JOHN M LANCASTER
WOLGIN, MD, WILLIAM PHILADELPHIA
WOLINSKY, MD, ARTHUR P ALLEGHENY
WOLK, MD, DANIEL L DELAWARE
WOLK, MD, MELVYN H LACKAWANNA
WOLK, MD, MICHAEL D LACKAWANNA
WOLK, MD, STEPHEN M LUZERNE
WOLLMAN, MD, HARRY PHILADELPHIA
WOLLMAN, MD, MICHAEL R ALLEGHENY
WOLMARK, MD, NORMAN ALLEGHENY
WOLOSHIN, MD, HENRY J PHILADELPHIA
WOLYNN, MD, TODD H ALLEGHENY
WOLZ, MD, DEAN E ALLEGHENY
WOMER, MD, RICHARD B PHILADELPHIA
WON, MD, A W PETER ERIE
WON, MD, KWAN H DAUPHIN
WON, MD, OKHEE LACKAWANNA
WONDERLICK, MD, EUGENE L MONTOUR
WONG, MD, ALBERT SOMERSET
WONG, MD, ALEXANDER SUSQUEHANNA
WONG, MD, ALFONSO MING Y PHILADELPHIA
WONG, MD, EDGAR TIOGA
WONG, MD, HENRY C MONROE
WONG, MD, HON YUEN CLARION
WONG, MD, JAMES BERKS
WONG, KATHLEEN M STUDENT
WONG, MD, KIN TUNG PHILADELPHIA
WONG, MD, LING G CENTRE
WONG, MD, MING-DER YORK
WONGPAKDEE, MD, SOBSAN POTTER
WONSETTLER, MD, DONALD E MERCER
WOO, BENEDICT C STUDENT
WOO, MD, MARIANO YORK
WOO, MD, Y JOSEPH PHILADELPHIA
WOOD, MD, DAVID W MONTGOMERY
WOOD, MD, ERNEST M LANCASTER
WOOD, MD, HOWARD P MONTGOMERY
WOOD, MD, JAMES E PHILADELPHIA
WOOD, MD, JOHN M ALLEGHENY
WOOD, LAURA M STUDENT
WOOD, MD, MADELINE S DELAWARE
WOOD, MD, MARGARET D PHILADELPHIA
WOOD, RANDOLPH B STUDENT
WOOD, MD, SANDRA D ALLEGHENY
WOODBURY, MD, DEBORAH STUDENT
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WOODLE, DO, EDWARD M INDIANA
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bone marrow assay.

Enalapril Maleate: There was no evidence of a tumorigenic effect when enalapril was administered for 106 weeks to rats at doses up to 90 mg/kg/day (150 times* the maximum daily human dose). Enalapril has also been administered for 94 weeks to male and female mice at doses up to 90 and 180 mg/kg/day, respectively, (150 and 300 times* the maximum daily dose for humans) and showed no evidence of carcinogenicity.

Neither enalapril maleate nor the active diacid was mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril was also negative in the following genotoxicity studies: rec-assay, reverse mutation assay with *E. coli*, sister chromatid exchange with cultured mammalian cells, and the micronucleus test with mice, as well as in an *in vivo* cytogenic study using mouse bone marrow.

There were no adverse effects on reproductive performance in male and female rats treated with 10 to 90 mg/kg/day of enalapril.

Hydrochlorothiazide: Two-year feeding studies in mice and rats conducted under the auspices of the National Toxicology Program (NTP) uncovered no evidence of a carcinogenic potential of hydrochlorothiazide in female mice (at doses of up to approximately 600 mg/kg/day) or in male and female rats (at doses of up to approximately 100 mg/kg/day). The NTP, however, found equivocal evidence for hepatocarcinogenicity in male mice.

Hydrochlorothiazide was not genotoxic *in vitro* in the Ames mutagenicity assay of *Salmonella typhimurium* strains TA 98, TA 100, TA 1535, TA 1537, and TA 1538 and in the Chinese Hamster Ovary (CHO) test for chromosomal aberrations, or *in vivo* in assays using mouse germinal cell chromosomes, Chinese hamster bone marrow chromosomes, and the *Drosophila* sex-linked recessive lethal trait gene. Positive test results were obtained only in the *in vitro* CHO Sister Chromatid Exchange (clastogenicity) and in the Mouse Lymphoma Cell (mutagenicity) assays, using concentrations of hydrochlorothiazide from 43 to 1300 μg/mL, and in the *Aspergillus nidulans* non-disjunction assay at an unspecified concentration.

Hydrochlorothiazide had no adverse effects on the fertility of mice and rats of either sex in studies wherein these species were exposed, via their diet, to doses of up to 100 and 4 mg/kg, respectively, prior to conception and throughout gestation.

Pregnancy: Pregnancy Categories C (first trimester) *and D* (second and third trimesters). See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Nursing Mothers: Enalapril and enalaprilat are detected in human milk in trace amounts. Thiazides do appear in human milk. Because of the potential for serious reactions in nursing infants from either drug, a decision should be made whether to discontinue nursing or to discontinue VASERETIC, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: VASERETIC has been evaluated for safety in more than 1500 patients, including over 300 patients treated for one year or more. In clinical trials with VASERETIC no adverse experiences peculiar to this combination drug have been observed. Adverse experiences that have occurred, have been limited to those that have been previously reported with enalapril or hydrochlorothiazide.

The most frequent clinical adverse experiences in controlled trials were: dizziness (8.6 percent), headache (5.5 percent), fatigue (3.9 percent) and cough (3.5 percent). Adverse experiences occurring in greater than two percent of patients treated with VASERETIC in controlled clinical trials were: muscle cramps (2.7 percent), nausea (2.5 percent), asthenia (2.4 percent), orthostatic effects (2.3 percent), impotence (2.2 percent), and diarrhea (2.1 percent).

Clinical adverse experiences occurring in 0.5 to 2.0 percent of patients in controlled trials included: *Body As A Whole:* Syncope, chest pain, abdominal pain; *Cardiovascular:* Orthostatic hypotension, palpitation, tachycardia; *Digestive:* Vomiting, dyspepsia, constipation, flatulence, dry mouth; *Nervous/Psychiatric:* Insomnia, nervousness, paresthesia, somnolence, vertigo; *Skin:* Pruritus, rash; *Other:* Dyspnea, gout, back pain, arthralgia, diaphoresis, decreased libido, tinnitus, urinary tract infection.

Angioedema: Angioedema has been reported in patients receiving VASERETIC (0.6 percent). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis and/or larynx occurs, treatment with VASERETIC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In clinical trials, adverse effects relating to hypotension occurred as follows: hypotension (0.9 percent), orthostatic hypotension (1.5 percent), other orthostatic effects (2.3 percent). In addition syncope occurred in 1.3 percent of patients. (See WARNINGS.)

Cough: See PRECAUTIONS, *Cough.*

Clinical Laboratory Test Findings; Serum Electrolytes: See PRECAUTIONS.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.6 percent of patients with essential hypertension treated with VASERETIC. More marked increases have been reported in other enalapril experience. Increases are more likely to occur in patients with renal artery stenosis. (See PRECAUTIONS.)

Serum Uric Acid, Glucose, Magnesium, and Calcium: See PRECAUTIONS.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g percent and 1.0 vol percent, respectively) occur frequently in hypertensive patients treated with VASERETIC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1 percent of patients discontinued therapy due to anemia.

Liver Function Tests: Rarely, elevations of liver enzymes and/or serum bilirubin have occurred.

Other adverse reactions that have been reported with the individual components are listed below and, within each category, are in order of decreasing severity.

Enalapril Maleate—Enalapril has been evaluated for safety in more than 10,000 patients. In clinical trials adverse reactions which occurred with enalapril were also seen with VASERETIC. However, since enalapril has been marketed, the following adverse reactions have been reported: *Body As A Whole:* Anaphylactoid reactions (see PRECAUTIONS, *Hemodialysis Patients*); *Cardiovascular:* Cardiac arrest; myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high risk patients (see WARNINGS, *Hypotension*); pulmonary embolism and infarction; pulmonary edema; rhythm disturbances including atrial tachycardia and bradycardia; atrial fibrillation; hypotension; angina pectoris; *Digestive:* Ileus, pancreatitis, hepatic failure, hepatitis (hepatocellular [proven on rechallenge] or cholestatic jaundice), melena, anorexia, glossitis, stomatitis, dry mouth; *Hematologic:* Rare cases of neutropenia, thrombocytopenia and bone marrow depression, a few cases of hemolysis in patients with G-6-PD deficiency have been reported in which a causal relationship to enalapril cannot be excluded; *Nervous System/Psychiatric:* Depression, confusion, ataxia, peripheral neuropathy (e.g., paresthesia, dysesthesia); *Urogenital:* Renal failure, oliguria, renal dysfunction (see PRECAUTIONS), flank pain, gynecomastia; *Respiratory:* Pulmonary infiltrates, bronchospasm, pneumonia, bronchitis, rhinorrhea, sore throat and hoarseness, asthma, upper respiratory infection; *Skin:* Exfoliative dermatitis, toxic epidermal necrolysis, Stevens-Johnson syndrome, herpes zoster, erythema multiforme, urticaria, alopecia, flushing, photosensitivity; *Special Senses:* Blurred vision, taste alteration, anosmia, conjunctivitis, dry eyes, tearing.

Miscellaneous: A symptom complex has been reported which may include a positive ANA, an elevated erythrocyte sedimentation rate, arthralgia/arthritis, myalgia, fever, serositis, vasculitis, leukocytosis, eosinophilia, photosensitivity, rash and other dermatologic manifestations.

Fetal/Neonatal Morbidity and Mortality: See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Hydrochlorothiazide—Body as a Whole: Weakness; *Digestive:* Pancreatitis, jaundice (intrahepatic cholestatic jaundice), sialadenitis, cramping, gastric irritation, anorexia; *Hematologic:* Aplastic anemia, agranulocytosis, leukopenia, hemolytic anemia, thrombocytopenia; *Hypersensitivity:* Purpura, photosensitivity, urticaria, necrotizing angiitis (vasculitis and cutaneous vasculitis), fever, respiratory distress including pneumonitis and pulmonary edema, anaphylactic reactions; *Musculoskeletal:* Muscle spasm; *Nervous System/Psychiatric:* Restlessness; *Renal:* Renal failure, renal dysfunction, interstitial nephritis (see WARNINGS); *Skin:* Erythema multiforme including Stevens-Johnson syndrome, exfoliative dermatitis including toxic epidermal necrolysis, alopecia; *Special Senses:* Transient blurred vision, xanthopsia.

* Based on patient weight of 50 kg.

For more detailed information, consult your DuPont Pharma Representative or see Prescribing Information.

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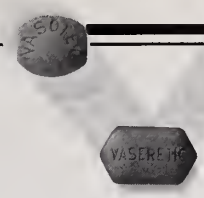
TABLETS
VASERETIC®
(ENALAPRIL MALEATE-HYDROCHLOROTHIAZIDE)

USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC® (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality.*

10 mg **25 mg**



CONTRAINDICATIONS: VASERETIC is contraindicated in patients who are hypersensitive to any component of this product and in patients with a history of angioedema related to previous treatment with an angiotensin converting enzyme inhibitor. Because of the hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

WARNINGS: *General; Enalapril Maleate; Hypotension:* Excessive hypotension was rarely seen in uncomplicated hypertensive patients but is a possible consequence of enalapril use in severely salt/volume depleted persons such as those treated vigorously with diuretics or patients on dialysis.

Syncope has been reported in 1.3 percent of patients receiving VASERETIC. In patients receiving enalapril alone, the incidence of syncope is 0.5 percent. The overall incidence of syncope may be reduced by proper titration of the individual components. (See PRECAUTIONS, *Drug Interactions*, and ADVERSE REACTIONS.)

In patients with severe congestive heart failure, with or without associated renal insufficiency, excessive hypotension has been observed and may be associated with oliguria and/or progressive azotemia, and rarely with acute renal failure and/or death. Because of the potential fall in blood pressure in these patients, therapy should be started under very close medical supervision. Such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart or cerebrovascular disease, in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident.

If hypotension occurs, the patient should be placed in the supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses, which usually can be given without difficulty once the blood pressure has increased after volume expansion.

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis and/or larynx has been reported in patients treated with angiotensin converting enzyme inhibitors, including enalapril. In such cases VASERETIC should be promptly discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. In instances where swelling has been confined to the face and lips the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL) and/or measures necessary to ensure a patent airway, should be promptly provided.** (See ADVERSE REACTIONS.)

Patients with a history of angioedema unrelated to ACE inhibitor therapy may be at increased risk of angioedema while receiving an ACE inhibitor (see also CONTRAINDICATIONS).

Neutropenia/Agranulocytosis: Another angiotensin converting enzyme inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Lithium generally should not be given with thiazides (see PRECAUTIONS, *Drug Interactions, Enalapril Maleate and Hydrochlorothiazide).*

Pregnancy; Enalapril-Hydrochlorothiazide: There was no teratogenicity in rats given up to 90 mg/kg/day of enalapril (150 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 1/2 times the maximum human dose) or in mice given up to 30 mg/kg/day of enalapril (50 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 1/2 times the maximum human dose). At these doses, fetotoxicity expressed as a decrease in average fetal weight occurred in both species. No fetotoxicity occurred at lower doses; 30/10 mg/kg/day of enalapril-hydrochlorothiazide in rats and 10/10 mg/kg/day of enalapril-hydrochlorothiazide in mice.

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC should be discontinued as soon as possible. (See *Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality*, below.)

Enalapril Maleate; Fetal/Neonatal Morbidity and Mortality: ACE inhibitors can cause fetal and neonatal morbidity and death when administered to pregnant women. Several dozen cases have been reported in the world literature. When pregnancy is detected, ACE inhibitors should be discontinued as soon as possible.

The use of ACE inhibitors during the second and third trimesters of pregnancy has been associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios in this setting has been associated with fetal limb contractures, craniofacial deformation, and hypoplastic lung development. Prematurity, intrauterine growth retardation, and patent ductus arteriosus have also been reported, although it is not clear whether these occurrences were due to the ACE-inhibitor exposure.

These adverse effects do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. Mothers whose embryos and fetuses are exposed to ACE inhibitors only during the first trimester should be so informed. Nonetheless, when patients become pregnant, physicians should make every effort to discontinue the use of VASERETIC as soon as possible.

Rarely (probably less often than once in every thousand pregnancies), no alternative to ACE inhibitors will be found. In these rare cases, the mothers should be apprised of the potential hazards to their fetuses, and serial ultrasound examinations should be performed to assess the intraamniotic environment.

If oligohydramnios is observed, VASERETIC should be discontinued unless it is considered lifesaving for the mother. Contraction stress testing (CST), a non-stress test (NST), or biophysical profiling (BPP) may be appropriate, depending upon the week of pregnancy. Patients and physicians should be aware, however, that oligohydramnios may not appear until after the fetus has sustained irreversible injury.

Infants with histories of *in utero* exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Exchange transfusion or dialysis may be required as means of reversing hypotension and/or substituting for disordered renal function. Enalapril, which crosses the placenta, has been removed from neonatal circulation by peritoneal dialysis with some clinical benefit, and theoretically may be removed by exchange transfusion, although there is no experience with the latter procedure.

No teratogenic effects of enalapril were seen in studies of pregnant rats, and rabbits. On a mg/kg basis, the doses used were up to 333 times (in rats), and 50 times (in rabbits) the maximum recommended human dose.

Hydrochlorothiazide; Teratogenic Effects: Reproduction studies in the rabbit, the mouse and the rat at doses up to 100 mg/kg/day (50 times the human dose) showed no evidence of external abnormalities of the fetus due to hydrochlorothiazide. Hydrochlorothiazide given in a two-litter study in rats at doses of 4 - 5. 6 mg/kg/day (approximately 1 - 2 times the usual daily human dose) did not impair fertility or produce birth abnormalities in the offspring. Thiazides cross the placental barrier and appear in cord blood.

Nonteratogenic Effects: These may include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

PRECAUTIONS: *General; Enalapril Maleate; Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe congestive heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with angiotensin converting enzyme inhibitors, including enalapril, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20 percent of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when enalapril has been given concomitantly with a diuretic. This is more likely to occur in patients with pre-existing renal impairment. Dosage reduction of enalapril and/or discontinuation of the diuretic may be required.

Evaluation of the hypertensive patient should always include assessment of renal function.

Hemodialysis Patients: Anaphylactoid reactions have been reported in patients dialyzed with high-flux membranes (e.g., AN 69*) and treated concomitantly with an ACE inhibitor. In these patients consideration should be given to using a different type of dialysis membrane or a different class of antihypertensive agent.

Hyperkalemia: Elevated serum potassium (greater than 5.7 mEq/L) was observed in approximately one percent of hypertensive patients in clinical trials treated with enalapril alone. In most cases these were isolated values which resolved despite continued therapy, although hyperkalemia was a cause of discontinuation of therapy in 0.28 percent of hypertensive patients. Hyperkalemia was less frequent (approximately 0.1 percent) in patients treated with enalapril plus hydrochlorothiazide. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with enalapril. (See *Drug Interactions.)*

Cough: Cough has been reported with the use of ACE inhibitors. Characteristically, the cough is nonproductive, persistent and resolves after discontinuation of therapy. ACE inhibitor-induced cough should be considered as part of the differential diagnosis of cough.

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Hydrochlorothiazide: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals. All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance: hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Warning signs or symptoms of fluid and electrolyte imbalance, irrespective of cause, include dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, confusion, seizures, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or after prolonged therapy. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may cause cardiac arrhythmia and may also sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g., increased ventricular irritability). Because enalapril reduces the production of aldosterone, concomitant therapy with enalapril attenuates the diuretic-induced potassium loss (see *Drug Interactions, Agents Increasing Serum Potassium).*

Although any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease), chloride replacement may be required in the treatment of metabolic alkalosis.

Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

In diabetic patients dosage adjustments of insulin or oral hypoglycemic agents may be required. Hyperglycemia may occur with thiazide diuretics. Thus latent diabetes mellitus may become manifest during thiazide therapy.

The antihypertensive effects of the drug may be enhanced in the postsympathectomy patient.

If progressive renal impairment becomes evident consider withholding or discontinuing diuretic therapy.

Thiazides have been shown to increase the urinary excretion of magnesium; this may result in hypomagnesemia.

Thiazides may decrease urinary calcium excretion. Thiazides may cause intermittent and slight elevation of serum calcium in the absence of known disorders of calcium metabolism. Marked hypercalcemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before carrying out tests for parathyroid function.

Increases in cholesterol and triglyceride levels may be associated with thiazide diuretic therapy.

Information for Patients; Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

Pregnancy: Female patients of childbearing age should be told about the consequences of second- and third-trimester exposure to ACE inhibitors, and they should also be told that these consequences do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. These patients should be asked to report pregnancies to their physicians as soon as possible.

NOTE: As with many other drugs, certain advice to patients being treated with VASERETIC is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions: Enalapril Maleate; Hypotension—Patients on Diuretic Therapy: Patients on diuretics and especially those in whom diuretic therapy was recently instituted, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS.)

Agents Causing Renin Release: The antihypertensive effect of enalapril is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents: Enalapril has been used concomitantly with beta adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine and prazosin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium: Enalapril attenuates diuretic-induced potassium loss. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia they should be used with caution and with frequent monitoring of serum potassium.

Lithium: Lithium toxicity has been reported in patients receiving lithium concomitantly with drugs which cause elimination of sodium, including ACE inhibitors. A few cases of lithium toxicity have been reported in patients receiving concomitant enalapril and lithium and were reversible upon discontinuation of both drugs. It is recommended that serum lithium levels be monitored frequently if enalapril is administered concomitantly with lithium.

Hydrochlorothiazide; When administered concurrently the following drugs may interact with thiazide diuretics:

Alcohol, barbiturates, or narcotics—potentiation of orthostatic hypotension may occur.

Antidiabetic drugs (oral agents and insulin)—dosage adjustment of the antidiabetic drug may be required.

Other antihypertensive drugs—additive effect or potentiation.

Cholestyramine and colestipol resins—Cholestyramine and colestipol resins bind the hydrochlorothiazide and reduce its absorption from the gastrointestinal tract by up to 85 and 43 percent, respectively. Thiazides may be administered two to four hours before the resin when the two drugs are used concomitantly.

Corticosteroids, ACTH—intensified electrolyte depletion, particularly hypokalemia.

Pressor amines (e.g., norepinephrine)—possible decreased response to pressor amines but not sufficient to preclude their use.

Skeletal muscle relaxants, nondepolarizing (e.g., tubocurarine)—possible increased responsiveness to the muscle relaxant.

Lithium—should not generally be given with diuretics. Diuretic agents reduce the renal clearance of lithium and add a high risk of lithium toxicity. Refer to the package insert for lithium preparations before use of such preparations with VASERETIC.

Non-steroidal Anti-inflammatory Drugs—In some patients, the administration of a non-steroidal anti-inflammatory agent can reduce the diuretic, natriuretic, and antihypertensive effects of loop, potassium-sparing and thiazide diuretics. Therefore, when VASERETIC and non-steroidal anti-inflammatory agents are used concomitantly, the patient should be observed closely to determine if the desired effect of the diuretic is obtained.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Enalapril in combination with hydrochlorothiazide was not mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril-hydrochlorothiazide did not produce DNA single strand breaks in an *in vitro* alkaline elution assay in rat hepatocytes or chromosomal aberrations in an *in vivo* mouse

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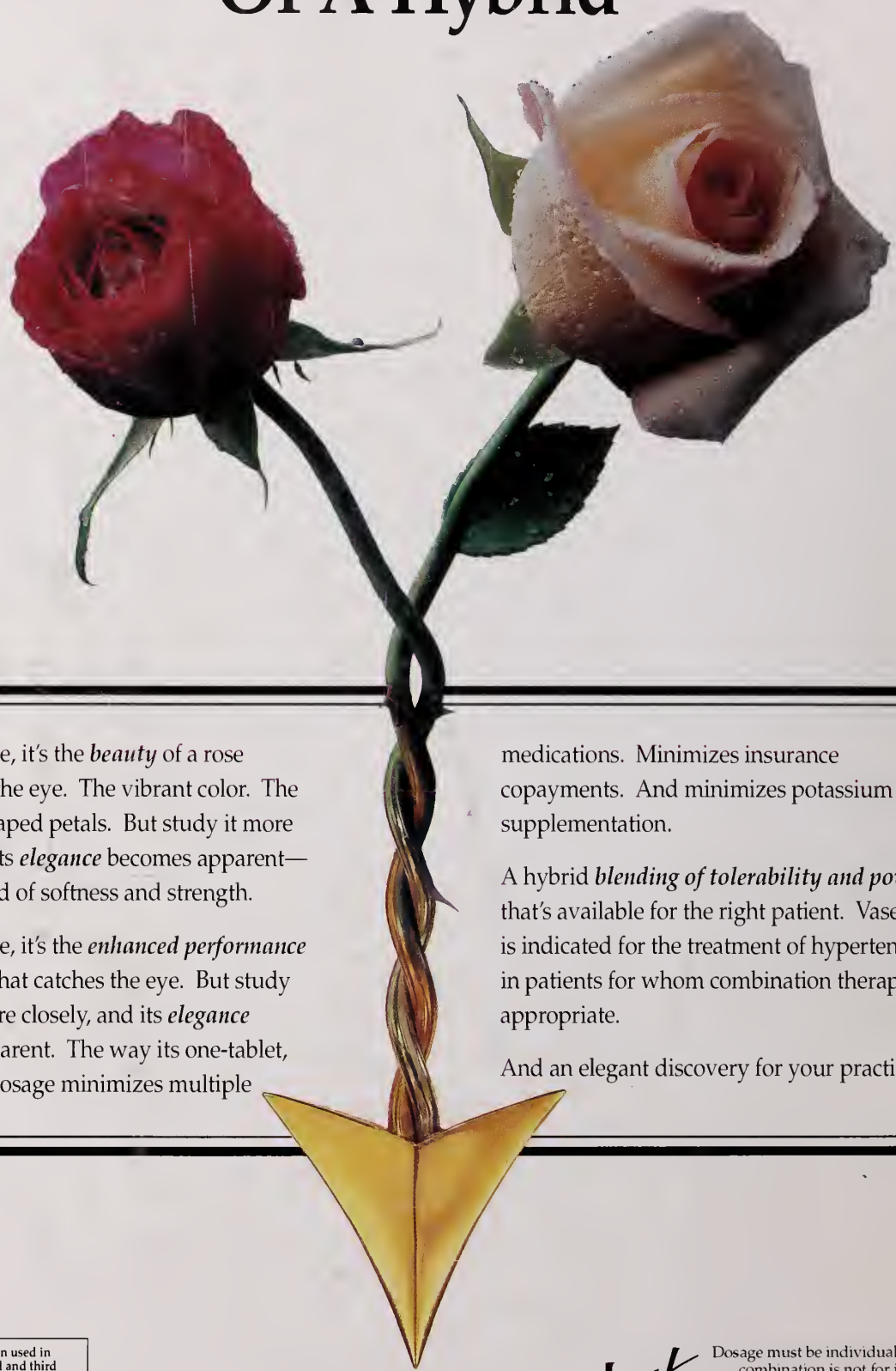
Discover The Elegance Of A Hybrid



At first glance, it's the *beauty* of a rose that catches the eye. The vibrant color. The delicately shaped petals. But study it more closely, and its *elegance* becomes apparent—a gentle blend of softness and strength.

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USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, Vaseretic® (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality.*

VASERETIC® 10-25 *Next*
Enalapril Maleate-Hydrochlorothiazide

Dosage must be individualized; the fixed combination is not for initial therapy.

Evaluation of the hypertensive patient should always include assessment of renal function.

For a Brief Summary of Prescribing Information, see adjacent pages.

Pennsylvania Medicine®

VOLUME 96 • NUMBER 9
SEPTEMBER 1993

The Changing Blues: Special Report on Blue Shield's

pull-out section)

Also in this issue:

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Legislative Update page 22

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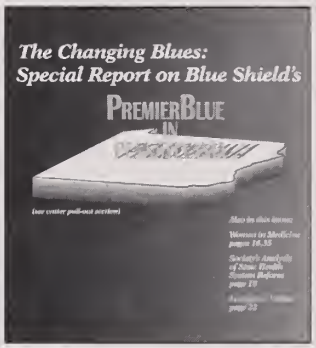
CONTENTS

SEPTEMBER 1993
VOLUME 96 • NUMBER 9

(Insert) Special Update: PremierBlue

To answer members' questions about PremierBlue, Pennsylvania Blue Shield's new "traditional" indemnity insurance network, the Society prepared this special insert. Articles address reimbursement, rights, obligations, and credentialing under PremierBlue, as well as the Society's response to and concerns about the network. Also included is a comparison of Blue Shield's networks.



Cover design by Renée Kessler

16,35 Women in Medicine

Dr. Maitland and patient

Each September, organized medicine recognizes the work of female physicians with "Women in Medicine Month," this year with the theme, "Women in Charge." Related stories this month highlight the migrant clinic work of Leah A. Maitland, MD, Littlestown, and AMA and State Society efforts on behalf of women physicians.

22 Pennsylvania Politics Grind On into New Session

Partisan politics in Pennsylvania's General Assembly seem to be the trend in 1993. Here's a quick look back by one of our lobbyists at a busy six months and a "snapshot" of what may lie ahead. Also overviewed: key provisions of the state's new workers' compensation law (see page 24).

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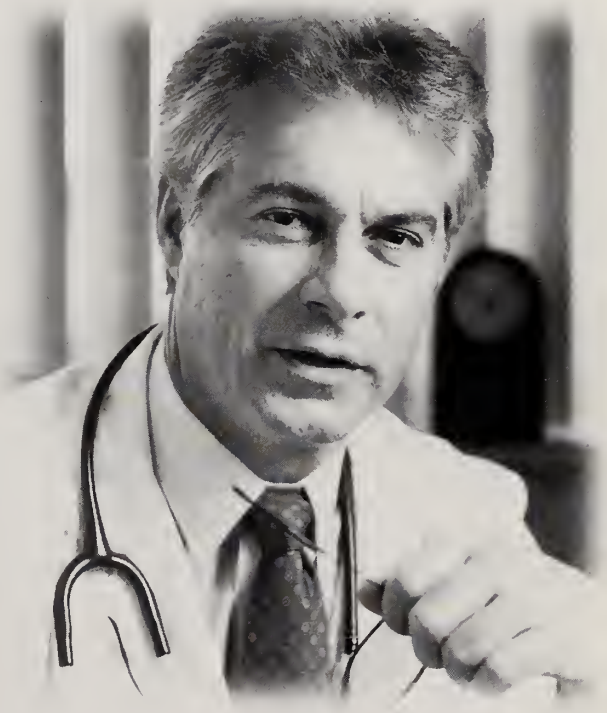
"Unfortunately,

he was already sitting in my examining room. This guy was a walking liability suit looking for a victim. He was angry, non-compliant. It was one of those rare, no-win cases and, well, I guess my number was up.



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MEDIGRAM

SOCIETY ALTERNATIVE FOR CREDENTIALING CRITERION ACCEPTED: Pennsylvania Blue Shield plans to use malpractice history as credentialing criterion for selecting physicians into its new "traditional" indemnity insurance network, PremierBlue. Although the Society is opposed to the use of malpractice history as credentialing criterion, the insurer has accepted an alternative screening criterion based in part on PMSLIC's multi-tiered rating system as suggested by the Society. Also, in response to a number of inquiries from the radiology community, Blue Shield has agreed to increase reimbursement for screening mammograms under PremierBlue. Originally, reimbursement was to be based on 1993 Medicare RBRVS transitional payments. It will now be based on current UCR allowances. For more on PremierBlue, see the insert after page 30.

CLINTON PLAN DUE THIS MONTH, LEGISLATION TO FOLLOW NEXT YEAR: According to the August 14 *Los Angeles Times*, President Clinton has conceded "that he would not be able to achieve his goal of passing a health reform package this year." Though introduction of his health package is still expected in a nationally televised speech scheduled for later this month, specific legislation is not expected until next summer.

FORUMS TO ADDRESS HEALTH SYSTEM REFORM: The AMA has selected Philadelphia as the site for the East Coast presentation of one of three forums on health system reform this fall. Entitled "Physicians' Forum: Agenda for Action," the Philadelphia forum will be held November 19-21. The AMA, working with the State Society, hopes the meeting will open communication between organized medicine's leaders and its grassroots members. It is scheduled to follow introduction of the Clinton plan (see story above). In October, state reform will be discussed at a forum sponsored by the Society in conjunction with its House meeting. Look for details and registration materials in Society publications.

ORTHOPODS SEEK DELAY OF WORKERS' COMP AMENDMENTS: The Pennsylvania Orthopedic Society has filed a lawsuit in Commonwealth Court to delay implementation of Act 44, the recent amendments to the Workers' Compensation Act. The orthopedic society is concerned that the new law may deny access to injured workers, especially in rural areas.

SOCIETY TO HOLD MEMBERSHIP TOWN MEETING: Members may voice their concerns on important health care issues to Society and AMA leaders at a regional membership town meeting on September 23 at the Pittsburgh Airport Inn from 6:00-8:00 p.m. To register, complete the form in the August issue of *Executive Report*, or call the Society's Department of Meeting Services at (800) 228-7823, ext. 267.

ORGANIZED MEDICINE COMMENTS ON BUDGET RECONCILIATION: Budget reconciliation actions of the last decade resulted in $83.4 billion being cut from Medicare, according to the AMA. In a letter this summer to U.S. Senate conferees and key House members, the AMA expressed concern that further cuts would intensify a situation in which Medicare beneficiaries increasingly find their access to care diminished. Of particular concern are provisions to adjust the practice expense component of RBRVS and the setting of differential payment updates. The State Society's Federal Key Contacts and Young Physician Section notified their legislators of their opposition to the provisions. In related action, organized medicine has urged support of a shared laboratory exemption in the final budget reconciliation bill that would create a limited exemption from self-referral restrictions for physician office labs shared by several physicians who are not members of the same group.

KEY CONTACT EFFORTS PAY OFF: After almost three years of State Society Federal Key Contact lobbying efforts, separate payments for EKG interpretation performed in conjunction with a visit have been reinstated in the Medicare provisions of OBRA, signed by President Clinton in August. The payment was eliminated when the RBRVS payment system went into effect in January 1992.

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From One Special Interest to Another

John W. Mills, MD
Medical Editor

It should have been obvious that Vice President Al Gore's two tie-breaking Senate votes at the end of this session were harbingers of things to come. And, while health system reform waited in the White House wings, Congress adjourned until after Labor Day. Some members went off on junkets and "fact-finding" efforts at taxpayer expense; others actually vacationed with family; but some still wallowed in the pork barrel deals cut by President Bill Clinton in order to get his deficit reduction plan passed. Democracy at work, yes, but certainly not its finest hour.

Now we await our next example of democracy's toil, hoping for a real bipartisan agreement on what's best for our nation's health care system. Though Hillary Rodham Clinton's "task force" was dissolved on May 31, after presenting its series of options to the president, Ira Magaziner and Mrs. Clinton stand by to help the president distill the options so he may present his health system reform package to Congress this month.

Yet, look carefully at the major players awaiting their turns in this debate: big business, small business, big insurance companies—including the "Blues," 50 state health care plans, 600,000 physicians, 800,000 lawyers, our senior citizens, and our uninsured. All of these would be labeled "special interest groups" by Mrs. Clinton's task force.

The label is certainly appropriate for these large groups of players in the health care arena. However, my real problem lies with the fact that one of these groups has almost unlimited sources of power to control not only their own destiny, but also the future form of our country's health system and virtually every major issue facing this nation: the lawyers.

To be more specific, the legal profession controls all three branches of federal government, and most state governments as well. Obviously, attorneys control the judicial branch, but many executive branches as well, as evidenced by the number of lawyers in executive mansions. It is difficult to put a figure on the number of attorneys in the country's legislative bodies, but I would hazard a guess at better than 60 to 70 percent. We can only hope and pray that their impending decisions regarding health system reform will serve our nation well and allow the best medical care in the world to continue.

However, this dominance by the legal profession is especially worrisome to physicians when it comes to the part of health reform that concerns us most: tort reform. Can we expect the "special interest group" which controls government at all levels to make any meaningful effort when it affects their pocketbooks?

Witness the fact that most industrialized countries have abandoned the jury system in favor of a more streamlined judicial process. In our case, it would take a constitutional amendment—highly unlikely anytime in the foreseeable future.

The president of the American Trial Lawyers Association was recently quoted in *USA Today*: "Doctors are not liable in court because they weren't perfect or because they merely made a mistake. They are held responsible only when they violate their own standard of care. This is true in every courtroom in the United States."

Our experience with the 10 most common malpractice allegations, "failure to diagnose," during the last 15 years doesn't bear out her statement.

President and Mrs. Clinton, along with Mr. Magaziner, have espoused malpractice reform, but I seriously doubt any real relief considering the handsome financial support rendered by the trial bar to the Clinton campaign.

Their alternative—enterprise liability—was offered by Mrs. Clinton's task force. Why not, you ask—the pockets are deep! The AMA was unhappy with the concept and told Mrs. Clinton so; I haven't heard anything else to replace it.

Yes, Virginia, there is a Santa Claus, at least for the trial bar, whose colleagues in government will continue to perform wonders this fall as perhaps the most powerful of all "special interest groups." ○

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Managed Care vs. the Managing of Care

Donald G. Ferguson, MD

See "What Your Society Likes in the Governor's Plan," page 18, for more information.

Once again, this page is about managed care. Why am I still talking about it? The answer is simple: managed care is already here, and yet its place in our future lives and medical practices is still unknown.

Certainly, the trend toward managed care is increasing, as is the trend toward larger and more diverse medical practice groups. The threat of the corporate practice of medicine—and by larger and larger corporations—is inherent in most of the politically sponsored plans being presented today.

The governor's plan (see page 18) is certainly one of these, even though the huge medical care conglomerates proposed in it are politely called "health security networks." As far as is known or rumored at this writing, the Clinton administration plan will likely call for similar networks—although referred to as a "health alliances," a term reportedly chosen to sound equally friendly to the public.

The people of the U.S. and the people of Pennsylvania are, after all, the beneficiaries—or the victims—of any such plan, which will rely on requiring Americans to obtain most or all of their health care from politically mandated, governmentally supervised programs. "We're from the government, and we're here to help you!" R-i-g-h-t!

Where do we stand in all this? We, the doctors? We stand where we have always stood—for our patients and for their welfare. Managing the care of patients is what we have *always* done, since the days of Hippocrates and before.

What's different now? Nothing, basically. We will still care for patients under whatever system evolves. The politicians know this and privately acknowledge it, whatever public rhetoric may make the headlines and the news broadcasts.

Yet, we're all concerned—some are even frightened—about the future and our place in it. I've spoken with many of you in the past year: addressing thousands in meetings, speaking with perhaps several hundred individually and in informal groups. I have been *proud* of you, and of my profession, because your overwhelming concern has been for your patients' welfare and your continuing ability to care for them as you should.

Whether we will be able to take good care of our patients and keep our professional autonomy will depend on how the reform plans are drawn up and by whom.

Recently, I attended a meeting of the AMA's Managed Care Partnership, a study group reviewing and evaluating the impact of managed care and the group practice of medicine on our medical practice system, and the place of organized medicine in protecting the rights of patients and physicians in such systems.

There are a number of states in which large, multispecialty groups dominate the practice of medicine much more than they do in Pennsylvania. The experience of those states can be useful to us. Government is not the only force behind such planning, although the current political thrust threatens to accelerate the process.

What is vital to us as physicians is knowledge. If you don't want to lose your autonomy or the right to make decisions on behalf of your patients, before you sign up for any group practice plan, *find out where you fit in it!*

Find out who runs it, what your rights will be, and your grievance procedures. Find out whether doctors make medical decisions and medical policies that make sense. If we don't, be *very, very careful* about joining. Don't be frightened or stampeded.

To help you to make informed, considered decisions, the Pennsylvania Medical Society is planning a series of seminars on managed care, convenient to you and free to our members. For information, call the Society's Department of Physician Services at (800) 228-7823.

In the meantime, *please* send for a copy of the Society's position paper on managed care before you sign anything you could regret. It's free to members by calling the Society's Department of Media Relations.

Managing care is what we're all about, as a profession. Managed care is new to most of us and should be approached with knowledge and caution. Good luck.

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OBJECTIVE This symposium "Current Concepts in Venous Thromboembolic Disorders" will provide a comprehensive review of major diagnostic and therapeutic modalities in the patient with deep vein thrombosis and pulmonary embolism. The conference will present current concepts of diagnosis, therapy, and prevention of venous thrombosis with particular reference to newer methods of using heparin and coumadin and current indications for use of low molecular weight heparin.

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KUKOVICH BILL DENOUNCED

Allen Kukovich (D-Westmoreland), sponsor of the Pennsylvania Health Care Practitioner's Medicare Fee Control Act of 1990, has authored House Bill 1497, a bill similar to his House Bill 20 (the Health Care Partnership Act) which, after modification, became the Children's Special Care Fund Act of 1992. House Bill 1497 was referred to the House Health and Welfare Committee on May 3, 1993.

Like House Bill 20, penalties such as revocation of medical staff privileges, civil action lawsuits, $2,500 assessments, and licensure denial or suspension appear on six of the 15 pages of the bill. The above onerous, authoritarian measures would be initiated for those physicians who would not see individual Medicaid, Medicare, or workers' compensation cases. (House Bill 20 had only included Medicaid recipients.) These sanctions were eliminated from the Health Care Partnership Act in 1991.

The American Medical Association's Principles of Medical Ethics state the following:

As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, ***and to self.*** *A physician shall, in the provision of appropriate patient care except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.*

Medical ethics are considered to be above the public statutes and regulations. However, legislators like Allen Kukovich are degrading and vilifying the profession of medicine.

Strategies to reverse such oppression have been initiated with the Pennsylvania Medical Society, the Pennsylvania House Health and Welfare Committee, Mercer County hospitals' physicians, and the Mercer County Medical Society.

We again need physician input to continue to reverse this oppressive legislation promulgated by such nemeses as Allen Kukovich.

Joseph A. Giordano, MD
Sharon

CONSIDERING THE BASICS OF SYSTEM REFORM

Editor's Note: The following letter was sent by its authors to Hillary Rodham Clinton earlier this year.

1. The practice of medicine is not, should not be, must not be a business. Medical doctors may receive fees for service from their patients, or they may receive salaries as employees of nonprofit private or public entities. There must be no bottom-line profit to be made from the services of physicians. As you know, physicians' fees account for probably less than 10 percent of what are allegedly "health care costs," most of which have nothing to do with health care.

2. Insurance is a business; it sells contracts to patients or potential patients to reimburse them for medical expenses. It should have no contractual arrangements with physicians qua physicians and is entitled to no role in regulating medical practice. Employers may provide medical insurance for employees as part of their wages, but have no role in regulating medical practice.

3. Everyone cannot afford to pay fees for service nor can everyone afford medical insurance. The nation cannot afford to pay for medical insurance for all the uninsured, but must provide basic medical care for the medically indigent who do not receive it through private philanthropies. This care may be provided through a system of government facilities. There can be found a workable mix of federal, state, local, and private funding and operation, recognizing that funding will be essentially federal, and the resulting hospitals and clinics will be nonprofit.

4. Producers of pharmaceuticals and medical technologies are in business and are entitled to make a significant profit. However, much of the research and development underlying their products may have been supported by public funds or other considerations. Accordingly, their profits are subject to governmental regulation.

5. Hospitals should not make a profit. The notion of proprietary hospitals is oxymoronic. Hospital services must be regionalized and not competitive.

6. Quality control at all levels is the proper function of a national system of voluntary groups with representative membership. We acknowledge that in health care there are no disinterested individuals; we can live with that.

7. A matter of personal interest: psychiatrists are improperly utilized. Inasmuch as the bulk of general medical practice deals with psychosomatic, lifestyle-induced or maintained, or frank psychiatric problems, any medical group that has a gatekeeper policy should include a psychiatrist in the assessment of non-exigent patients.

8. Good luck!

Harold A. Rashkis, MD, PhD
Shirley R. Rashkis, MD, PhD
Gladwyne

ALA COMMENDS PENNSYLVANIA MEDICINE

The American Lung Association of Pennsylvania has been impressed with the timeliness of several articles recently published in PENNSYLVANIA MEDICINE.

The resurgence of tuberculosis and the emerging issue of radon have been effectively addressed by PENNSYLVANIA MEDICINE during the past year ["Tuberculosis Spectre Haunts Public Health, October 1992; "Physicians to Play Key Role in Halting New TB Threat," May 1993; and "Alerting Patients to the Risk of Radon," June 1993].

The ALA commends you for taking a leadership role in drawing physicians' attention to both problem areas.

Charles J. White, Executive Director
American Lung Association of Pennsylvania
Harrisburg

IS THE JUICE WORTH THE SQUEEZE?

Editor's Note: A single-serving packet of lemonade mix was sent with the following letter.

Webster's Dictionary defines a lemon as a yellow fruit with acid juice. The term is often used to describe what is not satisfactory.

I read with interest the article recently published in PENNSYLVANIA MEDICINE entitled, "Are PROs Worth Their Costs?" [May 1993, page 48], in which Donald E. Harrop, MD, president of KePRO, justifies KePRO's existence by citing evidence

from HCFA (if you believe it) that "PROs pay their own way through savings in utilization review and DRG validation activities." He argues, however, that PROs were not created to save money.

Well, I agree with Dr. Harrop. The purpose of peer review is not to save money, but to educate physicians and to improve quality of care. Indeed, HCFA writes in its letter of December 18, 1992: "The PRO's primary responsibility is to ensure quality of care to Medicare beneficiaries." Therefore, it is not logical that satisfying this purpose should be the measure of a PRO's worth, not whether it can break even.

This being the case, where is the evidence that $99 million allocated to KePRO in the past eight years has educated physicians or improved quality of care? Unfortunately, there is none. KePRO, itself, admits that such evidence does not exist.

Now, I do not oppose financial support for, or participation in, peer review activity that can demonstrate improved quality of care or provide educational benefit. However, $99 million spent on such activity with no measure of result is an entirely different issue. Such defines a situation which is not satisfactory and leaves a bitter taste in my mouth.

"Are PROs worth their costs?" I don't know a single practicing physician who thinks they are.

By the way, I never did like lemonade.

Philip D. Carey, MD
Carlisle

Editor's Note: Thank you for the lemonade mix! I do like lemonade and wholeheartedly agree with your analysis. The federal bureaucracy known as HCFA keeps feeding on itself, getting bigger every year. Let's use that $99+ million to help the underprivileged and uninsured.

John W. Mills, MD
Medical Editor

STATE'S PHYSICIANS REACH OUT TO COLLEAGUES IN FLOODED REGIONS

Editor's note: The following letter was received in late July.

I have received calls from colleagues around the country inquiring about our fate during the "Great Flood of '93," as the news media is calling Iowa's worst natural disaster. I thought you might like an update.

Yesterday [July 18], President Clinton visited Des Moines to view the unprecedented flooding here and across Iowa. One of the hardest hit areas is Valley Junction in West Des Moines, which is located about five blocks east and five blocks south of Iowa Medical Society (IMS) headquarters. Fortunately, our building is on a hill and is in no danger from the river waters.

About 250,000 Des Moines residents have had no tap water since early Sunday morning when the water treatment plant succumbed to the flood waters. Most IMS staff members live in Des Moines and are forced to go to distribution sites to get drinking water. Some have sent their families to visit relatives in towns which have water. Showers are at a premium. West Des Moines is one of three suburbs which still has water, but the supply is running low and we have been asked to cut consumption here by 80 percent.

People are pulling together to fight the flood, and sandbagging continues non-stop in many locations

continued on next page

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

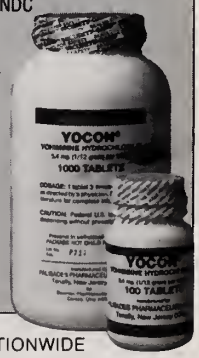
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Suppiled: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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around the city. Some residents have even managed to retain their sense of humor. In the window of a flooded Des Moines restaurant is a sign which reads: *"Cocktail waitress wanted: Must be good swimmer."*

The best-scenario estimate is that Des Moines residents will have tap water by this Sunday, though it will be contaminated. It will be a month before drinkable tap water is restored.

The IMS building remains open, and the staff is attempting to conduct business as usual, though we were forced to postpone our Board of Trustees meeting scheduled for this week. In addition to the lack of running water, IMS officers and staff members are inconvenienced by numerous closed roads and bridges.

For the most part, physician offices and hospitals are functioning on a normal basis with water supplies provided by standby measures. Some Des Moines clinics were closed on Monday, but otherwise no closures are known.

We're coping, our spirits are good, and we are hopeful the crisis will end soon. Unfortunately, the weather may not cooperate. The forecast calls for a 30 to 40 percent chance of rain every day for the next week, and they say we may receive "torrential" rains this weekend. The long-range forecast is for above-normal rainfall for the next 30 days.

I appreciate your expressions of concern and will try to keep you updated as this situation unfolds. Please send sunshine.

Eldon Huston
IMS Executive Vice President
West Des Moines, Iowa

Editor's note: Although flood water has receded in Iowa and cleanup has begun, preliminary estimates for damages in the state are now at $2.2 billion. One-third of Iowa's corn and bean crops are gone, and thousands of people have lost everything, including their homes.

Fortunately, according to the AMA, there was no disruption in the normal functioning of Iowa hospitals and clinics, and there was only one report of severe damage done to a physician's practice in Scott County, Iowa. Although there has been no outbreak of disease, volunteers have given tetanus shots to thousands of Iowans as a preventive measure.

The Pennsylvania Medical Society Auxiliary has donated $4,500 to eight midwestern states affected by the "Great Flood of '93," including $1,000 to Iowa. Physicians may make a donation by sending a check to The Educational and Scientific Trust, Pennsylvania Medical Society. Please specify that the donation is for the Auxiliary Emergency Assistance Fund.

ALTERNATIVE ADVOCATED TO FINANCE REFORM

The main reform needed in health care is to insure access to health care for everyone in the nation. In order to do this we need to have everyone continuously insured. Job-related insurance cannot work as most of the population is not employed (infants, children, most adolescents, most of the elderly, many housewives, part-time employees, people between jobs, the unemployable, the unemployed). Therefore we need insurance that is not related to employment.

The best way to do this would be for the government to give each person a basic insurance policy paid for out of non-regressive federal taxes, ideally by a progressive income tax. With such insurance everyone would have access to their own doctor and the hospital of their choice.

Unnecessary surgical or other treatment would be monitored and controlled by adequate peer review. Market forces would limit the number of expensive diagnostic machines and hospital beds. Companies would no longer be obligated to supply expensive insurance packages or be given tax deductions for them so prices could come down and wages and profits could go up. The plan should work.

It is ironic that at the very time we applaud the nations of the former USSR for turning to a market economy, some people (mainly the "Jackson Hole Group") are advocating a controlled and planned economy for medicine. It did not work in the USSR, and it will not work in the U.S.

So-called Communism is a dead duck and should be sent back to Russia or be buried in Jackson Hole. We trust that you will work to help us achieve the goal of adequate health care for all Americans.

Kenneth H. Gordon, MD
Chairman
Government Issues Committee
Regional Council of Child and Adolescent Psychiatry
Philadelphia

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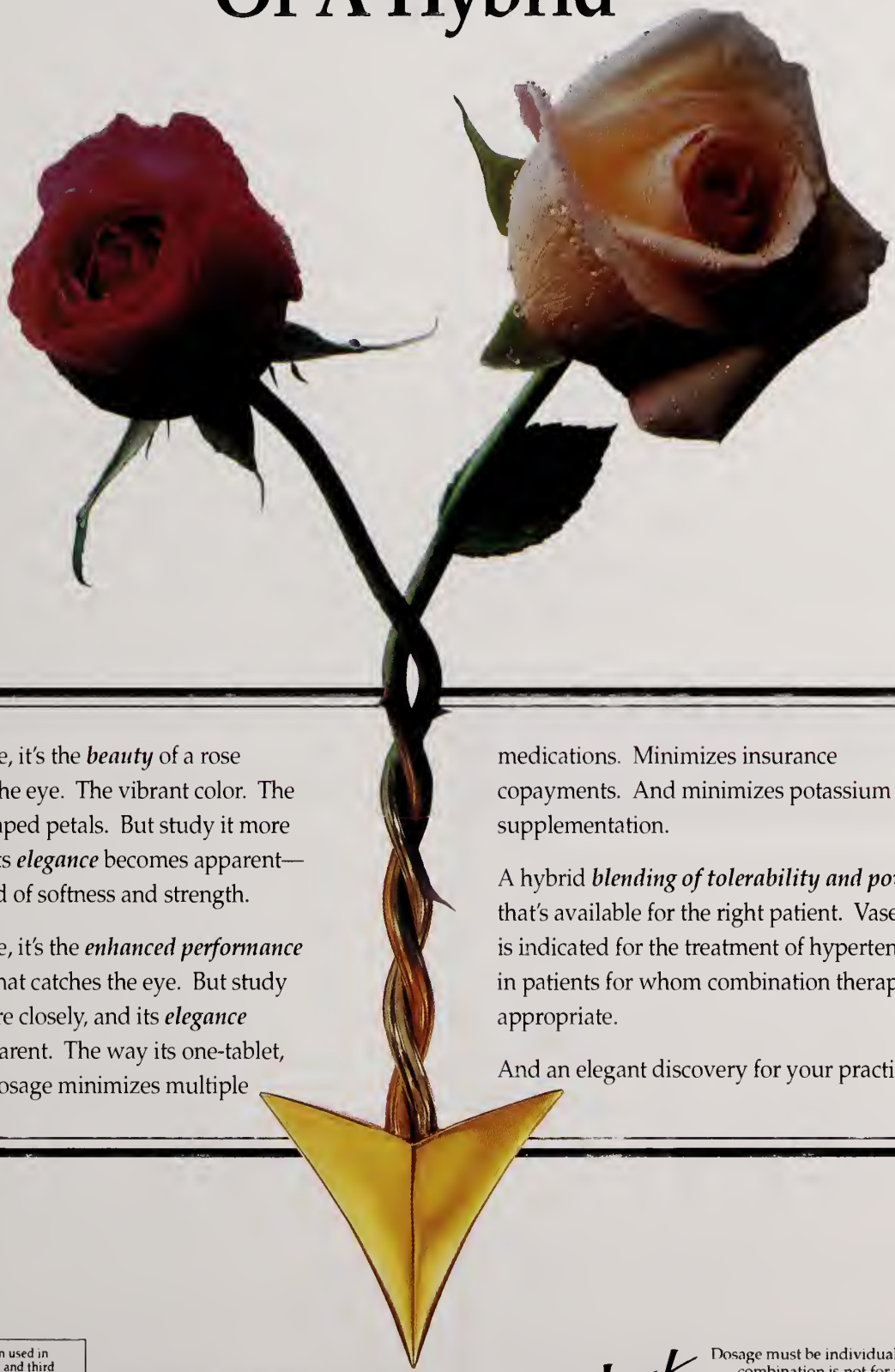
Discover The Elegance Of A Hybrid



At first glance, it's the ***beauty*** of a rose that catches the eye. The vibrant color. The delicately shaped petals. But study it more closely, and its ***elegance*** becomes apparent—a gentle blend of softness and strength.

At first glance, it's the ***enhanced performance*** of Vaseretic that catches the eye. But study Vaseretic more closely, and its ***elegance*** becomes apparent. The way its one-tablet, once-a-day dosage minimizes multiple medications. Minimizes insurance copayments. And minimizes potassium supplementation.

A hybrid ***blending of tolerability and power*** that's available for the right patient. Vaseretic is indicated for the treatment of hypertension in patients for whom combination therapy is appropriate.

And an elegant discovery for your practice.

USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, Vaseretic® (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality.*

VASERETIC® 10-25 *Next*
Enalapril Maleate-Hydrochlorothiazide

Dosage must be individualized; the fixed combination is not for initial therapy.

Evaluation of the hypertensive patient should always include assessment of renal function.

For a Brief Summary of Prescribing Information, see adjacent pages.

TABLETS
VASERETIC®
(ENALAPRIL MALEATE-HYDROCHLOROTHIAZIDE)

10 mg **25 mg**

USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC® (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality.*

CONTRAINDICATIONS: VASERETIC is contraindicated in patients who are hypersensitive to any component of this product and in patients with a history of angioedema related to previous treatment with an angiotensin converting enzyme inhibitor. Because of the hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

WARNINGS: *General: Enalapril Maleate, Hypotension:* Excessive hypotension was rarely seen in uncomplicated hypertensive patients but is a possible consequence of enalapril use in severely salt/volume depleted persons such as those treated vigorously with diuretics or patients on dialysis.

Syncope has been reported in 1.3 percent of patients receiving VASERETIC. In patients receiving enalapril alone, the incidence of syncope is 0.5 percent. The overall incidence of syncope may be reduced by proper titration of the individual components. (See PRECAUTIONS, *Drug Interactions* and ADVERSE REACTIONS.)

In patients with severe congestive heart failure, with or without associated renal insufficiency, excessive hypotension has been observed and may be associated with oliguria and/or progressive azotemia, and rarely with acute renal failure and/or death. Because of the potential fall in blood pressure in these patients, therapy should be started under very close medical supervision. Such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart or cerebrovascular disease, in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident.

If hypotension occurs, the patient should be placed in the supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses, which usually can be given without difficulty once the blood pressure has increased after volume expansion.

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis and/or larynx has been reported in patients treated with angiotensin converting enzyme inhibitors, including enalapril. In such cases VASERETIC should be promptly discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. In instances where swelling has been confined to the face and lips the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL) and/or measures necessary to ensure a patent airway, should be promptly provided.** (See ADVERSE REACTIONS.)

Patients with a history of angioedema unrelated to ACE inhibitor therapy may be at increased risk of angioedema while receiving an ACE inhibitor (see also CONTRAINDICATIONS).

Neutropenia/Agranulocytosis: Another angiotensin converting enzyme inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Lithium generally should not be given with thiazides (see PRECAUTIONS, *Drug Interactions, Enalapril Maleate and Hydrochlorothiazide*).

Pregnancy: Enalapril-Hydrochlorothiazide: There was no teratogenicity in rats given up to 90 mg/kg/day of enalapril (150 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 ½ times the maximum human dose) or in mice given up to 30 mg/kg/day of enalapril (50 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 ½ times the maximum human dose). At these doses, fetotoxicity expressed as a decrease in average fetal weight occurred in both species. No fetotoxicity occurred at lower doses; 30/10 mg/kg/day of enalapril-hydrochlorothiazide in rats and 10/10 mg/kg/day of enalapril-hydrochlorothiazide in mice.

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC should be discontinued as soon as possible. (See *Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality,* below.)

Enalapril Maleate; Fetal/Neonatal Morbidity and Mortality: ACE inhibitors can cause fetal and neonatal morbidity and death when administered to pregnant women. Several dozen cases have been reported in the world literature. When pregnancy is detected, ACE inhibitors should be discontinued as soon as possible.

The use of ACE inhibitors during the second and third trimesters of pregnancy has been associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios in this setting has been associated with fetal limb contractures, craniofacial deformation, and hypoplastic lung development. Prematurity, intrauterine growth retardation, and patent ductus arteriosus have also been reported, although it is not clear whether these occurrences were due to the ACE-inhibitor exposure.

These adverse effects do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. Mothers whose embryos and fetuses are exposed to ACE inhibitors only during the first trimester should be so informed. Nonetheless, when patients become pregnant, physicians should make every effort to discontinue the use of VASERETIC as soon as possible.

Rarely (probably less often than once in every thousand pregnancies), no alternative to ACE inhibitors will be found. In these rare cases, the mothers should be apprised of the potential hazards to their fetuses, and serial ultrasound examinations should be performed to assess the intrauterine environment.

If oligohydramnios is observed, VASERETIC should be discontinued unless it is considered lifesaving for the mother. Contraction stress testing (CST), a non-stress test (NST), or biophysical profiling (BPP) may be appropriate, depending upon the week of pregnancy. Patients and physicians should be aware, however, that oligohydramnios may not appear until after the fetus has sustained irreversible injury.

Infants with histories of *in utero* exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Exchange transfusion or dialysis may be required as means of reversing hypotension and/or substituting for disordered renal function. Enalapril, which crosses the placenta, has been removed from neonatal circulation by peritoneal dialysis with some clinical benefit, and theoretically may be removed by exchange transfusion, although there is no experience with the latter procedure.

No teratogenic effects of enalapril were seen in studies of pregnant rats, and rabbits. On a mg/kg basis, the doses used were up to 333 times (in rats), and 50 times (in rabbits) the maximum recommended human dose.

Hydrochlorothiazide: Teratogenic Effects: Reproduction studies in the rabbit, the mouse and the rat at doses up to 100 mg/kg/day (50 times the human dose) showed no evidence of external abnormalities of the fetus due to hydrochlorothiazide. Hydrochlorothiazide given in a two-litter study in rats at doses of 4 - 5.6 mg/kg/day (approximately 1 - 2 times the usual daily human dose) did not impair fertility or produce birth abnormalities in the offspring. Thiazides cross the placental barrier and appear in cord blood.

Nonteratogenic Effects: These may include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

PRECAUTIONS: *General. Enalapril Maleate: Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe congestive heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with angiotensin converting enzyme inhibitors, including enalapril, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20 percent of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when enalapril has been given concomitantly with a diuretic. This is more likely to occur in patients with pre-existing renal impairment. Dosage reduction of enalapril and/or discontinuation of the diuretic may be required.

Evaluation of the hypertensive patient should always include assessment of renal function.

Hemodialysis Patients: Anaphylactoid reactions have been reported in patients dialyzed with high-flux membranes (e.g., AN 69*) and treated concomitantly with an ACE inhibitor. In these patients consideration should be given to using a different type of dialysis membrane or a different class of antihypertensive agent.

Hyperkalemia. Elevated serum potassium (greater than 5.7 mEq/L) was observed in approximately one percent of hypertensive patients in clinical trials treated with enalapril alone. In most cases these were isolated values which resolved despite continued therapy, although hyperkalemia was a cause of discontinuation of therapy in 0.28 percent of hypertensive patients. Hyperkalemia was less frequent (approximately 0.1 percent) in patients treated with enalapril plus hydrochlorothiazide. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with enalapril. (See *Drug Interactions.*)

Cough: Cough has been reported with the use of ACE inhibitors. Characteristically, the cough is nonproductive, persistent and resolves after discontinuation of therapy. ACE inhibitor-induced cough should be considered as part of the differential diagnosis of cough.

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Hydrochlorothiazide: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals. All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance: hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Warning signs or symptoms of fluid and electrolyte imbalance, irrespective of cause, include dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, confusion, seizures, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or after prolonged therapy. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may cause cardiac arrhythmia and may also sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g., increased ventricular irritability). Because enalapril reduces the production of aldosterone, concomitant therapy with enalapril attenuates the diuretic-induced potassium loss (see *Drug Interactions, Agents Increasing Serum Potassium*).

Although any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease), chloride replacement may be required in the treatment of metabolic alkalosis.

Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

In diabetic patients dosage adjustments of insulin or oral hypoglycemic agents may be required. Hyperglycemia may occur with thiazide diuretics. Thus latent diabetes mellitus may become manifest during thiazide therapy.

The antihypertensive effects of the drug may be enhanced in the postsympathectomy patient.

If progressive renal impairment becomes evident consider withholding or discontinuing diuretic therapy.

Thiazides have been shown to increase the urinary excretion of magnesium; this may result in hypomagnesemia.

Thiazides may decrease urinary calcium excretion. Thiazides may cause intermittent and slight elevation of serum calcium in the absence of known disorders of calcium metabolism. Marked hypercalcemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before carrying out tests for parathyroid function.

Increases in cholesterol and triglyceride levels may be associated with thiazide diuretic therapy.

Information for Patients, Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension. Patients should be cautioned to report lightheadedness especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia. Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

Pregnancy: Female patients of childbearing age should be told about the consequences of second- and third-trimester exposure to ACE inhibitors, and they should also be told that these consequences do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. These patients should be asked to report pregnancies to their physicians as soon as possible.

NOTE: As with many other drugs, certain advice to patients being treated with VASERETIC is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions, Enalapril Maleate, Hypotension—Patients on Diuretic Therapy. Patients on diuretics and especially those in whom diuretic therapy was recently instituted, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS.)

Agents Causing Renin Release. The antihypertensive effect of enalapril is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents. Enalapril has been used concomitantly with beta adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine and prazosin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium. Enalapril attenuates diuretic-induced potassium loss. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia they should be used with caution and with frequent monitoring of serum potassium.

Lithium. Lithium toxicity has been reported in patients receiving lithium concomitantly with drugs which cause elimination of sodium, including ACE inhibitors. A few cases of lithium toxicity have been reported in patients receiving concomitant enalapril and lithium and were reversible upon discontinuation of both drugs. It is recommended that serum lithium levels be monitored frequently if enalapril is administered concomitantly with lithium.

Hydrochlorothiazide. When administered concurrently the following drugs may interact with thiazide diuretics:

Alcohol, barbiturates, or narcotics—potentiation of orthostatic hypotension may occur.

Antidiabetic drugs (oral agents and insulin)—dosage adjustment of the antidiabetic drug may be required.

Other antihypertensive drugs—additive effect or potentiation.

Cholestyramine and colestipol resins—Cholestyramine and colestipol resins bind the hydrochlorothiazide and reduce its absorption from the gastrointestinal tract by up to 85 and 43 percent, respectively. Thiazides may be administered two to four hours before the resin when the two drugs are used concomitantly.

Corticosteroids, ACTH—intensified electrolyte depletion, particularly hypokalemia.

Pressor amines (e.g., norepinephrine)—possible decreased response to pressor amines but not sufficient to preclude their use.

Skeletal muscle relaxants, nondepolarizing (e.g., tubocurarine)—possible increased responsiveness to the muscle relaxant.

Lithium—should not generally be given with diuretics. Diuretic agents reduce the renal clearance of lithium and add a high risk of lithium toxicity. Refer to the package insert for lithium preparations before use of such preparations with VASERETIC.

Non-steroidal Anti-inflammatory Drugs—In some patients, the administration of a non-steroidal anti-inflammatory agent can reduce the diuretic, natriuretic, and antihypertensive effects of loop, potassium-sparing and thiazide diuretics. Therefore, when VASERETIC and non-steroidal anti-inflammatory agents are used concomitantly, the patient should be observed closely to determine if the desired effect of the diuretic is obtained.

Carcinogenesis, Mutagenesis, Impairment of Fertility. Enalapril in combination with hydrochlorothiazide was not mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril-hydrochlorothiazide did not produce DNA single strand breaks in an *in vitro* alkaline elution assay in rat hepatocytes or chromosomal aberrations in an *in vivo* mouse

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bone marrow assay.

Enalapril Maleate: There was no evidence of a tumorigenic effect when enalapril was administered for 106 weeks to rats at doses up to 90 mg/kg/day (150 times* the maximum daily human dose). Enalapril has also been administered for 94 weeks to male and female mice at doses up to 90 and 180 mg/kg/day, respectively, (150 and 300 times* the maximum daily dose for humans) and showed no evidence of carcinogenicity.

Neither enalapril maleate nor the active diacid was mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril was also negative in the following genotoxicity studies: rec-assay, reverse mutation assay with *E. coli*, sister chromatid exchange with cultured mammalian cells, and the micronucleus test with mice, as well as in an *in vivo* cytogenic study using mouse bone marrow.

There were no adverse effects on reproductive performance in male and female rats treated with 10 to 90 mg/kg/day of enalapril.

Hydrochlorothiazide: Two-year feeding studies in mice and rats conducted under the auspices of the National Toxicology Program (NTP) uncovered no evidence of a carcinogenic potential of hydrochlorothiazide in female mice (at doses of up to approximately 600 mg/kg/day) or in male and female rats (at doses of up to approximately 100 mg/kg/day). The NTP, however, found equivocal evidence for hepatocarcinogenicity in male mice.

Hydrochlorothiazide was not genotoxic *in vitro* in the Ames mutagenicity assay of *Salmonella typhimurium* strains TA 98, TA 100, TA 1535, TA 1537, and TA 1538 and in the Chinese Hamster Ovary (CHO) test for chromosomal aberrations, or *in vivo* in assays using mouse germinal cell chromosomes, Chinese hamster bone marrow chromosomes, and the *Drosophila* sex-linked recessive lethal trait gene. Positive test results were obtained only in the *in vitro* CHO Sister Chromatid Exchange (clastogenicity) and in the Mouse Lymphoma Cell (mutagenicity) assays, using concentrations of hydrochlorothiazide from 43 to 1300 µg/mL, and in the *Aspergillus nidulans* non-disjunction assay at an unspecified concentration.

Hydrochlorothiazide had no adverse effects on the fertility of mice and rats of either sex in studies wherein these species were exposed, via their diet, to doses of up to 100 and 4 mg/kg, respectively, prior to conception and throughout gestation.

Pregnancy, Pregnancy Categories C (first trimester) *and D* (second and third trimesters). See WARNINGS, *Pregnancy, Enalapril Maleate: Fetal/Neonatal Morbidity and Mortality.*

Nursing Mothers: Enalapril and enalaprilat are detected in human milk in trace amounts. Thiazides do appear in human milk. Because of the potential for serious reactions in nursing infants from either drug, a decision should be made whether to discontinue nursing or to discontinue VASERETIC, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: VASERETIC has been evaluated for safety in more than 1500 patients, including over 300 patients treated for one year or more. In clinical trials with VASERETIC no adverse experiences peculiar to this combination drug have been observed. Adverse experiences that have occurred, have been limited to those that have been previously reported with enalapril or hydrochlorothiazide.

The most frequent clinical adverse experiences in controlled trials were: dizziness (8.6 percent), headache (5.5 percent), fatigue (3.9 percent) and cough (3.5 percent). Adverse experiences occurring in greater than two percent of patients treated with VASERETIC in controlled clinical trials were: muscle cramps (2.7 percent), nausea (2.5 percent), asthenia (2.4 percent), orthostatic effects (2.3 percent), impotence (2.2 percent), and diarrhea (2.1 percent).

Clinical adverse experiences occurring in 0.5 to 2.0 percent of patients in controlled trials included: *Body As A Whole:* Syncope, chest pain, abdominal pain; *Cardiovascular:* Orthostatic hypotension, palpitation, tachycardia; *Digestive:* Vomiting, dyspepsia, constipation, flatulence, dry mouth; *Nervous/Psychiatric:* Insomnia, nervousness, paresthesia, somnolence, vertigo; *Skin:* Pruritus, rash; *Other:* Dyspnea, gout, back pain, arthralgia, diaphoresis, decreased libido, tinnitus, urinary tract infection.

Angioedema: Angioedema has been reported in patients receiving VASERETIC (0.6 percent). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis and/or larynx occurs, treatment with VASERETIC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In clinical trials, adverse effects relating to hypotension occurred as follows: hypotension (0.9 percent), orthostatic hypotension (1.5 percent), other orthostatic effects (2.3 percent). In addition syncope occurred in 1.3 percent of patients. (See WARNINGS.)

Cough: See PRECAUTIONS, *Cough.*

Clinical Laboratory Test Findings: Serum Electrolytes: See PRECAUTIONS.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.6 percent of patients with essential hypertension treated with VASERETIC. More marked increases have been reported in other enalapril experience. Increases are more likely to occur in patients with renal artery stenosis. (See PRECAUTIONS.)

Serum Uric Acid, Glucose, Magnesium, and Calcium: See PRECAUTIONS.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g percent and 1.0 vol percent, respectively) occur frequently in hypertensive patients treated with VASERETIC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1 percent of patients discontinued therapy due to anemia.

Liver Function Tests: Rarely, elevations of liver enzymes and/or serum bilirubin have occurred.

Other adverse reactions that have been reported with the individual components are listed below and, within each category, are in order of decreasing severity.

Enalapril Maleate—Enalapril has been evaluated for safety in more than 10,000 patients. In clinical trials adverse reactions which occurred with enalapril were also seen with VASERETIC. However, since enalapril has been marketed, the following adverse reactions have been reported: *Body As A Whole:* Anaphylactoid reactions (see PRECAUTIONS, *Hemodialysis Patients*); *Cardiovascular:* Cardiac arrest, myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high risk patients (see WARNINGS, *Hypotension*); pulmonary embolism and infarction, pulmonary edema; rhythm disturbances including atrial tachycardia and bradycardia; atrial fibrillation; hypotension; angina pectoris; *Digestive:* Ileus, pancreatitis, hepatic failure, hepatitis (hepatocellular [proven on rechallenge] or cholestatic jaundice), melena, anorexia, glossitis, stomatitis, dry mouth; *Hematologic:* Rare cases of neutropenia, thrombocytopenia and bone marrow depression, a few cases of hemolysis in patients with G-6-PD deficiency have been reported in which a causal relationship to enalapril cannot be excluded; *Nervous System/Psychiatric:* Depression, confusion, ataxia, peripheral neuropathy (e.g., paresthesia, dysesthesia); *Urogenital:* Renal failure, oliguria, renal dysfunction (see PRECAUTIONS), flank pain, gynecomastia; *Respiratory:* Pulmonary infiltrates, bronchospasm, pneumonia, bronchitis, rhinorrhea, sore throat and hoarseness, asthma, upper respiratory infection; *Skin:* Exfoliative dermatitis, toxic epidermal necrolysis, Stevens-Johnson syndrome, herpes zoster, erythema multiforme, urticaria, alopecia, flushing, photosensitivity; *Special Senses:* Blurred vision, taste alteration, anosmia, conjunctivitis, dry eyes, tearing.

Miscellaneous: A symptom complex has been reported which may include a positive ANA, an elevated erythrocyte sedimentation rate, arthralgia/arthritis, myalgia, fever, serositis, vasculitis, leukocytosis, eosinophilia, photosensitivity, rash and other dermatologic manifestations.

Fetal/Neonatal Morbidity and Mortality: See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Hydrochlorothiazide—Body as a Whole: Weakness; *Digestive:* Pancreatitis, jaundice (intrahepatic cholestatic jaundice), sialadenitis, cramping, gastric irritation, anorexia; *Hematologic:* Aplastic anemia, agranulocytosis, leukopenia, hemolytic anemia, thrombocytopenia; *Hypersensitivity:* Purpura, photosensitivity, urticaria, necrotizing angiitis (vasculitis and cutaneous vasculitis), fever, respiratory distress including pneumonitis and pulmonary edema, anaphylactic reactions; *Musculoskeletal:* Muscle spasm; *Nervous System/Psychiatric:* Restlessness; *Renal:* Renal failure, renal dysfunction, interstitial nephritis (see WARNINGS); *Skin:* Erythema multiforme including Stevens-Johnson syndrome, exfoliative dermatitis including toxic epidermal necrolysis, alopecia; *Special Senses:* Transient blurred vision, xanthopsia.

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* Based on patient weight of 50 kg.

For more detailed information, consult your DuPont Pharma Representative or see Prescribing Information.

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Caring for the Health and Culture of Migrant Workers

Juli C. McGreevy

Editor's Note: We call attention to the efforts of women physicians during September, designated as "Women in Medicine Month." For more information, see "Medicine Recognizes Female Physicians," page 35.

In this month's installment of a series of articles on physicians working in their communities to improve public health, Leah A. Maitland, MD, of Littlestown, discusses her work in the Adams County Migrant Clinic.

Amidst tranquil fields of historic Civil War battlegrounds and neat rows of bountiful fruit trees, Dr. Leah A. Maitland tends the needs of an often "invisible," but equally vital part of Adams County: the migrant worker community. She is medical director of the county's Migrant Clinic, housed at the State Health Center in Gettysburg.

Dr. Maitland settled in Adams County in 1955 to begin a family practice in Littlestown. She soon found that her obstetrics practice kept her in the Gettysburg Hospital in the evenings. Because the hospital had no staffed emergency department at the time, she also assisted in the emergency room when she was available.

By the 1970s the emergency room had become busy enough to need a staff, and Dr. Maitland was put in charge of scheduling. She noticed a strange phenomenon: on summer evenings, the number of migrant workers in the emergency room was tremendous. "People came to the emergency room," she says, "even though we had a free clinic for migrant workers from 1:00 to 4:00 in the afternoon." Upon investigation, she discovered afternoon was prime picking time.

"Migrants work even if they are sick, and get care after dark when they can't pick, so the clinic was of no use to them," according to Dr. Maitland. Her response was to recruit physicians, including herself, to work evenings at the clinic. She has been involved ever since.

The migrant health program

Adams County has the largest number of migrant workers in Pennsylvania, mostly apple pickers. The U.S. government funds a migrant health program for workers and their families. In Pennsylvania, Rural Opportunities, Inc. (ROI), a migrant worker advocacy group headquartered in Camp Hill, distributes grant money to migrant health clinics throughout the state. The Gettysburg Hospital, of which Dr. Maitland is president and CEO, subcontracts with ROI to operate the Adams County clinic.

Her colleagues are impressed by her all-around commitment to the health of migrant workers. According to Ambrose Potrzebowski, deputy for migrant health at ROI, "Dr. Maitland has the longest history of any provider in the state. And the clinic in Gettysburg is the most full-service facility, particularly their programs for pregnant women, mothers, and young children."

The clinic employs four physicians, a nurse practitioner, and a nurse midwife, in addition to some interpreters and student volunteers. Dr. Maitland has been effective in enthusing and recruiting other physicians. For example, one physician volunteered four years ago to learn Spanish for a trip abroad. His trip has come and gone—but his interest in the clinic has not.

Because of the current economy, clinic visits are no longer free. If they can afford to pay, patients are charged $5. Dr. Maitland has found that most patients want to pay something. "I was the one who didn't want to charge!" she says.

Lack of funding is a chronic problem, even with the well-administered migrant health program. The Gettysburg Hospital is often called upon to supplement the federal funding, and Dr. Maitland and her colleagues must be creative when providing services and medicines to their patients.

Migrant workers in the '90s

When Dr. Maitland began working at the clinic in the '70s, she treated mostly single males—African Americans, Haitians, and Puerto Ricans. Now, the patients are predominantly Mexican families.

There are three migrant streams: East Coast, Central U.S., and West Coast. Pennsylvania is in the East Coast stream where workers start picking in Florida early in the year and go as far north as New York. At the end of November, many families go

Ms. McGreevy, project associate with the Society's Educational and Scientific Trust, heads the Trust's endeavor to address public health needs, Keystones of Public Health.

back to Mexico and then start all over again in Florida the next year. Workers and their families typically arrive in Adams County in June and stay until the middle of November.

A unique style of care

Dr. Maitland and her colleagues have struggled over the years to teach patients about preventive medicine, such as immunization. In the beginning, parents didn't want their children immunized because they associated shots with being sick. Through education, the clinic staff has overcome this cultural barrier and convinced parents that prevention is necessary.

The transience of migrant workers presents a challenge to health care providers. "We stress that they carry their health records," says Dr. Maitland, "and we send their records with them, particularly on the children's immunizations, when the family leaves." If a patient has a chronic disease, a pregnancy, or anything that needs tracking, the clinic forwards records to a clinic near the next migrant camp.

"When they first move into an area," she says, "the families have all the expenses of moving and no income for a few weeks. They can get some emergency funds but that barely takes care of food." Their health needs oftentimes cannot wait. For instance, if someone is using birth control pills, the clinic provides at least three packs for departing women until they can settle in a new location and find a clinic.

Most of the workers and their families are healthy, according to Dr. Maitland. "We don't have too many sick ones. One of the myths is that they carry a host of exotic diseases. However, for example, there has only been one person with HIV." Patients go to the clinic for typical family practice problems.

The Tuesday night clinics are also social and learning times for the patients. They visit with friends from other migrant camps after treatment, and the waiting area provides a captive audience for viewing videotapes in Spanish on HIV and pesticides—and even cartoons for the children.

photo by Carl Socolow

Dr. Leah Maitland hugs three-year-old Eric Aguinaga following his routine check-up at the Adams County Migrant Clinic, housed at the State Health Center in Gettysburg.

A separate culture

Dr. Maitland's most difficult challenge was not the language barrier. "I had trouble understanding how their beliefs affected their health or affected my ability to deliver health care to them," she says. "They don't demand to be cured immediately [as most North Americans do], and they're much more accepting of adverse conditions." Her patients were raised with a rudimentary health care system, and she is offering them a sophisticated health care system: "In Mexico, I know that pregnant ladies don't get two sonograms per pregnancy; [there,] they're lucky to get a good pelvic exam."

She feels her successes have come from adapting to the workers' culture: "They're hard to reach in our estimation because we want them to be reached in a way we understand. Sometimes that's not what they're after." For example, Dr. Maitland has heard North Americans complain about the conditions in migrant camps. However, she has traveled to Mexico, seen where the workers come from, and feels this is a complaint that wouldn't occur to the migrants themselves. She says, "The families bring their Mexican culture with them. People trying to help them make the mistake of not respecting their culture."

Discussions on a national health plan in Washington could affect the migrant community in Adams County because health plans in some states have specifically excluded migrant workers and their families. The level of primary care migrants receive in Pennsylvania is considered by many of the workers themselves to be the best in the nation because of the clinics dedicated to that care.

Whatever happens with a national health plan, migrant health clinics will more than likely survive to provide culturally appropriate prevention and health promotion services, continuing the great strides made by Dr. Maitland and her colleagues in Adams County and throughout the commonwealth. ○

What Your Society Likes in the Governor's Plan

The governor's Health Security Act, released in May, includes a number of provisions consistent with Society policy. Although the state's health system reform proposal does not require the state to pay its fair share of expanding coverage, it does incorporate a framework for assuring universal coverage of a guaranteed benefit package, while controlling costs. This summary is based on the Society's understanding of the language as of June 21, 1993.

UNIVERSAL ACCESS

• *Universal coverage:* The proposal attacks the principal barrier to access to care—lack of adequate insurance coverage. It requires all persons, with limited exceptions, to have coverage of a guaranteed benefit package and incorporates a framework for alleviating the problems in the current system that often make coverage unobtainable or unaffordable—i.e., inability to afford coverage, lack of portability, and insurance market discrimination.

• *Increased access for Medicaid recipients:* The unique access barriers facing Medicaid recipients would be reduced by enrolling them in the health care networks that cover the general population.

• *Local community input and initiatives:* The proposal provides for some local input and initiatives by recognizing Community Health Care Partnerships. These could identify a community's unique health care needs and recommend approaches to address those needs, such as unique coverage provisions in the guaranteed benefit package and community outreach programs.

Guaranteed benefit package

• *Emphasis on maternal and child health care:* The proposal requires the guaranteed benefit package to include comprehensive maternal and child health care.

• *Tiered patient cost-sharing:* The uniform copayments in the guaranteed benefits package are to be "reasonable"—and "minimal" in the case of preventive and primary care—and as such should not impede access for most persons.

• *24-hour coverage:* The Health Security Board is authorized to include medical care covered by automobile insurance and workers' compensation insurance in the guaranteed benefit package.

Funding of coverage

• *Resources to pay for coverage:* Although the state is not required to pay its fair share of the cost of expanding coverage, the proposal includes provisions to help individuals pay for their coverage.

• *Employer mandate:* The proposal will help employed people pay for their coverage through an employer mandate that generally is consistent with Society policy.

• *Part-time employee reduction:* Although the definition of part-time employee is narrowly drawn, the mandated employer premium contribution would be reduced for part-time employees.

• *Employee premium sharing:* Employers would not be required to pay an employee's full premium.

• *Subsidies for small businesses:* The proposal provides for subsidies for small business that generally are consistent with Society policy.

• *Need-based, low-income subsidies:* The proposal provides for subsidies for low-income persons that generally are consistent with Society policy.

Portability

• *Unemployment protections:* Coverage of the guaranteed benefit package would be portable. There is no tie between coverage and employment. Also, the proposal provides for subsidies for the unemployed and their dependents that generally are consistent with Society policy.

Insurance Market Reform

• *Protection from insurance market discrimination:* The proposal prohibits discriminatory insurance market practices that often make coverage unobtainable or unaffordable for the unhealthy. This insurance market reform generally is consistent with Society policy.

• *Ban on preexisting condition exclusions:* Health care networks would not be permitted to deny coverage for a preexisting condition.

• *Open enrollment:* Health care networks would be required to have open enrollment during prescribed window periods.

• *Guaranteed continuity/renewability:* Health care networks would not be permitted to cancel or refuse to renew coverage because of an individual's health status.

• *Community rating:* Health care networks would be required to charge only one rate for individual coverage and only one rate for family coverage in each region in which they operate.

COST CONTROL

• *Incentives for cost consciousness:* The proposal would control costs through increased competition and incentives for cost consciousness such as employee premium-sharing, patient cost-sharing in the guaranteed basic benefit package, and tying mandated employer contributions to the lowest-priced network in the area.

MANAGED CARE SAFEGUARDS

• *General safeguards:* Although limited, the proposal incorporates some general safeguards the Society has advocated for managed care systems.

• *Licensure:* Health care networks would be required to be licensed, and at least comply with quality and access safeguards that are similar to those now applicable to health maintenance organizations (HMOs).

• *Quality assurance plan:* Health care networks would be required to have a quality assurance plan that looks at both over- and under-utilization and meets other specified standards.

• *External quality audit:* While not mandatory, the Department of Health would be authorized to require networks to obtain an external quality audit.

• *Enrollee grievance system:* Health care networks would be required to have an enrollee grievance system.

• *Availability of physicians:* Health care networks would be required to contract with a sufficient number and variety of providers, including primary care physicians and pediatric specialists. When enrollees need care

that is not available from a network provider, the network must arrange for the enrollee to have the care from an out-of-network provider.

FREEDOM OF CHOICE

• *Some freedom of choice:* Although very limited, the proposal does preserve some freedom of choice for consumers and autonomy for providers.

• *Network choice:* Consumers would have the freedom to select the network of their choice from the networks approved to compete in their region.

• *Selection of gatekeeper:* Enrollees generally would be permitted to select their gatekeeper from the primary care physicians participating in their network and would be permitted to switch gatekeepers without cause within network procedures approved by the Department of Health. Also, enrollees would be permitted to switch their network if their primary care physician leaves their network, or for other reasons designated by the Department of Health.

• *Direct access to gynecologists:* Female enrollees would be permitted to have direct access to a network gynecologist for routine gynecological care once a year.

• *Out-of-network right:* Enrollees would have be permitted to use an out-of-network provider in situations designated by the Health Security Board provided they are willing to pay the prescribed higher patient cost-sharing.

• *Point-of-service option:* Consumers would have the freedom to purchase a point-of-service option that would allow them to bypass their gatekeeper or use an out-of-network provider.

• *Supplemental coverage for patient cost-sharing:* Consumers would have the freedom to purchase supplemental coverage from a network that would reduce or eliminate penalties in the guaranteed benefit package for electing to bypass their gatekeeper; or they could use an out-of-network provider.

• *Supplemental coverage for non-covered services:* Consumers would have the freedom to purchase from a network supplemental coverage of services not incorporated in the basic benefit package.

• *Provider autonomy:* Networks could not prohibit their providers from participating in other networks.

EDUCATION FUNDING

• *Private sector funding:* The proposal fills a current void in funding for medical education and research by requiring payments funded by the private sector.

Concerns and Questions

Although the Society likes several provisions of the governor's plan, it also has a number of concerns and questions, some of which are briefly summarized here:

Financing

• *Hidden taxes:* While the governor has promoted his proposal as not requiring new taxes, employers and employees are taxed through add-ons incorporated into their premium payments and may end up fully funding even the low-income subsidies if the legislature does not provide adequate funding.

Managed care/freedom of choice

• *Mandated managed care:* The proposal mandates managed care by requiring the guaranteed benefit package be exclusively financed and delivered by health care networks that must operate like point-of-service HMOs. The Society, opposed to mandated managed care, supports a pluralistic insurance market in which consumers have the freedom to choose from the full range of insurance options.

• *Mandatory capitation for gatekeepers:* Networks would be required to incorporate "reasonable financial incentives to promote quality health care and contain costs" in the reimbursement arrangements for their network providers. Will networks be allowed to pay their gatekeepers on a per-service basis with a management fee? The Society would object to a mandatory capitation requirement.

• *Mandatory reimbursement incentives:* The requirement that networks use reimbursement incentives to control costs is unnecessary. Competitive forces will compel networks to take those measures that are necessary to effectively control cost. Also, reimbursement incentives are not the only means to control costs. One or a combination of other managed care techniques or patient cost-sharing can be just as effective, if not more.

• *Primary care physician shortage:* A mandatory gatekeeper system—such as that in the governor's proposal—requires an adequate supply of primary care physicians to serve as gatekeepers. However, many areas of the state do not have an adequate supply of primary care physicians. The exception that allows a non-primary care physician to serve as the gatekeeper for a chronically ill patient is too narrow to overcome the shortage problem.

Managed care safeguards

• *Inadequate safeguards:* The proposal ignores many of the safeguards the Society has advocated for managed care systems, including those pertaining to the legal accountability of networks for their actions that adversely affect quality care, credentialing of network providers, utilization review, reimbursement incentives, and paperwork requirements.

• *Unclear practice parameter authority:* The proposal allows the Health Security Board to coordinate the development and implementation of practice parameters, but it fails to clarify what is meant by practice parameters or what the board's role is.

Regions

The proposal requires the Health Security Board to use Pennsylvania Health Care Cost Containment Council (PHC4) regions as a staring point. The size of PHC4's regions present several problems, and while the board can adopt smaller regions, it is not required to do so.

• *Too large for tailored local delivery systems:* Health care delivery is local in nature. Requiring a network to cover an entire region distances the hierarchy from the local community and may inhibit local programs tailored to unique community needs.

• *Too large for local competition:* PHC4-sized regions will result in reduced competition, rather than the increased competition that currently is resulting from the formation of local community networks. Many of the networks will not have the time or inclination to form the alliances necessary to cover the expansive PHC4 regions, leaving the "competition" only to large HMOs.

Tort reform

• *Inadequate measures:* The tort reform proposal does not include the concrete reforms necessary to effectively reduce defensive medicine.

Self-referral ban

• *Broader than AMA ethical ban:* The self-referral ban is broader than the Society-supported AMA ethical ban and will prohibit many legitimate physician referrals.

ACTIONS OF THE BOARD OF TRUSTEES, JULY 14, 1993

BOARD REVIEWS REFORM ACTIVITIES

The Board of Trustees at its July meeting reviewed the State Society's ongoing health system reform activities. Outlined in the report to the board was reaction to the governor's reform legislation, participation in legislative meetings, sponsorship of a reform summit, and publication of a primary care position paper. The board strategy of the Society is aimed at quality assurance safeguards under managed care, freedom of choice, tort reform, and fair and appropriate payment.

Governor's legislation

Governor Casey in mid-May unveiled a package of health system reform proposals. Five bills representing five elements of the package were introduced in June to both the House and Senate. The bills address:

1) Overall reform through "managed competition."

2) An alternative dispute resolution bill calling for medical arbitration.

3) A ban on self-referral: The proposed ban is more restrictive than the ruling of the Society's Judicial Council and the AMA's ethical stand on the issue. The provisions of this bill have been substituted for language in an existing piece of legislation, and the Society is seeking language changes to make it more consistent with Society policy.

4) Re-authorization of the Pennsylvania Health Care Cost Containment Council (PHC4): This bill would have re-authorized the council and made changes to its structure and charge. However, prior to action on the bill, the General Assembly adopted other legislation to extend the life of the council by 10 years. Act 34 of 1993 incorporated many amendments offered by the Society.

5) Insurance issues.

Society staff met with the governor's policy staff to seek clarification on key provisions of the bills. For Society response, see pages 18-19.

Legislative meetings

Society representatives have participating in a series of special health system reform forums—sponsored by Representative David Richardson (D-Philadelphia), majority chairman of the state Health and Welfare Committee—designed as exercises in consensus building.

The Richardson working group has agreed on: freedom of the individual to choose provider, insurance coverage, and type of delivery of health care services; consumer education and community outreach; portability; universal access to quality health care; reducing cost pressures through tort reform and reduction of administrative costs; and consumer protection and consumer rights. The group has, however, disagreed on the methods to fund reform and has said patient cost-sharing is an issue that requires further negotiation.

Representative Richardson plans to use the information from these meetings to formulate the basis of his health system reform legislation.

Reform summit

Seventy-five physicians and staff in June attended a Society-sponsored health system reform summit for state specialty societies and Society section leadership.

At the first such meeting of the Society, representatives of 24 specialties, two medical colleges, the Hospital Medical Staff Section, the Young Physician Section, and the Resident Physician Section gathered to discuss the various state and national legislative reform initiatives.

New Young Physician Joins Board

Dr. Martell

John R. Martell Jr., MD, a Pittsburgh orthopedic surgeon, joined the board at its July meeting as the new Young Physician Trustee. He replaces Richard J. Greco, MD, who moved out of the state before his term expired. Appointed by the board's Executive Committee at the suggestion of the Young Physician Governing Council, Dr. Martell will serve on the board until October elections.

Publication of primary care paper

The Society is preparing a primary care position paper to explain the important role of primary care physicians, document the shortage, outline some underlying causes, and recommend solutions.

The Interspecialty Section reviewed a draft of the position paper at its August meeting. Following further board action this month, the paper will be distributed to the governor's office, key legislators, and other key stakeholders in health system reform. Also, the Society is planning meetings with medical school deans to review the paper and its recommendations.

NEW BLUE SHIELD NETWORK DISCUSSED

Joseph A. Ricci, MD, senior vice president of professional affairs, Pennsylvania Blue Shield, attended the board meeting to discuss and answer trustees' questions about PremierBlue, Blue Shield's new "traditional" indemnity insurance network.

Dr. Ricci told the board, as he had Society leaders earlier this year, that if the Blues don't take immediate steps to comply with customer requests for selective contracting and fee schedule control, the company's traditional business programs will not exist in four years due to membership loss. He asked the board for the Society's help in setting up continuing medical education and liability criteria.

The trustees questioned Dr. Ricci about contracts, primary care issues, and the economic criteria for participation exclusion.

For a more extensive discussion of PremierBlue and Society concerns, see the special insert after page 26.

STATEMENT GUIDES FUTURE ENVIRONMENTAL POLICIES

A statement adopted by the board will guide the Society's Commission on Environmental and Occupational Health in developing future policies on environmental and occupational health issues.

As explained by the Council on Education and Science, which recommended the statement, "There is a balance [with all environmental

concerns] between potential adverse health effects and frequently significant benefits to the public... medicine almost always has a dual role: as a watchdog for public health and as a generator/user of the substance in question."

In an effort to remain the respected voice in the environmental debate, the Society, as directed by the adopted statement, will continue its environmental health efforts, base its positions on the best science available, avoid being politicized or choosing sides, and keep the "dual role" of its members in clear focus.

In related action, the board adopted as Society policy a position statement on pesticides and herbicides, directing the Society to: recognize the value to society of most herbicides and pesticides; be aware that some such substances present an acute or chronic human health hazard, and that abuse and misuse of any of these substances may occur; advocate responsible and informed use of all agents for any use; endorse objective and reasonable interpretation of peer reviewed data; note that data and the conclusions drawn from those data are not uniform; recognize that many agents have potential health effects under appropriate circumstances and that these effects can be acute, chronic, or idiosyncratic; endorse the education of physicians about the diagnosis and treatment of toxic effects from these agents; and be aware that numerous laws and regulations regarding these chemicals have been promulgated.

GUIDELINES TO STREAMLINE KEPRO RESPONSE PROCESS

At the recommendation of the Hospital Medical Staff Section (HMSS) Governing Council, the board approved guidelines developed to streamline the process of responding to Keystone Peer Review Organization (KePRO) quality notices under the new Fourth PRO Scope of Work.

The PRO quality review process has changed significantly under the Fourth PRO Scope of Work. First, emphasis has shifted from individual incidents to patterns of care. Also, severity levels, quality "points," and the mandated quality intervention plan have been eliminated. Since HCFA expects hospital administrators and medical staffs to work together to evaluate KePRO quality concerns, all correspondence including potential quality concerns will be sent to both the involved physician and a hospital-designated representative of hospital administration.

According to KePRO representatives, the guidelines—developed by the Joint Task Force on the Fourth Scope of Work of the Hospital Association of Pennsylvania and the State Society, and approved by KePRO—will help physicians and hospitals work together more efficiently to evaluate any quality concerns, and will "free up" physicians' time.

The guidelines will be distributed at KePRO provider-physician seminars scheduled at three Pennsylvania locations this month and through follow-up mailings. Copies should be available to physicians early this fall from the hospital's administrator, PRO contact person, or HMSS representative.

OTHER ACTIONS OF THE BOARD

Acting on several other recommendations presented at its July meeting, the board:

- adopted a draft report in response to Resolution 92-14, "Information on Generic Drugs," summarizing the Society's Commission on Licensure and Practice's study of the practicality of providing specific data on the bioavailability and bioassay of generic drugs to physicians;
- adopted a draft report in response to Resolution 92-6, "Guidelines for Certification of Home Health Care," summarizing the Society and AMA's study of the timeliness of the required interactions between the physician and home health care agencies; and
- approved that the Society support the concept of one licensing fee for physician office laboratories, and work with the Pennsylvania Department of Health and the Health Care Financing Administration to achieve this end.

ATTENTION!

INTERNISTS—FAMILY PRACTITIONERS—GENERAL PRACTITIONERS

A group of physicians is forming their own modified IPA to compete with managed care programs for employer and "managed competition" contracts.

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David J. Thompson
Assistant Director of Legislative Affairs

Partisan politics in Pennsylvania's General Assembly seems to be the trend in 1993. Here's a quick look back at a busy six months and a "snapshot" of what may lie ahead.

A look back

If you recall, last November Senate Republicans were cautiously optimistic about maintaining their "majority," despite the congressional candidacy of their own Jim Greenwood, a Republican from Bucks County. When Greenwood won his bid for Congress, and the Senate remained under Republican control, rumors began to circulate about whether or not Republican Senator Frank Pecora (Allegheny County) would "jump ship" and desert his Republican colleagues. Well, Pecora jumped, and as they say, "the rest is history."

From that point forward, the balance of power in the Senate, albeit tenuous, tipped to the side of the Democrats. This change fueled a political coup as control of both houses of the legislature and the governor's office fell into the hands of the Democrats.

Although the "Pecora" move provided Senate Democrats with an opportunity to control the flow of legislation, that ability came with the requirement that 25 majority members be physically present in the chamber during session. This posed a problem for those in the new Senate majority—namely, Senator Frank Lynch (D-Philadelphia).

Senator Lynch, whose health had been on the decline for much of this year, was often unable to be present to vote. During his frequent absences, which created a 24-24 tie, political gridlock ensued. However, all sights in the Democratic Party were focused on his ability to cast one very important vote in June—a Democratic budget vote.

Cognizant of Senator Lynch's deteriorating health, Democrats in both chambers moved quickly and successfully passed the state budget prior to the end of May. Casting his vote from a makeshift hospital room in the Capitol complex, Senator Lynch performed his final political act. Several days later, he passed away, bringing to an end nearly 30 years of public service. The passage of the state budget put to rest months of speculation that the senator's vacancy prior to the budget vote would have created an evenly divided Senate unable to reach consensus on any critical issue.

After Senator Lynch's death, the entire political horizon changed. The halls of the Capitol were filled with quiet speculation as to who would control the upper chamber. Most conversations began with, "What if...?"

With the change in the Senate majority in tact, Lieutenant Governor Mark Singel added insult to injury by setting the date for the special election for the Greenwood vacancy for July 13, a move that would insure passage of a Democratic budget.

The now vacant seats of Senators Lynch and Greenwood meant that the Senate Democratic majority was in jeopardy. However, Singel exercised his ability, as Senate president, to break tie votes on procedural matters, such as reorganization, thus securing the Democratic majority.

Singel performed the same maneuver when the Senate Democrats and Senator Pecora began their assault on the Republicans last November. Interestingly enough, Singel "bought" his Democratic colleagues in the Senate additional time in the majority by calling for a special election for the Lynch seat to take place on November 2, in conjunction with the general election.

To wrap things up: the special election for Senator Greenwood's seat was handily won on July 13 by Representative David Heckler (R-Bucks County). With the Heckler victory, it appeared the Republicans may again control the Senate with a 25-24 majority. In anticipation of a Heckler victory, however, Senate Democrats called for a recess until after the fall election.

The explanation of this well-conceived maneuver is simple: if the Senate reconvenes prior to the special election for Senator Lynch's seat, control will be regained by the Republicans. However, if Democrat Bill Stinson defeats Republican Bruce Marks to fill the Lynch vacancy, the balance of power will remain with the Democrats with a 25-25 margin plus Singel's vote. At press time the odds were in favor of retaining a Democrat in this seat. So, place your bets carefully.

What may lie ahead

The political scene of the House remains a little less exciting than that of the Senate. Although the Democrat's seven-member majority (105-98) continues to be the target of Republican political operatives, the House is scheduled to briefly reconvene session in mid-September.

With the halls of the Senate unoccupied, and the House scheduled for a two-week session, the General Assembly's fall legislative agenda will no doubt be slow. Still, Senate and House committees are expected to continue meetings to discuss a number of critical issues. Here is a "snapshot" of what may be expected on the hill this fall:

Health system reform: It is no surprise that health system reform is the "buzz" word for 1993. When both chambers of the legislature return after the fall election, you can bet that everyone will have health care on their minds.

Since this session began in January, there have been numerous legislative health system reform proposals, countless public hearings on how best to approach reform, and several committee meetings to consider some of the alternatives. Although the attention to health system reform is expected to continue, it is unlikely that any substantive legislative action will take place in the near term.

Both Senate and House committees will continue to gather data in an effort to isolate the present ills of the system, and while such efforts remain important, the focus will be on Washington as the Clinton administration prepares to unveil its solution to what the press has termed the "health care crisis." The Society more appropriately calls it "health system reform."

One common theme exists in a number of health system reform proposals—medical liability reform. Public attention seems fixed on the legal profession and its significant contribution to what ails our health care system. Defensive medicine, and

its contributing effects on soaring costs, has been mentioned in nearly every discussion.

Be assured, the Society is committed to seeking passage of a health system reform package that includes elements of meaningful medical liability reform.

Allied health care practitioners: As various groups look at reforming our health care system, many look to allied health care as a means of containing costs. Allied health care groups argue that their education and training provides them with the necessary knowledge to perform these expanded responsibilities. Here's the latest.

Despite the efforts of the optometry lobby, legislation that would have provided optometrists with therapeutic drug privileges was successfully defeated this past June. Although the optometrists may have played their last hand in trying to enact a "free-standing" bill, there exists a strong possibility that the vote on this legislation may be reconsidered this fall. In any event, watch for this issue to return at some point shrouded under the cover of health system reform.

Psychologists continue their fight to gain entry into the hospital setting by asking the legislature to provide them with hospital admitting privileges. Also, they are seeking complete control over patient care after admittance has occurred.

And not surprisingly, physical therapists have now jumped on the band wagon seeking direct access to patients. If approved, this would allow individuals to seek rehabilitative care without the guidance of a physician.

Self-referral: While the costs associated with health care remain under scrutiny, the issue of ethics is also being pulled into the equation, namely through self-referral. In Washington, "reformers" struggle to find a health care cost villain, and taking the lead from the federal government, the state legislature continues its efforts to prohibit physicians from referring patients to diagnostic facilities in which they have a financial interest.

More specifically, the prohibition of self-referral was inserted in the state workers' compensation legislation that recently became law (see page 24). The interpretation and details of the self-referral section of the law were not finalized at press time. However, it is unlikely this issue will fade away or get lost in the total health system reform shuffle. Look for possible changes.

A final word

The political tide is always difficult to predict. The process is so fluid, changing so quickly that prognosticators consistently get burned. The issues mentioned above are likely to garner some degrees of attention, but their intensity and depth are impossible to predict.

The State Society and its lobbyists are dedicated to ensuring that organized medicine's collective voice is heard in Harrisburg. However, physicians must continue to do their part.

Some cynics contend that Lincoln's vision of "government by the people, for the people" has, over the years, become a bit twisted. But rather than avoid the political system, you can still become an active part of it and work to make a difference. Help with the "untwisting"—contact your legislators regularly and begin developing a long-term relationship with them.

Remember: like it or not, if you practice medicine in Pennsylvania, you are involved in politics!

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Key Provisions of Pennsylvania's New Workers' Comp Law

Lieutenant Governor Mark Singel, as acting governor, signed Senote Bill 1—now Act 44 of 1993—on workers' compensation into low on July 2, ending olmost two years of debate on the issue. The Society hos prepared for member informotion a comparison of key medical provisions of the new law to related sections of Pennsylvania's previous law. All provisions explained below became effective on or before August 31, 1993.

Comparison of Medical Provisions—Previous Worker's Compensation Law vs. Act 44 of 1993

Previous Law	Act 44 of 1993
Posted Provider Panel	
Employer may establish o list of at leost five physicians and other practitioners of the healing orts.	Employer moy post six designated health core providers, two of which may be coordinoted core organizations (CCOs); *no fewer than three must be physicians.*
Initial Treatment	
Injured employee is required to seek treatment from the list of designated health core proctitioners, if provided, for 14 doys.	Injured employee is required to seek treotment from the list of designated health care practitioners for 30 days. Employer must give employee o written explonotion of his/her rights and obtain written ocknowledgment. If notification is given and employee doesn't comply, employer is relieved from liobility for services during 30-day period.
Provider Relationship	
No provision.	Employer/insurer connot list providers who ore employed, owned, or controlled by the employer/insurer *unless ownership is disclosed on the posted list.*
Employee Notice	
Subsequent care moy be provided by provider(s) of employee's choice. Employee is required to notify employer within five days of first visit. *Failure to notify shall cause employee to suffer no loss of rights or benefits to which he/she is otherwise entitled.*	An injured employee who, following the expiration of the 30-doy period, seeks treatment from a non-designated provider must notify the employer within five doys of the first visit. *Foilure to do so will relieve employer from liobility until such employee notice is provided.*
Case Management	
No provision.	Employer/insurer may controct for cose manogement and coordination of services.
Provider Reports	
Provider shall file periodic reports with the employer on a form, prescribed by the Labor and Industry Department, which shall include, where pertinent, history, diognosis, treatment, prognosis, and physicol findings. The report shall be filed within 21 doys of commencing treatment and at least once a month thereafter as long as treatment continues. Employer shall not be liable to pay for such treatment until o report hos been filed.	Reporting requirement begins 10 doys from commencement of treatment. All other requirements opply.
Fee Schedule	
Employee sholl provide poyment for reosonable surgical and medical services, as and when needed.	Payment is calculated ot 113 percent of Medicare allowonce with future updotes, commencing January 1, 1995, tied to the percentage chonge in the Statewide Annual Weekly Woge. If treatment provided hos not been calculated under Medicore, the amount of payment moy not exceed 80 percent of the charge most often mode by similar providers in the geographic area where the service is provided. Insuronce commissioner moy determine that the allowance is unreosonable and moy odopt, by regulations, a new allowance. Self-insured employer, employer, or insurer may controct with o CCO for different reimbursement levels.
Referral Ban	
No provision.	Providers are prohibited from referring individuols for laboratory, physical therapy, rehobilitation, chiroproctic, radiation oncology, psychometric, home infusion theropy, or diagnostic imoging, goods or services where the provider has a financiol interest in the entity or with the person thot receives the referrol. No claim for payment shall be presented for a prohibited referrol.
Annual Accessibility Review	
No provision.	Labor and Industry secretary sholl engage consultont to conduct study to ossure adequate ocess to quality health care. If insufficient access is found, secretory may recommend the adoption of a new ollowance by insuronce commissioner.

Breast of chicken

3-oz. cooked serving of chicken breast

Best of pork

3-oz. cooked serving of pork tenderloin

Today's Pork: Compare it to chicken for a healthy surprise

You may not have considered pork to be a healthy choice for your patients on fat-modified diets. But today's fresh pork compares surprisingly well to chicken in total fat, saturated fat, cholesterol, and calories.[1,2*]

Compare pork with chicken[1,2*]

	Calories	Total Fat	Saturated Fatty Acids	Cholesterol
Chicken Breast, skinless	140	3.0 g	0.9 g	72 mg
Pork Tenderloin, trimmed	139	4.1 g	1.4 g	67 mg
Pork Top Loin Roast (boneless), trimmed	165	6.1 g	2.2 g	66 mg
Center Loin Chop, trimmed	172	6.9 g	2.5 g	70 mg
Chicken Thigh, skinless	178	9.2 g	2.6 g	81 mg

*Table refers to 3-oz, cooked servings.

New study: Pork is now 31% leaner

Pork is leaner today because of significant changes made in breeding and feeding techniques.[1] According to new 1992 official USDA data, fresh pork sold today contains an average of 31% less fat after cooking and trimming than the same pork cuts reported in 1983.[1]

Today's pork fits well within the dietary guidelines recommended by both the American Heart Association and the National Cholesterol Education Program. Here's some advice to help patients on low-fat diets enjoy the variety, extra taste, and versatility of pork:

- Choose the leanest cuts. Shop for cuts with "loin" in the name.
- Trim away any visible fat.
- Keep portions moderate (about 3 oz, cooked).
- Prepare by broiling or roasting, and avoid additional fat in preparation.

1. US Dept of Agriculture. *Composition of Foods: Pork Products*, 1992. Agricultural handbook 8-10.
2. US Dept of Agriculture. *Composition of Foods: Poultry Products*, 1979. Agricultural handbook 8-5.

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An Analysis of Cesarean Deliveries Among Pennsylvania Blue Shield Subscribers

Joseph A. Ricci, MD; Leta M. Beam, MA; James V. Gigliotti; Gene F. Rosetti, MBA; Thomas Wickizer, PhD

In recent years, increased attention has focused on the relatively high rate of Cesarean deliveries in the U.S. Though the medical necessity and indications for Cesarean deliveries have been heavily debated, there still remains considerable disagreement among professionals about which Cesarean deliveries are inappropriate. To contribute to an understanding of these issues, Pennsylvania Blue Shield prepared a profile of Cesarean deliveries in Pennsylvania relative to Blue Shield's claim experience. The results of the study are presented in this article.

In the past two decades, Cesarean section use has increased dramatically in the U.S. from 5.5 per 100 deliveries in 1970, to 16.5 per 100 in 1980, to 23.5 per 100—or an estimated total of 966,000 deliveries—in 1991.[1,2] This increase has made Cesarean delivery one of the most common surgical procedures performed in U.S. hospitals today.

A broad range of factors has been found to be associated with the Cesarean rates, including previous Cesarean delivery, breech presentation, fetal distress, and poor progress in labor (Dystocia). Further, the increased use of technology, including fetal monitoring, has contributed to broadening the criteria for Cesarean delivery.[3,4] Consequently, many other clinical factors are being weighed in the decision to proceed with a Cesarean: fetal blood sample for O_2 levels, fetal Ph, twin deliveries, breech position, and myometrial dehiscence.

In addition to these clinical factors, physician characteristics, economic incentives, and organizational factors also may be important.[5,6,7] The type of health insurance appears to affect the Cesarean section utilization rates. Women insured by private insurance appear to have higher Cesarean section rates than women with Medicaid or no insurance.[8,9,10]

Yet, while higher reimbursement rates for Cesarean sections may account for increased use of Cesarean section, two health care plans demonstrated different results. When Blue Cross and Blue Shield of Massachusetts implemented equal fees for vaginal and Cesarean section deliveries, they found no reduction in Cesarean section rates; Kaiser Permanante, a large group practice HMO with affiliated hospitals, witnessed a 50 percent reduction in Cesarean sections.

Another possible contributor to the high Cesarean rate is the threat of malpractice lawsuits.[11] Obstetricians are among the highest risk classes of specialties, resulting in significantly higher malpractice premiums. In 1988 the average premium paid by family practitioners was $9,400, compared to $35,300 by obstetricians.[12] The perception that there are numerous claims related to "failure to perform a Cesarean" is alleged to influence the decision to perform Cesarean deliveries.

The data for Blue Shield's study were obtained from the company's claim extract file, which includes information on obstetrical care services. The study was limited to Pennsylvania Blue Shield's traditional business (i.e., UCR, fee schedule, and PPO). The following results include trend analyses and comparisons of Cesarean rates for the Pennsylvania Blue Shield subscriber population.

Trend analyses

An estimated 397,000 deliveries were reimbursed by Pennsylvania Blue Shield during the study period of the first quarter of 1985 through the last quarter of 1991. Cesarean deliveries accounted for approximately one out of four births. As shown in Table 1 (see next page), there has been little variation in Cesarean delivery rates over time. These rates are higher than the overall Cesarean rate for the state, which was 21.9 percent in 1990 and 1991, as reported by the Pennsylvania Department of Health.

Analysis of Pennsylvania Blue Shield data revealed that there was very little variation in Cesarean rates across the state. The rates in the eastern region and the western region, which include the larger metropolitan areas of Philadelphia and

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Pittsburgh respectively, did not vary from the central region of the state in 1991.

According to published data, the dramatic rise in Cesarean deliveries in the United States has been experienced by women of all ages. Since 1970 the rates have risen more rapidly for teenagers and for women in their twenties than for older women, resulting in a slight convergence of age-specific rates.

Pennsylvania Blue Shield data reflects similar trends (see Table 2, page 28). While women over 35 accounted for over half of the Cesareans in 1985, by 1991 they accounted for 23 percent. The data supports other studies that have shown maternal age alone does not explain the high incidence of Cesarean deliveries.[13,14]

Diagnostic tests and other procedures performed during pregnancy and labor provide information which may affect the decision to perform a Cesarean section. The increased use of these related obstetrical services for Pennsylvania Blue Shield subscribers during the study period is shown in Table 3 (see page 29), both in terms of absolute number of services and service rates adjusted for changes in the number of the births over time. The rate of fetal testing procedures—i.e., fetal non-stress testing, nipple stimulation stress testing, or fetal contraction stress testing—evidenced more than a ten-fold increase, while obstetrical ultrasound increased more than 90 percent during the same time period.

The dramatic increase in obstetrical ultrasound during the study period has another dimension—the diffusion of technology among specialties. In 1985, obstetricians reported approximately 18,800 obstetrical ultrasound services, representing 27 percent of the total claims for ob-ultrasound. Radiologists accounted for 65 percent of the total, or 45,300 services.

By 1991, obstetricians accounted for 40 percent (approximately 45,400) of the reported ob-ultrasound services, and the radiologists share dropped to 47 percent (see Table 4, page 29). Use of ob-ultrasound by obstetricians increased by approximately 141 percent; for radiologists the increase in use was only 17 percent. It appears there was a significant increase of self-referral in ultrasound among obstetricians during the study period.

To examine the relationship of technology and Cesarean deliveries, Blue Shield compared the use of obstetrical ultrasound and fetal testing with the type of delivery. Analysis revealed the rates have changed over time. From 1985 through 1987, 52 percent of Cesarean-associated pregnancies had related ultrasounds, compared to 37 percent of the vaginal deliveries. For the 1988 through 1991 period, obstetrical ultrasounds were associated with 63 percent of Cesareans and 55 percent of vaginal outcome pregnancies.

Further, Blue Shield examined fetal testing by delivery type. Findings indicated that fetal testing was utilized in 10 percent of Cesarean outcome pregnancies during the 1985-1987 period. However, from 1988 through 1991 the usage rate for Cesarean deliveries was 23 percent. There was 18 percent use of fetal testing in vaginal outcome pregnancies from 1988 through 1991, compared to six percent during the 1985-1987 period.

Costs

Nationally, the estimated average cost of a Cesarean delivery is about $3,100 more than a vaginal delivery. The typical hospital stay is approximately double the 2.3 days for mothers with vaginal deliveries. Similarly, physicians have been reimbursed more for Cesareans than vaginal deliveries, creating the potential for additional incentives for Cesareans. For example, some health care economists believe there is a financial incentive to encourage more Cesareans. →

"It appears there was a significant increase of self-referral in ultrasound among obstetricians during the study period."

Table 1
Pennsylvania Blue Shield Private Business Trends and Comparisons in Deliveries Among Pennsylvania Blue Shield Subscribers 1985-1991

Number of Deliveries	1985	1986	1987	1988	1989	1990	1991
C-Section	14,202	14,524	14,759	14,692	15,019	14,470	13,114
V-Delivery	46,080	42,879	41,847	41,983	43,062	41,793	38,554
Not Defined	10	11	8	5	8	7	9
TOTAL	60,292	57,414	56,614	56,680	58,089	56,270	51,677
Rates Per 100 Deliveries							
C-Section	23.6	25.3	26.1	25.9	25.9	25.7	25.4
V-Delivery	75.4	74.7	73.9	74.1	74.1	74.3	74.6

The costs and relatively large number of Cesarean deliveries prompted Blue Shield to evaluate its reimbursement policies. To neutralize the potential reimbursement incentives associated with Cesareans, Pennsylvania Blue Shield changed its reimbursement policy during the study period by: 1) establishing a global allowance for obstetrical care whether it culminates in vaginal delivery or Cesarean, and 2) providing equitable reimbursement levels for vaginal deliveries with appropriate adjustment in UCR.

"To some extent, Blue Shield's experience mirrors trends reported by other researchers and health care agencies."

In the first quarter of 1985, the ratio of vaginal delivery average allowances to Cesarean average allowances was approximately .75 ($700/$932). This ratio increased to .97 ($1,146/$1,183) by 1990 and continued to remain above 90 percent as a result of the reimbursement policies implemented by Blue Shield.

Although there had been a sharp increase in the ratio of average allowances, the ratio of vaginal delivery average charges to Cesarean average charges did not experience similar results. The average charge ratio increased slightly from .74 ($931/$1,253) to .80 ($1,741/$2,174) during the study period. This indicates that physicians continue to submit higher charges for Cesareans and have higher expectations they will be reimbursed more for Cesareans. Historical higher payment levels for Cesareans may have led to continuing higher expectations among physicians.

Pennsylvania Blue Shield's participating provider regulation prohibits balance billing; consequently, these higher expectations were not met. However, for nonparticipating physicians, who may balance bill Blue Shield subscribers, there may remain a financial incentive to perform a Cesarean delivery. This incentive may also exist for physicians billing other third-party payers.

A recent study by the Pennsylvania State University College of Medicine supported previous speculations of a positive association between malpractice claims risk and rate of Cesarean delivery.[15] The fear of malpractice suits may be associated with the delivery outcome (i.e., Cesarean) and the increased use of attendant technology (e.g., ultrasound, fetal testing, and fetal monitoring). If so, the cost of malpractice litigation to the health delivery system would be enormous.

Summary and conclusions

The purpose of this study was to assess Cesarean deliveries with the Pennsylvania Blue Shield subscriber population. The foregoing data are indicative of the dimensions of the problems facing policy makers concerned with the rate of Cesarean deliveries.

While relative parity of the allowance levels has been achieved because of Blue Shield's reimbursement policies, the period 1985-1991 was characterized by very little change in the Cesarean rate. Also, the higher average charges reported for Cesareans suggest higher reimbursement policies. However, the findings indicate that reimbursement levels had little effect on Cesarean rates.

To some extent, Blue Shield's experience mirrors trends reported by other researchers and health care agencies. Salient findings of this study are: the relatively high Cesarean rate (25 percent), the increasing use of attendant technologies, and the slight convergence of age-specific rates. A California-based study, the results of which were reported in *JAMA*,[16] showed that hospital ownership, hospital teaching level, payment source, and obstetrical volume each had a substantial influence on repeat Cesarean section rates. Due to the limited scope of Blue Shield's study and the availability of data, it was not able to assess the relative impact of internal hospital

Table 2
Pennsylvania Blue Shield Private Business Trends in Cesarean Deliveries Among Pennsylvania Blue Shield Subscribers 1985 and 1991

	1985	1991
Cesarean Rates by Area of State		
Eastern PA	22.6	25.5
Western PA	23.9	25.0
Central PA	22.9	24.9
Percent Distribution of Cesareans by Maternal Ages		
Under 20 Years	.08%	3.05%
20-29 Years	13.02%	39.30%
30-34 Years	33.65%	34.92%
35 Years and Over	53.25%	22.73%

factors. These factors may have affected the Cesarean rates.

The study findings also raise some important questions about the usage rate of technology in providing information for obstetrical care: Is technology being used for defensive purposes as a response to the malpractice threat, or is its use consistent with the practice of good medicine? If technology is being used to reduce the chance of a claim being filed or won, would the effect of malpractice on health care costs be considerably more pronounced?

Additional time and research is required to address these issues and to reach an understanding of the relationships in physician decision making. Pennsylvania Blue Shield is attempting to accomplish this through its expanded research efforts.

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14. See note 7 above.

15. See note 11 above.

16. See note 9 above.

Table 3
Pennsylvania Blue Shield Private Business
Trends in Use of Fetal Testing and Ob-Ultrasounds
1985-1991

	1985	1986	1987	1988	1989	1990	1991
Number of Services							
Fetal Testing	3,513	9,091	18,105	23,386	31,176	32,557	33,644
Ob-Ultrasound	69,675	73,930	75,952	84,310	91,310	104,592	113,517
Rates Per 100 Deliveries							
Fetal Testing	5.8	15.8	31.9	41.2	53.7	57.8	65.1
Ob-Ultrasound	115.6	128.8	134.2	148.7	157.2	185.9	219.7

Table 4
Use of Ob-Ultrasound Services by Specialty by Year
1985-1991

Year	Total Number of Services	Obstetrician Gynecology	Radiology	Maternal Medicine	Other Specialties*
1985	69,675	27%	65%	1%	7%
1986	73,930	26%	64%	**	10%
1987	75,952	32%	60%	1%	7%
1988	84,310	34%	57%	1%	8%
1989	91,932	34%	55%	3%	8%
1990	104,592	38%	51%	3%	8%
1991	113,513	40%	47%	8%	5%

* *Family Practice, General Practice, Multi-Specialty Group*
** *Less than .05%*

FDA LAUNCHES MEDWATCH REPORTING PROGRAM

The U.S. Food and Drug Administration is urging physicians to use its new MEDWATCH program to report adverse events associated with drugs and medical devices. The program was developed to make reporting adverse events easier, clarify what to report, heighten awareness of drug- and device-induced illness, and inform physicians of actions resulting from their reports.

According to David A. Kessler, MD, "Many health care professionals do not think to report adverse events that might be associated with medications or devices to the FDA or to the manufacturer, [but] the FDA is taking steps to encourage that to happen"—namely MEDWATCH.

He explains that feedback on products is important for the well-being of the public: "In response to voluntary reports from physicians to the FDA or the manufacturer, the FDA has issued warnings, made labeling changes, required manufacturers to conduct postmarketing studies, and ordered product withdrawals that have ultimately prevented patient deaths and suffering." The FDA hopes in the future to inform physicians about regulatory actions resulting from MEDWATCH reports.

What to report

Physicians are urged to report serious adverse events involving medications, medical devices, special nutritional products, or other FDA-regulated products. Such events are defined as leading to one or more of the following:

- patient death,
- real risk of patient death,
- significant persistence or permanent disability,
- congenital anomaly, and/or
- required intervention to prevent permanent impairment or damage.

Physicians should also report severe product problems such as suspected contamination, questionable stability, defective components, and poor packaging or labeling.

How to report

To report adverse events or product problems, call (800) FDA-1088 to request the one-page MEDWATCH voluntary reporting form. Once completed, return it *via mail* to MEDWATCH, 5600 Fishers Lane, Rockville, MD 20852-9787; *via fax* at (800) FDA-0178; or *via computer modem* at access (800) FDA-7737.

The FDA notes that physicians: 1) should report product problems even if they are not certain the product caused a specific event or if they lack details; and 2) may identify patients by initials or coding to protect confidentiality.

For additional information about MEDWATCH, call the FDA at (800) FDA-1088.

Source: **Kessler DA.** Introducing MEDWATCH: a new approach to reporting medication and device adverse effects and product problems. *JAMA* 269(21):2765-2769, 1993.

COUNTIES SURVEYED ON PUBLIC HEALTH EFFORTS

The Society's Commission on Public Health at its July meeting reviewed results of its public health survey of county medical societies. The purpose of the survey was to see what public health efforts counties are undertaking and what needs are not being met, to avoid duplication of those efforts as the Society implements its public health plan, and to learn of innovative programs that could be encouraged on a statewide basis.

According to the survey, county medical societies are already involved in a number of public health efforts, including:

- updating members about public health issues such as infectious diseases and rabies, and providing them with promotional materials;
- caring for the indigent;
- providing health education for students, including anti-drug/anti-smoking/anti-violence programs, and AIDS education;
- sponsoring smoke-free pharmacy and smoking-cessation programs;
- providing reduced fee flu shots to the community;
- acquiring medical equipment and medication for community clinics;
- disseminating information on domestic violence;
- providing loans and grants to medical and allied health students; and
- providing manpower for a Medicaid help line.

Yet, the societies responding also recognized a number of unmet needs. Topping the list was the need to mobilize physicians to get involved in health education, but also noted were primary care shortages, preventive care for the indigent and uninsured, increased levels of immunizations, reduction of cardiovascular risk factors, support for community based referral services, establishment or re-establishment of county health departments, and added pediatric services.

The commission will now determine priority issues from this list.

Next CLIA Deadline is January!

All physicians operating clinical laboratories at the moderate or high complexity level are reminded that they must be enrolled by January 1994 in a proficiency testing (PT) program approved by the Pennsylvania Bureau of Laboratories and the federal Health Care Financing Administration.

Though the Bureau of Laboratories has advised that it will discontinue its Low Volume Proficiency Testing Program, effective the end of 1993, due to a lack of resources to meet federal accreditation requirements for proficiency testing, a number of other PT programs are currently approved by both Pennsylvania and the federal government:

American Academy of Family Physicians (AAFP), (800) 274-2237

American Association of Bioanalysts (AAB), (800) 234-5315

American Proficiency Institute (API), (800) 333-0958

American Society of Internal Medicine (ASIM), (800) 338-ASIM

American Thoracic Society (ATS), (212) 315-8808

College of American Pathologists (CAP), (800) 323-4040 or (708) 446-8800

Wisconsin State Laboratory of Hygiene (WSLH), (800) 842-1053

Pennsylvania Medicine®

Special Update: PremierBlue

Published by: Pennsylvania Medical Society, September 1993

An Overview of Blue Shield's New Strategy:

What Will PremierBlue Mean to Your Practice?

Pennsylvania Blue Shield is developing a new network called PremierBlue as part of its strategy to restructure its product line and better position the Blues to compete in a health insurance market that is experiencing a rapid increase in the demand for managed care.

The changes primarily relate to the traditional business UCR (usual, customary, or reasonable) products. The proposed changes call for PremierBlue to replace the participating doctor (par-doctor) network as the vehicle through which the UCR and other Blue Shield traditional business products are delivered, as well as modify the standard coverage and reimbursement allowances for UCR products.

Blue Shield currently has a "four-product strategy"—four types of products that it offers in conjunction with Blue Cross products or through jointly owned subsidiaries. The strategy is comprised of:

1) Traditional business—quasi-indemnity coverage.
2) Point-of-service and preferred provider programs—PPO-type coverage with gatekeeper and/or reduced allowance for use of out-of-network provider.

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The Society's Response to PremierBlue

The Society is not opposed to selective contracting or negotiated provider reimbursement arrangements, such as a fee schedule based on rationally developed relative value units and a fair conversion factor. Blue Shield's strategy is consistent with the Society's position in support of a pluralistic insurance market that allows consumers to choose from a full range of options with all variants of patient freedom of choice. Even with the changes Blue Shield proposes for its traditional products, subscribers will be permitted to use an out-of-network provider without penalty and use a specialist without prior approval from a gatekeeper.

However, the Society—in its role as the statewide advocate for physicians and their patients—is committed to ensuring that managed care activities do not adversely affect quality, access, or adequate funding for medical education and research, or result in the inappropriate disclosure of confidential physician information. The Society has closely scrutinized the changes Blue Shield plans for its traditional business products and has raised a number of questions and concerns with the Departments of Health and Insurance regarding PremierBlue credentialing and reimbursement systems.

Credentialing issues

The Department of Health has authority to regulate the relationship between PremierBlue physicians and Blue Shield, including the credentialing

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Contents

In response to Pennsylvania Blue Shield's announcement of PremierBlue and its mailing of solicitation packets to physicians beginning in June 1993, the Pennsylvania Medical Society prepared this insert for members' information. Included are:

Introduction 1
The Society's Response to PremierBlue 1
PremierBlue Reimbursement 3
Other Rights and Obligations 5
Comparison of Pennsylvania Blue Shield Networks 6
PremierBlue Credentialing System: An Outline 9
A Final Word of Advice 12

Direct any questions to the Society's Reimbursement Resource Program, staffed by Department of Medical Economics personnel, at (800) 228-7823.

An Overview of Blue Shield's New Strategy

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3) Health maintenance organizations—HMO coverage with a gatekeeper and reduced allowance for use of an out-of-network provider.
4) Workers' compensation coordinated care organizations—coverage under the new workers' compensation law.

While the new strategy includes these same categories of products, it calls for changes to the traditional business products. The changes primarily relate to UCR products. According to Blue Shield, the premiums for its traditional business UCR products are not competitive with those charged by managed care products that selectively contract and use resource based relative value scale (RBRVS) fee schedules, and its customers are demanding managed care products with those features. Blue Shield has expressed concern that its traditional business products will become a very minor part of its business portfolio unless changes are made in the delivery modality.

The company says it is making changes to preserve a place for its traditional business products in the health insurance market so subscribers will be able to choose from a full range of options, including coverage that does not incorporate a gatekeeper or a reduced reimbursement allowance for use of an out-of-network provider. However, despite the changes Blue Shield plans in its traditional business products, many purchasers of Blue Shield and other indemnity-type insurance plans will switch to HMO and other products that incorporate restrictions on subscriber choice because they want lower premiums.

New traditional business

The current traditional business products include:

- UCR programs—UCR 100, UCR 80-20, UCR 80 (medical-surgical coverage typically sold with Blue Cross basic hospitalization and major medical coverage);
- UCR Administrative Service Only (ASO) plans—network selection, claims processing, and other administrative services for self-insured plans modeled on UCR products;
- fee schedule programs—Plan B, Plan C, 1800S, 5000S, BlueChip (low-income children), and Special Care (medical-surgical coverage typically sold with Blue Cross basic hospitalization and major medical coverage); and
- Medigap—insurance designed to supplement Medicare Part B covered services by paying the annual Part B deductible and 20 percent of the allowance not paid by Medicare.

The new traditional business products will use the new PremierBlue network instead of the par-doctor network. In contrast to the par-doctor network that accepts virtually any physician or other professional in the 10 eligible professional classes who is willing to participate, PremierBlue will *selectively contract*—be limited to physicians and other professionals that meet its criteria (see pages 9-11 for more on credentialing). Though the par-doctor network will continue to exist for those physicians who wish to join, eventually no products will use it.

The restructuring also calls for changes in the standard coverage and reimbursement allowances of the UCR products. These changes will be made to UCR products:

Increased coverage of preventive care, outpatient visits, and consultations: Coverage of preventive care (other than childhood immunizations and mammograms), outpatient visits, and consultations are optional under the traditional UCR products. While coverage of these services will continue to be optional, it is anticipated that most purchasers of the new traditional business products will opt for expanded coverage with these services.

RBRVS-based fee schedule: The reimbursement allowance for the converted UCR products will be based on new fee schedules—referred to as the PremierBlue fee schedules—that are largely derived from the Medicare RBRVS transition fee schedule (see page 3 for more on reimbursement).

Enhanced reimbursement for primary care physicians: Certain specialties of PremierBlue primary care physicians will receive an additional $2 payment for selected evaluation and management (E/M) services (see page 4 for more on reimbursement).

Distinctions from preferred provider products

The new traditional business products are similar to Blue Shield's point-of-service and other preferred provider products. Products in both categories use a selectively contracted network and fee schedule as part of the formula to determine the reimbursement allowance for covered services. However, according to Blue Shield, the new traditional business products will differ from its point-of-service and other preferred provider products in several respects. (See chart on pages 6-7 for descriptions of point-of-service and other preferred provider products.)

Blue Shield says it has no intention of incorporating any of the following features into its traditional business products, one or a combination of which are part of each of its point-of-service and other preferred provider products: selective contracting with hospitals, passive or designated gatekeepers, and reduced reimbursement allowances for use of an out-of-network provider.

Scheduled implementation

Blue Shield plans to implement the changes to its traditional business products in an accelerated fashion by making appropriate changes to subscriber agreements when they come up for renewal, or earlier if the customer is willing. It has already filed for Insurance Department approval of the required amendments to its master UCR agreements, including the necessary revisions to the reimbursement allowances. In the event that the department approves the filing, as anticipated by Blue Shield, amended agreements will begin to take effect on *January 1, 1994.*

Blue Shield has already begun to market PremierBlue and reports that some major customers are lining up to switch their UCR coverage to the new traditional business product. Blue Shield has revealed that it expects the Federal Employee Program to move to the new traditional business product as of January 1, 1994. However, at press time, Blue Shield was not willing to identify other customers it expected to switch to the new traditional business network in the near future.

The Society's Response to PremierBlue

Continued from page 1

system. The Society has raised the following concerns with the department regarding the PremierBlue credentialing system:

- arbitrary exclusion of physicians based on cost and utilization profiles that are not adjusted to account for severity differences in physician patient bases;
- inappropriate use of malpractice history to evaluate quality;
- unnecessary criteria that physicians have *admitting* privileges at a hospital;
- lack of department approval of exclusions, as required by law; and
- Blue Shield's discretion to exclude physicians based on "criteria" that are more akin to categories than standards.

Reimbursement issues

The Insurance Department must approve the subscriber contract amendments necessary to implement the changes Blue Shield plans for its traditional business products, including new PremierBlue fee schedules. The Society has already met with the insurance commissioner regarding PremierBlue and submitted written comments regarding the PremierBlue Insurance Department filing. The Society raised the following concerns with the department:

- lack of adequate information for the department to make an informed decision;
- use of the Medicare RBRVS payment system without correcting its problems and making revisions necessary for its application in a non-Medicare context;
- at least an 11.5 percent decrease in the aggregate payments to providers without any documented actuarial justification;
- haphazard charge-class boundaries;
- lack of any transition for the drastic reductions in payment allowances;
- no guaranteed annual updates based on a rational and fair methodology;
- exclusion of obstetrician-gynecologists and other physicians who render primary care services from eligibility for the enhanced payment levels for evaluation and management (E/M) services;
- misleading information in the solicitation packet for primary care physicians regarding their reimbursement for E/M services under the new system; and
- failure to provide performance-based bonus payments to primary care physicians as required by the primary care provider contract.

Other issues

Society legal counsel is also investigating the appropriateness of Blue Shield using Medicare data obtained from its government business side to evaluate the cost efficiency of physicians.

PremierBlue Reimbursement

The reimbursement allowances for covered services under converted UCR programs will be based on a new fee schedule—referred to as the PremierBlue fee schedule.

For example, in the case of a converted UCR 100 program, the reimbursement allowance for a covered physician service will be the lesser of the physician's actual charge and the PremierBlue fee schedule amount. PremierBlue preferred providers will be required to accept this amount (plus any applicable primary care physician enhanced payment for an E/M service). PremierBlue preferred providers will be required to accept this reimbursement allowance as payment in full.

According to Blue Shield, the *initial* PremierBlue fee schedule amounts were derived from the Medicare transition RBRVS fee schedule, with limited exceptions. It did not use a flat percentage of Medicare to determine the PremierBlue RBRVS-based fee schedule amounts. Instead, Blue Shield apparently used the 1993 Medicare transition fee schedules as a base, and then adjusted these amounts—by different percentages depending upon the service—to reach the payment levels that were acceptable to Blue Shield and resulted in an 11.5 percent savings from UCR payment levels.

Blue Shield estimates that the PremierBlue fee schedule—in the aggregate and including the services not based on RBRVS—equates to about 114 percent of Medicare. In other words, the estimated total payouts under the PremierBlue fee schedule would approximate the total payments for the same estimated mix of services paid at 114 percent of the current Medicare RBRVS fee schedule amounts. The company also advises that the PremierBlue fee schedule, again in the aggregate, is about 88.5 percent of UCR or about 55.9 percent of current physician charges.

Charge classes

PremierBlue has two charge classes—A and B—for purposes of the RBRVS-based fee schedule calculations.

Charge Class A is a combination of old Blue Shield UCR Charge Classes 1 and 2. Its fee schedule is based on the transition fee schedules for Medicare Charge Classes 1 and 2, using the higher of the two Medicare transition fee schedule amounts for the applicable code.

Charge Class B is a combination of the old Blue Shield UCR Charge Classes 3 and 4. Its fee schedule is based on the transition fee schedules for Medicare Charge Classes 3 and 4, using the higher of the two Medicare transition fee schedule amounts for the applicable code.

Note that PremierBlue charge classes were derived from existing Blue Shield UCR charge classes, not Medicare charge classes. The distinction is important because Blue Shield UCR

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Questions?

Members with questions about PremierBlue can call the Society's Reimbursement Resource Program, staffed by Department of Medical Economics personnel, at (800) 228-7823. Also, look for updates on the PremierBlue program in future issues of PENNSYLVANIA MEDICINE and *Executive Report*.

and Medicare charge classes, while very similar, differ in several respects.

For example, although most of Lancaster County is in Medicare Charge Class 4, all of the county was moved to Blue Shield UCR Charge Class 2 in 1991. Consequently, Lancaster County is in PremierBlue Charge Class A and is not penalized for being in a lower-paying Medicare charge class.

Exceptions

As discussed above, PremierBlue fee schedule amounts for some services are not based on Medicare. Blue Shield says the excepted services were, instead, derived as follows:

- E/M codes, including consultations, remain at current UCR levels.
- Durable medical equipment remains at current fee schedule levels.
- Chemotherapy and therapeutic drugs will be paid at the average wholesale price. Immunizations will be paid at 150 percent of the average wholesale price.
- The anesthesia conversion factor remains at the $30 UCR level.
- Delivery codes 59410, W5940, X5920, 59400, 59410, X5950, 59510, 59515 remain at current UCR.
- Clinical and anatomical pathology codes will be paid at 80 percent of current UCR. Surgical pathology codes (88300-88309) will be paid at current UCR.

Note: Current UCR levels for many, if not all the excepted services are based on predetermined amounts instead of charges and do not vary by charge class.

Updates

Although the initial PremierBlue fee schedule is generally based on Medicare, Blue Shield says that future increases or decreases will not be tied to Medicare. Historically, the insurer has not regularly updated its reimbursement allowances; however, it reports that it plans to *review* the PremierBlue fee schedule on an annual basis to determine whether any update is warranted.

According to Blue Shield, updates—when made—will be based on the Consumer Price Index. Any changes to the PremierBlue fee schedule must be approved by the state Insurance Department.

Enhanced primary care physician payments

The PremierBlue Insurance Department filing states that family practitioners, general practitioners, internists, and pediatricians will receive an additional $2 payment for selected E/M services:

- office or other outpatient services—99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215;
- hospital observation services—99218, 99219, 99220;
- hospital inpatient services—99221, 99222, 99223, 99231, 99232, 99233, 99238;
- emergency department services—99281, 99282, 99283, 99284, 99285, 99288;
- critical care services—99291;
- nursing facility services—99301, 99302, 99303, 99311, 99312, 99313;
- domiciliary, rest home, or custodial care services—99321, 99322, 99323, 99331, 99332, 99333;
- home services—99341, 99342, 99343, 99351, 99352, 99353;
- preventive medicine services—99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420; and
- newborn care—99431, 99432, 99433, and 99440.

Although not stated in the filing, Blue Shield has also provided the Society with information regarding enhanced primary care physician payments:

- The listed primary care physicians are eligible for the enhanced payments *whether or not they have signed a PremierBlue primary care preferred provider agreement.* For example, an internist who elected to participate exclusively as a specialist and only signed the specialist provider agreement would still be eligible to receive the additional $2.
- Internist includes only those physicians who designate general internal medicine as their primary specialty. For example, internal medicine subspecialists do not qualify.
- While obstetrician-gynecologists may sign a primary care agreement, they are not eligible for the enhanced primary care physician payments.
- PremierBlue subscribers who use an out-of-network provider will be entitled to the additional $2 primary care physician payment when they use a primary care physician rendering an eligible service.

The primary care physician preferred provider agreement also states that primary care physicians will have the "opportunity to receive a financial incentive, in addition to preferred provider fee-for-service reimbursement, if the primary care physician meets objectives based on quality assessment, program compliance, and subscriber satisfaction." However, it appears Blue Shield has no plans to implement such a *performance-based* incentive program for PremierBlue primary care physicians.

Tips for primary care physicians

Blue Shield says in its solicitation information for primary care physicians that "PremierBlue's allowances for evaluation and management codes will generally be higher than our existing UCR allowances." This statement is technically true for physicians who qualify for enhanced primary care physician payments, i.e., current UCR plus $2. However, primary care physicians should keep in mind that office visits under PremierBlue will be standard coverage, and they cannot balance bill—collect from a PremierBlue subscriber the excess of their charge over the PremierBlue reimbursement—for covered services.

Primary care physicians should keep in mind that office visits under PremierBlue are now standard coverage, and they cannot balance bill—collect from a PremierBlue subscriber the excess of their charge over the PremierBlue reimbursement—for covered services.

In contrast, while many UCR subscribers have major medical coverage for office visits, only about one percent of Blue Shield UCR policies cover office visits. As a result, par-doctors are rarely required to accept the UCR allowance as payment in full and generally can collect their full charge when they provide an office visit to a Blue Shield subscriber. In essence, primary care physicians will increase their reimbursement for office visits by participating in PremierBlue only if the PremierBlue reimbursement, including any additional payment due, exceeds their charges.

Low-income fee schedule programs

Blue Shield notes that traditional business fee schedule programs will retain their current fee schedules, and balance billing will continue to be permitted under those programs *in limited circumstances* based on family income limits. Keep in mind, however, that low-income fee schedule programs have relatively low enrollment. Most PremierBlue subscribers will be enrolled in a converted UCR or ASO program that uses the PremierBlue fee schedule, rather than the generally lower Plan B, Plan C, 1800S, or 5000S allowances.

Other Rights and Obligations

Note: The following is not intended to provide legal advice. Physicians with legal questions should contact their attorney.

Physicians who wish to participate in PremierBlue must sign a PremierBlue Preferred Provider agreement. The plan has two agreements: 1) a generic agreement—PremierBlue Preferred Provider Agreement with Pennsylvania Blue Shield; and 2) a primary care agreement—PremierBlue Preferred Provider Agreement with Pennsylvania Blue Shield for Primary Care Physicians.

Family physicians and general practitioners may sign only the primary care agreement; internists, pediatricians, and obstetrician-gynecologists may sign either one or both of the agreements; and all other physicians may only sign the generic agreement.

Tip: Internists, pediatricians, and obstetrician-gynecologists should consider only signing the generic agreement. There appears to be no advantage to signing solely the primary care agreement or both agreements, other than being listed as a primary care physician in preferred provider directories.

As discussed previously, signing the agreement is not required to obtain the enhanced primary care payment for E/M services. Also, as discussed below, physicians who sign the primary care agreement assume additional responsibilities.

Documents incorporated by reference

While the primary care and the generic provider agreements contain substantive terms, both also require the preferred provider to comply with other referenced documents, including the PremierBlue Preferred Provider regulations, the subscriber contracts for PremierBlue programs, the Blue Shield bylaws, and the Blue Shield Regulatory Act. The referenced documents, in turn, incorporate obligations in other documents, including the Review Committee and the Assignment Account Guidelines, the Quality Assurance Program, and the Subscriber Grievance Procedures.

Standard preferred provider agreements

The PremierBlue provider agreements and regulations are virtually identical to the standard documents used for Blue Shield's other preferred provider networks. The only differences are the titles.

Blue Shield elected to use the standard preferred provider documents—rather than developing unique documents for PremierBlue—to avoid a formal filing for Department of Health approval. Because Blue Shield used previously approved documents, the department did not require the company to file for approval for PremierBlue provider contracts and regulations.

TIP: Internists, pediatricians, and obstetrician-gynecologists should consider only signing the generic agreement. There appears to be no advantage to signing solely the primary care agreement or both agreements, other than being listed as a primary care physician in preferred provider directories.

Signing the agreement is not required to obtain the enhanced primary care payment for E/M services. Also, physicians who sign the primary care agreement assume additional responsibilities.

While expedient for Blue Shield, using the standard preferred provider contracts and regulations creates confusion for physicians. The insurer says it will not incorporate gatekeepers in any PremierBlue program or penalize PremierBlue subscribers for using an out-of-network provider by a reduced allowance or otherwise. However, the standard documents were created for programs that use primary care gatekeepers and penalize subscribers for going out-of-network. The net result is a series of managed care obligations, some of which are unexpected in the context.

General responsibilities

All PremierBlue physicians have the following managed care responsibilities:

Cost-efficient care: Preferred providers must render covered services "in the most cost-effective manner in the least costly setting required for appropriate treatment of the subscriber." Blue Shield may deny payment for medically unnecessary care and also plans to consider cost efficiency during the bi-annual recredentialing.

Medical necessity waivers: Preferred providers may not charge PremierBlue subscribers for covered services that are determined by Blue Shield to be medically unnecessary in the context, unless, prior to the provision of the care, the subscriber agreed to pay for the care in the event of such

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COMPARISON OF PENNSYLVANIA BLUE SHIELD NETWORKS

	PBS Networks	Contract and Regulations	Selective Contracting	Gate-keeper	Applicable Programs
Traditional Business	*Par-Doctor*	Participating doctor	Physician—no Hospital—no	No	UCR programs; fee schedule programs; BlueChip; Special Care; some ASO products
	PremierBlue	Preferred provider	Physician—yes Hospital—no	No	Phase-in, in an accelerated fashion will include existing par-doctor products; modifications to existing member contracts will need to be made
Point-of-Service (POS) and Preferred Provider	*BlueChoice* *(Being phased out)*	Preferred provider	Physician—yes Hospital—yes	Yes†	BlueChoice
	Greater Philadelphia Preferred Provider Network (GPPPN) (East Only)	Preferred provider	Physician—yes Hospital—yes	Yes†	BlueChoice (East) and Personal Choice
	Generic POS Product (Central PA only)	Preferred provider	Physician—yes Hospital—yes	Yes†	None yet
	HEALTHSTYLE (Hershey Foods Corp.)	Preferred provider	Physician—yes Hospital—yes	Yes—designated	HEALTHSTYLE
	Old Personal Choice (Eastern PA Only) *(Being phased out)*	Preferred provider	Physician—yes Hospital—yes	No	Personal Choice
	New Personal Choice (Using GPPPN)	Preferred provider	Physician—yes Hospital—yes	Yes†	BlueChoice (East) and Personal Choice
	Access Care (Northwestern PA)	Preferred provider	Physician—yes Hospital—yes	No	Access Care
	Custom Care (Western PA)	Preferred provider	Physician—yes Hospital—yes	No	Custom Care
	University Health (Western PA)	Preferred provider	Physician—yes Hospital—yes	No	University Health Network
	Medical College of Pennsylvania (Eastern PA)	Preferred provider	Physician—yes Hospital—yes	No	Medical College of Pennsylvania
Health Maintenance Organizations	*Keystone Health Plan East*	HMO	Physician—yes Hospital—yes	Yes	Keystone Health Plan East
	Keystone Health Plan Central	HMO	Physician—yes Hospital—yes	Yes	Keystone Health Plan Central
	Keystone Health Plan West	HMO	Physician—yes Hospital—yes	Yes	Keystone Health Plan West
	Healthguard (Lancaster County)	HMO	Physician—yes Hospital—yes	Yes	Healthguard
	CompService, Inc.	Workers' compensation	Panel of physicians established by employer		CompServices

† *Passive and designated (employer driver)*

Reimbursement Methodology*	Out-of-Network Option**	Standard Coverage	Standard Utilization Review
UCR for UCR and ASO products; various fee schedules for remaining products	Yes—no reduced allowance	Medical-surgical services *Options:* preventive care; office visit coverage	Retrospective UR *Options:* precertification; second opinion; case management
PremierBlue fee schedule for converted UCR and ASO products	Yes—no reduced allowance	Medical-surgical services plus preventive care and office visits	Provider credentialing and recredentialing every other year; precertification; case management; retrospective UR; quality assurance
Lesser of UCR and Blue Choice fee schedule	Yes—up to a 20% co-insurance for use of out-of-network providers	Medical-surgical services plus preventive care and office visits	Provider credentialing and recredentialing every other year; precertification; case management; retrospective UR; concurrent medical review; quality assurance
GPPPN fee schedule	Yes—up to a 35% co-insurance for use of out-of-network providers	Medical-surgical services plus preventive care and office visits	Same as BlueChoice
Generic POS product fee schedule	Yes—up to a 40% co-insurance for use of out-of-network providers	Medical-surgical services plus preventive care and office visits	Same as BlueChoice
HEALTHSTYLE fee schedule	Yes—up to a 25% co-insurance for use of out-of-network providers	Medical-surgical services plus preventive care and office visits	Same as BlueChoice
Personal Choice fee schedule	Yes—up to a 50% co-insurance for use of out-of-network providers; no coverage for preventive services out of network	Medical-surgical services plus preventive care and office visits	Provider credentialing; precertification; retrospective UR; second opinion
GPPPN fee schedule	Yes—up to a 35% co-insurance for use of out-of-network providers	Medical-surgical services plus preventive care and office visits	Same as BlueChoice
Access Care fee schedule	Yes—no reduced allowance except for preventive care which has no out-of-network coverage	Medical-surgical services plus some preventive care and office visits	Provider credentialing; precertification; retrospective UR; second opinion
Custom Care fee schedule	Yes—up to a 20% co-insurance for use of out-of-network providers; no coverage for preventive services out-of-network	Medical-surgical plus pediatric preventive care; "plus package" may include office visits and some adult preventive care	Provider credentialing; precertification; retrospective UR; second opinion
University Health fee schedule	Yes—up to a 20% co-insurance for use of out-of-network providers; no coverage for preventive services out of network	Medical-surgical services plus preventive care	All QA and UR functions are performed by the network entity
Medical College of Pennsylvania fee schedule	Information not available	Medical-surgical services plus preventive care	All QA and UR functions are performed by the network entity
Primary care—capitation; Specialist—Keystone Health Plan East fee schedule	No	Medical-surgical services plus preventive care and office visits	Provider credentialing and recredentialing; precertification; retrospective UR; case management; quality assurance
Primary care—capitation; Specialist—Keystone Health Plan Central fee schedule	No	Medical-surgical services plus preventive care and office visits	Same as Keystone Health Plan East
Primary care—capitation; Specialist—Keystone Health Plan West fee schedule	No	Medical-surgical services plus preventive care and office visits	Same as Keystone Health Plan East
Primary care—capitation; Specialist—Healthguard fee schedule	No	Medical-surgical services plus preventive care and office visits	Same as Keystone Health Plan East
UCR but switching to fee schedule at 113% of Medicare	N/A	Mandated workers' compensation coverage	Precertification; retrospective UR; case management; quality assurance

** Blue Shield reimburses the lesser of the physician's actual charge or the applicable fee schedule amount*

*** Reduced allowances and the applicable percentage are customer driven*

Other Rights and Obligations

Continued from page 5

a determination. Preferred providers are required to document notices of potential financial liability to subscribers in their medical record.

Referral limits: Although Blue Shield says that PremierBlue subscribers may use out-of-network providers without any penalty, preferred providers may only refer PremierBlue subscribers to other preferred providers, except in an emergency or upon the prior approval of Blue Shield. *Tip:* Check to see if the physicians to whom you normally refer patients are participating in PremierBlue.

Precertification: Preferred providers *may* be required to obtain precertification under the terms of the applicable subscriber contract. Precertification is generally required for inpatient admissions and procedures such as a bunionectomy, cholecystectomy, hemorrhoidectomy, tonsillectomy/adenoidectomy, etc.

Access to records: Preferred providers are required to permit Blue Shield access to the medical records of PremierBlue subscribers for purposes of its retrospective utilization review program or otherwise.

Free reports and copies: Preferred providers are not permitted to charge Blue Shield for completing precertification forms or submitting additional information requested by Blue Shield.

Quality assurance and subscriber grievance programs: Preferred providers must cooperate with, and abide by the decisions of, Blue Shield's quality assurance and subscriber grievance programs.

Primary care physician responsibilities

PremierBlue primary care physicians have additional managed care responsibilities, most of which are more typical for networks which service programs that use primary care physicians as gatekeepers:

- *Non-discrimination:* Primary care preferred providers must accept PremierBlue subscribers without regard to their health status or health care needs.
- *Notice of practice closure:* Primary care preferred providers must provide 60 days advance notice of any intent to close their practice to additional PremierBlue subscribers.
- *24-7 coverage:* Primary care preferred providers must make coverage available 24 hours per day, 7 days per week.
- *Record-keeping requirements:* Primary care preferred providers must maintain medical records in accordance with Blue Shield standards.
- *Office inspections:* Primary care preferred providers must allow Blue Shield to inspect their offices.

Claims processing responsibilities

PremierBlue physicians have claims processing responsibilities very similar to those applicable to par-doctor programs:

Claims: Preferred providers must use the Blue Shield claims form unless they have Blue Shield's permission to use another format, such as electronic billing. Claims must furnish the information and be verified as required by Blue Shield and, to the greatest extent possible, use the procedure codes in the Blue Shield *Procedure Terminology Manual.*

TIP: Check to see if the physicians to whom you normally refer patients are participating in PremierBlue.

Time-frame: Claims must be submitted within one year of service, unless Blue Shield grants an extension. *Note: No time-frame is specified for payment.*

Liability for misreported claims: The preferred provider who rendered the service is personally responsible for over-payments as a result of misreported services, regardless of who completed and submitted the form.

Limited collections from subscribers: Preferred providers generally may not collect any amounts—other than applicable deductibles and coinsurance—for *covered* services from subscribers. Exceptions only apply in those limited exceptions when balance billing is permitted or when the subscriber agreed in advance to pay for a service that is determined by Blue Shield to be medically unnecessary.

Moreover, preferred providers cannot collect for covered services any amounts—other than applicable deductibles and coinsurance—*up front* from the subscriber. Preferred providers must wait until they receive Blue Shield disposition of the claim prior to collecting the full allowance from the subscriber (when the subscriber agreed to pay for a medically unnecessary service) or balance billing over-income persons when permitted.

Audits and withholding: PremierBlue providers will be audited and subjected to withholding under the same rules and procedures applicable to par-doctors. For additional information, refer to the Society's "Audit and Review Procedures," available from the Society's Department of Physician Services.

Covered programs

PremierBlue is a network, not a product. As discussed above, a number of different products will use the PremierBlue network.

PremierBlue physicians will be required to participate in all PremierBlue programs, i.e., all the products that use the network. The source of this obligation is language in the regulations, referred to as the All Programs Requirement, that requires PremierBlue physicians to participate in "all Preferred Provider Programs under which they provide covered services except [those for which the Department of Health requires a separate] participation agreement."

Blue Shield hopes to convert all existing par-doctor programs into PremierBlue programs as expeditiously as possible by making appropriate changes to the subscription agreements when the agreements come up for renewal or earlier. The PremierBlue programs eventually will include the current UCR and low-income products. As in the case of the par-doctor network, PremierBlue physicians will not be able to avoid participating in the low-income products that have reimbursement allowances considerably lower than the PremierBlue fee schedule.

Blue Shield has many other programs that it identifies as "preferred provider programs," such as BlueChoice, and also provides administra-

PremierBlue is a network, not a product.

tive services to self-insured plans that use "preferred providers," such as the Hershey Foods plan (see chart on pages 6-7 for description). Blue Shield says PremierBlue physicians are not required to participate in its other preferred provider programs, since each has a separate participation agreement. However, what is a Blue Shield program is largely open-ended and left to the discretion of Blue Shield.

Open-ended obligations

Many rights and responsibilities of PremierBlue preferred providers are open-ended; obligations set forth in referenced documents fall into the open-ended category. These documents can be determined or changed without the preferred provider's approval, and, in some cases, without prior notice to the preferred provider. Examples of obligations that are left open include:

• *Covered programs:* Whether a program is a PremierBlue preferred provider program is largely determined by Blue Shield. While the Department of Health can require Blue Shield to have a separate provider agreement for new products, there is little precedent for affirmative department action under the analogous par-doctor All Programs Requirement. The department has required Blue Shield to have separate agreements for its affiliated HMOs, but otherwise generally permits Blue Shield to decide when a separate agreement is required for new products.

• *Gatekeeper:* While Blue Shield says it has no plans for PremierBlue programs to incorporate gatekeepers, whether primary care PremierBlue physicians must serve as gatekeepers is determined by the subscriber contract.

• *Reimbursement:* The amount of the reimbursement allowance and payment policies are determined by the subscriber agreement or left, at least in part, to Blue Shield's discretion (see pages 3-5 for more on reimbursement).

• *Covered services:* The scope of covered services are determined by the subscriber contract.

• *Utilization review responsibilities:* Whether precertification is required is dependent upon the applicable subscriber contract.

While open-endedness is a concern, physicians should remember they can terminate their participation with 60 days notice. PremierBlue physicians may exercise this option if Blue Shield changes their obligations in a manner they find unacceptable.

PremierBlue physicians should closely monitor the current status of their obligations and reevaluate their continued participation whenever substantial changes to their rights and responsibilities take place or may be imminent. Early detection enables physicians to minimize the damage—possibly even before the unacceptable change takes effect.

The Society monitors changes in Blue Shield programs through regular communications with Blue Shield and review of regulatory filings. The insurer must have Department of Health approval of changes in the preferred provider regulations, the Blue Shield bylaws, the Review Committee Guidelines, and the Assignment Account Guidelines. It also must have Insurance Department approval of master subscriber contracts and amendments to those agreements.

The Society makes every effort to notify members through our publications of filings that will affect their rights and responsibilities as a participant in a Blue Shield network.

Notice of changes in the rights and responsibilities of physicians participating in Blue Shield's various networks also is often provided through Blue Shield's publications. For example, changes to the preferred provider regulations are not effective until 30 days after publication in a Blue Shield publication received by preferred providers. A PremierBlue physician who provides termination notice immediately upon publication of an unacceptable regulation change would, at most, be required to participate under the change for 30 days. Blue Shield's publications also regularly report on changes in reimbursement and other important matters.

Duration of participation and termination

Once a physician is accepted into PremierBlue, the relationship continues until either Blue Shield or the physician legally terminates the provider agreement. (See page 10 for more on Blue Shield's termination rights.) As previously mentioned, PremierBlue physicians may terminate the agreement by providing 60 days prior written notice. In addition, while not explicitly stated in the agreement, physicians may be entitled to terminate the agreement earlier, in appropriate circumstances, i.e., if Blue Shield would continually fail to pay a physician for rendering covered services to subscribers.

PremierBlue Credentialing System: An Outline

Note: The following is based on the limited information available to the State Society at press time.

As already noted, the PremierBlue network will be limited to physicians who meet the network's criteria. Physicians will be excluded both at the "front end" through a credentialing process and at the "back end" based on a bi-annual review of their performance or when problems are otherwise identified. Blue Shield predicts that 10 to 15 percent of physicians will be excluded from PremierBlue.

PremierBlue "criteria"

The criteria for physicians and the nine other provider classifications fall into seven categories:

1) *Licensure and DEA registration:* Participants must have an unrestricted license to practice in Pennsylvania and a current DEA registration. Providers with a history of licensure suspension or revocation in any state may be excluded *at Blue Shields' discretion.*

2) *Criminal record:* Participants must not have a criminal conviction "related to their participation"—defined by Blue Shield as including convictions for narcotics or criminal fraud—or any conviction after age 21, unless Blue Shield *at its discretion* waives this criteria. In addition, physicians with pending criminal charges may be excluded *at Blue Shields' discretion.*

3) *Substance abuse:* Participants must not have "a current substance abuse problem that impairs their ability to provide care," *as determined by Blue Shield.*

4) *Hospital admitting privileges:* Participants must have hospital ad-

Continued on page 10

mitting privileges "unless they [are in a provider group that does] not perform procedures or services within an acute care hospital setting" or unless Blue Shield *in its discretion* waives this criteria. The insurer has indicated it will make exceptions for physicians in rural areas with no hospital. Physicians and other providers with staff privilege revocations in their histories may be excluded *at Blue Shield's discretion.*

5) *Board certification:* Physicians generally must be board certified, a member of a group in which at least 50 percent of the members are board certified, a new physician who has a residency certificate and is board-eligible, or meet a continuing medical education (CME) requirement. Exceptions will only be made on a county-by-county basis when there are otherwise inadequate numbers of participants in the county.

The CME requirement for physicians currently is the same as the Society's membership requirement—150 credits over a three-year period with 60 credits in Category 1, no more than 30 of which can be claimed for teaching. However, Blue Shield has indicated a desire to "tighten up" the physician CME requirement and possibly mandate a managed care course for CME qualifiers.

TIP: Physicians excluded on the basis of lack of board certification and CME should consider joining a group practice which has been admitted.

Tip: Physicians excluded on the basis of lack of board certification and CME should consider joining a group practice which has been admitted.

6) *Malpractice coverage and history:* Participants must maintain professional liability coverage in the legally required amounts—$200,000 per claim/$600,000 yearly aggregate, plus $1 million/$2 million Catastrophe Loss Fund coverage. Participants also must have an acceptable malpractice history *as determined by Blue Shield.*

7) *Utilization review history:* Participants must have "an acceptable utilization review analysis" *as determined by Blue Shield.*

Credentialing schedule

Blue Shield began soliciting physicians and other eligible professionals to join PremierBlue on June 17, 1993, and will continue indefinitely. Applications for participation in the new network were to be sent to all physicians in the commonwealth.

Physicians who did not receive an application may request one by calling (215) 564-2131 in the Philadelphia area, (717) 731-2045 in Central and Northeast Pennsylvania, and (412) 471-7916 in Western Pennsylvania.

In the original mailing, July 19, 1993, was cited as the "cut-off" date for return of applications. This application deadline was used so the first PremierBlue Directory of Participating Physicians could be published for the network's first client—the Federal Employee Program (FEP).

Blue Shield is still accepting and processing applications. However, applications submitted after the end of July are not likely to be processed in time for physicians to be included in the FEP directory.

Automatic approvals

Physicians participating in the following Blue Shield or affiliated networks will be automatically approved for PremierBlue—apparently because these programs have the same or more stringent criteria: Blue Choice, HEALTHSTYLE (Hershey Foods), Greater Philadelphia Preferred Provider Network (GPPPN), Keystone Health Plan Central, and Keystone Health Plan West.

Note: Participants in Keystone Health Plan East and other unlisted affiliated Blue Shield HMOs are not preapproved for PremierBlue. (See chart on pages 6-7 for comparisons.)

Bi-annual review

Blue Shield plans to evaluate physicians on a bi-annual basis. The result of this review or earlier information brought to Blue Shield's attention may result in the insurer terminating the agreement, with 60 days notice or earlier if patient harm could result.

Providers terminated as a result of the bi-annual review or otherwise may appeal their exclusion to the Credentialing Committee and the Medical Review Committee through the appeals process available to excluded applicants. (See pages 11-12 for more on the legal rights of excluded applicants and terminated participants).

Utilization review history

Applicants will be evaluated on service benefits abuse (e.g., balance billing), pending or recently closed over- and misutilization cases, cooperation with past utilization review activities and refund requests, and cost and utilization profiles. Blue Shield's Benefits Management Division will compile this information and make a recommendation whether to approve or "defer" the application.

The final decision is made by the Managed Care Programs Department which *exercises its discretion and a "black box" point scoring system* in the case of cost and utilization profiles. Physicians who are deferred are essentially excluded unless they successfully appeal the deferment. The burden of proof is transferred to the applicant on appeal.

Blue Shield is still accepting and processing applications.

Blue Shield will use the cost and utilization profiles to judge a physician's efficiency. Applicants will be ranked in comparison to their peers based on the average number of paid services per patient, dollars paid per patient, and incidence per 100 patients of non-specified "commonly performed procedures." These rankings will then be used to assign each applicant a composite score. Those with scores above 270 will be deferred. According to Blue Shield, 10 percent of applicants will be excluded as a result of this profile review.

Applicants with composite scores of 270 and below will be *considered* for inclusion in the network. Blue Shield says most of those applicants will be deemed to have an acceptable utilization review history. However, some will be excluded based on a record of service benefits abuse, a history of over- and misutilization, or past non-cooperation. Though the criteria used for these evaluations are not specified, it appears they will be made *at Blue Shield's discretion.*

Physicians will be excluded both at the "front end" through a credentialing process and at the "back end" based on a bi-annual review of their performance or when problems are otherwise identified.

Some physicians, particularly those with pending utilization review cases, may be further evaluated based on admissions, average length of stay, in-patient stays, lab and diagnostic tests, specialty referrals, or admissions not usually requiring hospitalization. Blue Shield says physicians with scores above 270 who appeal their exclusions will also be evaluated based on the additional profiles. The criteria used for these evaluations are not specified.

Blue Shield notes that the database it uses to compile cost and utilization profiles for utilization review evaluation will reflect a "composite" of the physician's practice. The insurer apparently will use data from its various insurance programs, the self-insured plans it administers, and affiliated HMOs. The company also acknowledges the use of Medicare data available as a result of its contract to process Part B Medicare claims.

Blue Shield says physicians with inadequate utilization information will be admitted for a probationary period until sufficient data is accumulated. This exemption would apply only to physicians who are new to Blue Shield's private and government business jurisdictions.

For physicians coming from states in which Blue Shield has the Medicare claims processing contract, the company apparently would use Medicare data to evaluate the physicians. It is not clear whether the Pennsylvania company has access to data from other Blue Shield plans to evaluate previously out-of-state physicians.

Appeals within Blue Shield

The physician dissatisfied with a PremierBlue exclusion may appeal that exclusion. The physician's appeal rights are based in part on the Blue Shield Enabling Act, Blue Shield's corporate bylaws, PremierBlue par-doctor regulations, and court decisions.

Blue Shield has traditionally excluded few physicians and only then when they determined clear justification. Whether the laissez-faire attitude of the Department of Health and the courts that has prevailed will continue under the more stringent PremierBlue requirements is unclear. The following assumes the same rules will apply.

Physician seeking to appeal should develop their case by considering two different arguments to present to Blue Shield. The first is to attack the criteria as inappropriate, misapplied, or inappropriately applied under the circumstances. The second is to explain the business reasons why Blue Shield should retain them. For example, patients *want* the physician, or the physician is the only subspecialist in the area and referring physicians *need* the physician.

A two-level appeals process is incorporated in the credentialing process. When a provider receives a deferral letter, the applicant is instructed to contact their professional service and review representative or the Managed Care Program Department for an explanation of the denial. If after hearing this explanation they wish to appeal the decision, a letter should be forwarded to:

Joseph A. Ricci, MD
Senior Vice President
Professional Affairs
Pennsylvania Blue Shield
P.O. Box 890089
Camp Hill, PA 17089-0089

Please note that the letter requesting an appeal must be forwarded to the above address within 60-days of receiving the deferral letter.

The first level of appeal is with the PremierBlue Credentialing Committee, which includes two Blue Shield physician employees (Dr. Ricci and Dr. Brent O'Connell, vice president of medical affairs) and three other Blue Shield employees. Following the committee meeting, the senior vice president notifies the provider of the committee's decision. If the determination is different than the initial determination, a letter of acceptance to PremierBlue is sent to the provider.

If the letter indicates agreement with the initial decision, the provider may reapply after a period of one year or proceed to the second level of appeal. To initiate the second appeal, forward a letter to:

John I. Dubs, Secretary
Medical Review Committee
Pennsylvania Blue Shield
P.O. Box 890089
Camp Hill, PA 17089-0089

The Medical Review Committee of physicians and other health professionals appointed by Blue Shield will review all appropriate information, as well as input from the senior vice president of professional affairs, prior to reaching a determination. If the committee agrees with the appealing provider, a letter of acceptance is sent. If it agrees with the previous decision, a letter is sent stating the initial decision remains unchanged. This is the final level of appeal for the provider.

The Society encourages deferred applicants to use the appeals process. In reviewing statistics from BlueChoice, another Blue Shield preferred provider program that uses a similar appeals process, approximately 60 percent of deferred appellants' initial decisions were reversed by the Credentialing Committee.

Appeal to the state or courts

The Blue Shield Enabling Act allows Blue Shield to exclude a physician from participation after notice and hearing, provided the Department of Health approves. The department is not required to grant a hearing before approving a Blue Shield exclusion. The insurer consistently advocates the view that its decisions in disputes with physicians are not reviewable by the courts. The Society anticipates that position will be litigated further.

Blue Shield may take additional actions that may provide an independent basis for suit. Defamation actions, for example, sometimes arise from exclusions from a managed care plan. The basis for such suits are untrue statements—"Dr. X is a bad physician"—which damage reputation.

A Final Word of Advice

Physicians who are excluded from PremierBlue, or who choose not to participate, may not be adversely affected. PremierBlue subscribers may go out of network without reduction in the payment allowance.

In addition, the enhanced allowances for E/M services rendered by primary care physicians apply regardless of whether the physician is in the network. Consequently, subscribers will not be penalized for using an out-of-network physician as long as *the physician is willing to accept the PremierBlue payment allowance as payment in full and to defer collection until the subscriber is paid by Blue Shield.*

On the other hand, physicians should also consider the potential disadvantages of not participating in PremierBlue when evaluating whether to reapply or appeal their exclusion:

• *No direct payment:* Out-of-network physicians may experience collection problems. When a PremierBlue subscriber uses an out-of-network provider, the Blue Shield payment will go to the subscriber. As in the case of par-doctor programs, physicians not in the network must look to PremierBlue subscribers for payment rather than Blue Shield. Some subscribers may pocket the Blue Shield reimbursement.

• *Exclusion from PremierBlue directories:* PremierBlue physicians will be promoted in directories, and subscribers will be assured of no balance billing when they use a PremierBlue physician.

Tip: Out-of-network physicians willing to forgo balance billing PremierBlue subscribers should develop a plan for communicating this information to current and prospective PremierBlue patients.

• *Referral limits:* Physicians dependent on physician referrals may be more affected. PremierBlue preferred providers are prohibited from referring to other than PremierBlue providers. While subscribers with a PremierBlue primary care physician can self-refer to out-of-network physicians, many will use the PremierBlue physician recommended by their primary care physicians. *Tip:* Check to see if your referral sources plan to participate.

TIPS: Out-of-network physicians willing to forgo balance billing PremierBlue subscribers should develop a plan for communicating this information to current and prospective PremierBlue patients.

Also, check to see if your referral sources plan to participate.

Prepared August 1993 by the Pennsylvania Medical Society's Division of Policy and Programs, and general counsel.

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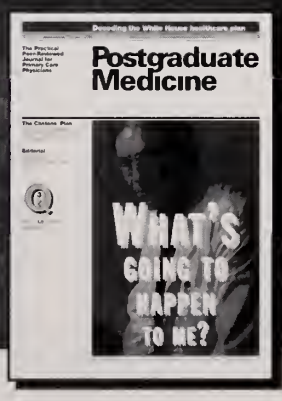

Screening Lab Studies in Nursing Homes: Are They Useful?

Sheryl A. Russ, DO

Editor's note: This review was originally presented at the Pennsylvania Society of Internal Medicine annual meeting, as part of a scientific symposium.

The validity of using laboratory studies as screening tools in the elderly population is questioned in this statistical article by a Danville internal medicine specialist.

Though the Pennsylvania Department of Health requires long-term care facilities to obtain annual complete blood counts and urinalyses on all residents, medical literature does not support the use of such studies as screening tools in the elderly population. Thus, the department's regulations appear to be based more on myth than mathematics.

The significance of asymptomatic bacteriuria has been widely discussed in medical literature.[1] Variation with age and gender has been established. Young males have a .03 percent prevalence, while young females have a two to four percent prevalence, with a one percent increase per decade. Elderly persons of both sexes have an equal prevalence of 10 percent.

Treatment of asymptomatic bacteriuria has not been shown to decrease morbidity or mortality. With the exception of young pregnant females, treatment does not prevent the development of acute symptomatic infections.[2] No etiologic relationship between bacteriuria and chronic renal failure has been established,[3] and no increase in mortality has been demonstrated.[4]

Also a yearly requirement of the Pennsylvania Department of Health, the complete blood count (CBC) has little proven value as a case-finding tool in the nursing home setting. Although anemia is common in this population, routine screening has limited usefulness and high aggregate costs.

According to World Health Organization criteria, anemia is defined as a hemoglobin level less than 12 g/dl in women and less than 13 g/dl in men. Although many studies have shown a decrease in hemoglobin values with aging, no age-based adjustments in the range of normality have been made.

The National Institute on Aging recently released results from a survey of community-based elderly patients, known as the Established Populations for Epidemiologic Studies of the Elderly (EPASE) project.[5] Data was compiled from 3,946 patients, all over 65 years of age. The participants resided in three communities in Massachusetts, Connecticut, and Iowa. The prevalence of anemia in this study was 15 percent in men and 12 percent in women. There was a decrease in mean hemoglobin of 0.5 g/dl per decade in men and 0.2 g/dl per decade in women.

Earlier epidemiologic studies performed by Elwood in Britain over the last two decades have shown that a rise in hemoglobin does not produce beneficial effects on cardiopulmonary or psychomotor function when initial levels are greater than 8 gm/dl.[6]

Therefore, the presumed goals of screening for asymptomatic anemia in the elderly are early detection of an underlying serious illness, such as malignancy, or prevention of long-term sequelae, such as the peripheral neuropathy and dementia caused by vitamin B12 deficiency.

It is a widely held fallacy that the CBC is an adequate indicator of vitamin B12 deficiency. Elwood examined 533 geriatric patients; 19 cases had vitamin B12 levels less than 100 pq/ml, and none of these patients had macrocytic indices. Therefore, it is difficult to justify the routine CBC as a screening test for asymptomatic vitamin B12 deficiency.

Additionally, the CBC has little value in the early detection of underlying serious illnesses. A recently published prospective study examined the usefulness of the routine CBC as a case-finding tool in medical outpatients.[7] Laboratory data was obtained from a total of 595 consecutive outpatients, with a mean age of 40 ± 15 years. A geriatric subgroup of 13 percent was included.

Of the 1540 CBCs performed, 5.8 percent of the hemoglobin values and 7.9 percent of the mean corpuscular volume val-

Dr. Russ specializes in internal medicine at Geisinger Medical Center, Danville.

ues were abnormal. Further work-up was pursued in these cases, and the diagnostic yield was poor. In only three patients (0.5 percent) was a new diagnosis made which led to a new management strategy. All three cases were attributed to iron-deficiency anemia secondary to non-life-threatening uterine or gastrointestinal blood loss.

Using an anemia case-finding rate of 0.5 percent, as established in this recent study, an estimation can be made of the cost per case discovered in Pennsylvania nursing home residents. Census statistics record approximately 80,275 nursing home residents in Pennsylvania; 67 percent are Medicare/Medicaid recipients, and 30 percent are self pay.[8]

With a cost of $20.50 per CBC, the net cost is $1,645,637, of which $1,102,577 is paid by Medicare/Medicaid. With a case-finding rate of 0.5 percent, 400 new diagnoses could be made each year at a cost of $4,000 per case. The total cost is clearly high for a probable diagnosis of asymptomatic iron-deficiency anemia.

Similar extrapolations can be made for the total expense of routine urinalysis in this population. With a cost of $13 per urinalysis, the total is $1,043,575 annually.

These calculations do not include the additional costs of specimen collection fees and extra diagnostic studies which might be ordered in the evaluation of abnormal laboratory values. The CBCs and urinalyses are relatively inexpensive "little ticket" items, but they can easily lead to an exhaustive and even more expensive medical work-up.

Further prospective studies that focus specifically upon the nursing home population are needed. However, until benefit has been clearly proven in the literature, the Pennsylvania Department of Health should reconsider its position on mandatory laboratory testing on an annual basis. Resource allocation should be based upon the medical literature and needs of the population being served, not on medical myths.

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Clearfield Election to AMA Post Strengthens State Society's Role

Maria T. Montesano
Assistant Managing Editor

Ronald J. Clearfield, MD, a Westmoreland County radiologist and chairman of the State Society's Committee on Bylaws, was elected during the AMA's annual meeting in Chicago in June to the AMA's Council on Constitution and Bylaws. His election further strengthens Pennsylvania's visibility and involvement on the national level of organized medicine.

Other members of the Pennsylvania delegation holding AMA positions include: William H. Mahood, MD, Council on Medical Service; Robert N. Moyers, MD, Council on Medical Education; Jonathan E. Rhoads Jr., MD, Council on Long Range Planning and Development; and Lee H. McCormick, MD, chairman, AMA Hospital-Medical Staff Section Governing Council. Also, the State Society's board has endorsed the reelection in October of R. William Alexander, MD, to the American Medical Political Action Committee (AMPAC).

Dr. Clearfield attributes the election success of the delegation in recent years "to its leadership, to its organized and realistic campaigning, and to the expert assistance of State Society staff." Of his own election he says, "It's an honor to be elected to a national position. I couldn't have done it without the enthusiastic cooperation of the state delegation."

One of the immediate roles of the AMA's Council on Constitution and Bylaws, according to Dr. Clearfield, is to work with new specialty societies to ensure their representation at the national level while still preserving the AMA's 4:1 state medical society to specialty society ratio and the House of Delegates' cap of just over 500 physicians. He says the council will continue to monitor the House's member formula to ensure that it remains "equitable and acceptable," as well as establish appropriate bylaws language where needed.

Ronald J. Clearfield, MD (center), elected to the AMA Council on Constitution and Bylaws at the AMA's annual meeting in June, signs "the Constitution" during the Pennsylvania delegation reception promoting Dr. Clearfield's candidacy. The theme of the reception was the drafting of the U.S. Constitution. Pictured with Dr. Clearfield are his wife, Alice (right), and "Benjamin Franklin."

Dr. Clearfield, active with the State Society's Committee on Bylaws for several years, says this draws his interest "because it is the framework under which the organization operates." He was instrumental in submitting a 1989 AMA resolution that led to the current criteria for specialty society representation in the AMA House; he says he will rely on such experiences in his new position.

AMA House actions

As a result of action at the AMA's annual meeting, its Board of Trustees is studying a detailed plan to maintain the viability of the fee-for-service practice of medicine, with emphasis on patient choice of physician.

The plan, approved by the AMA House in June, proposes that the resource based relative value scale (RBRVS) could form the basis for public- and private-sector payment. Physicians and payers would set their own dollar conversion factors, which can then be multiplied by the RBRVS to produce the fees.

For patients, this means free choice of physician, competitive premiums, and predictable out-of-pocket expenses. For physicians, it means strengthened market forces will regulate their fees rather than government price controls.

Also at is annual meeting, the House adopted a policy statement on physician profiling and recommendations for its use. The guidelines advocate that managed care organizations, third-party payers, government entities, and others that develop physician profiles adhere to a set of predetermined principles.

Pennsylvania's success

The Pennsylvania delegation's effort was again successful during the AMA's annual meeting. Of 15 resolutions proposed, three were adopted without amendment, one was adopted with amendment, two substitute resolutions were adopted in lieu of Pennsylvania resolutions,

three resolutions were reaffirmed, and six were referred to the board.

Adopted resolutions direct the AMA to: 1) prevent distortion in physician reimbursement which would occur if the reduced payment for "over-valued practice expenses" goes into effect before applying resouce based methodology to calculate practice expense in the Medicare fee schedule; 2) encourage that all levels of medical education include education in pesticide and herbicide toxicity; 3) continue to study electronic and computer technologies to assess methods for organizations to facilitate easy and ready access, and use of practice parameters; and 4) work with payers to ensure that practice parameters are employed to modify provider performance variation before denial of reimbursement.

Substitute resolutions—those calling for similar action and adopted in place of proposed Pennsylvania resolutions—addressed misuse of hypnosis and other techniques of "memory enhancement/creation," and clinical outcomes data and accuracy of quality measurement. Reaffirmed resolutions—those not adopted, but "reaffirmed" by the House because they are consistent with already established AMA policies and actions—addressed tobacco subsidies and development of a standardized application form for managed care entities.

Other activity

Also at the annual meeting:

• Hillary Rodham Clinton's 50-minute opening session on health system reform attracted national media attention. Though she gave no details on how the president's proposal will be financed, she indicated that elements of the White House plan are in line with the AMA's Health Access America plan.

• Joseph T. Painter, MD, vice president for health policy and professor of medicine, University of Texas M.D. Anderson Cancer Center, was inaugurated as the 148th president of the AMA. Robert E. McAfee, MD, AMA trustee, was named president elect.

• The House of Delegates adopted resolutions for the AMA to continue to fight for modifications to the Clinical Laboratory Improvement Act of 1988 to allow physicians to continue providing lab services in their offices, and to strengthen its fight to dissolve the National Practitioner Data Bank. The House also adopted a $20 membership dues increase for 1994.

Forty-six members of the Pennsylvania Delegation to the AMA posed for this group photo at the annual meeting of the AMA House held in June in Chicago. The success of their efforts continues to grow each year. Six members now hold AMA positions, and of 15 resolutions introduced at the June meeting, nine were adopted or reaffirmed.

WOMEN IN MEDICINE NEWS

MEDICINE RECOGNIZES FEMALE PHYSICIANS

The American Medical Association has designated September as "Women in Medicine Month" to recognize the work of female physicians, encourage women to consider a career in medicine, and encourage those already in the field to consider joining organized medicine. This year's theme is "Women in Charge."

Statistics show that female physicians represented 18.1 percent of all physicians in 1992, up from 11.6 percent in 1980 and from 7.6 percent in 1970. Also, according to information from Pennsylvania's eight medical schools, 40 percent of 1993 MD and DO graduates were women.

Other data show:

• two out of three women physicians specialize in seven areas—internal medicine, pediatrics, general practice, psychiatry, anesthesiology, obstetrics/gynecology, and pathology; and

• women are about three times as likely as men to be pediatricians and less than half as likely to specialize in general surgery or a surgical subspecialty.

The Pennsylvania Medical Society believes the latter will have a special significance as our country looks toward a health system that focuses on preventive care instead of treatment of disease.

The Society, encouraging county societies to honor women physicians through a series of activities, has developed and mailed to all counties a "Women in Charge" packet. Activities suggested in the packet include educational and informational programs, and recognition events and awards. Also included were program ideas, a feature story/opinion-editorial on women in medicine, and related data.

In other efforts, this month the Society mailed a news release to the media to promote "Women in Charge" statewide.

For additional information, members may call the AMA at (800) AMA-3211, or the State Society's Department of Media Relations at (800) 228-7823 or (717) 558-7750.

RBRVS NEWS

HCFA PUBLISHES RBRVS REVISIONS

The Health Care Financing Administration (HCFA) in July published the Notice of Proposed Rulemaking on technical revisions to the Medicare resource based relative value scale (RBRVS) fee schedule.

The proposed rule addresses such changes to the fee schedule as:

• HCFA's plans to refine physician work relative value units (RVUs) in 1994,

• development of RVUs for Medicare services not already included in the fee schedule,

• RVUs for services not covered by Medicare,

• application of the site of services differential,
• changes in physician fee schedule payment areas,
• severity adjuster for services paid under the fee schedule,
• payment for prolonged evaluation/management (E/M) visits and for standby surgical teams,
• policy issues relating to global surgical procedures, and
• payment for case management services.

Also, HCFA has announced revised fee schedule allowances for eight procedure codes.

The revised fees became effective May 1, 1993, for services performed on and after January 1, 1993. For detailed information, see the April 19, 1993, issue of the *Medicare Special Bulletin*.

EINSTEIN ANNOUNCES NEW WOMEN'S HEALTH PROGRAM

Albert Einstein Medical Center has established a Women's Heart Program, devoted specifically to women's health issues.

The program incorporates a team of physicians from various specialties involving women's health. Leading the team are Einstein cardiologists who have the latest information about how heart disease affects women and how women respond to different treatments.

Einstein kicked off the program—dedicated to the prevention, detection, and treatment of heart disease, the leading cause of death in women—this past spring with screenings and risk analyses. The screenings included testing of cholesterol levels, resting heart rate, blood pressure, and blood glucose levels; the risk analyses allow cardiologists to form a profile of a woman's likelihood of developing heart disease.

Educational events and lectures are also planned to help women take control of their heart disease risks, a resource library has been created, and continuing education opportunities are being developed to keep medical professionals current with the latest findings.

For additional information, call (800) EINSTEIN.

PMSLIC ISSUES SEMI-ANNUAL CLAIMS STATISTICS REPORT

The Pennsylvania Medical Society House of Delegates Resolution 86-17 requires that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) report certain claims statistics to the House of Delegates on a semi-annual basis.

In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 PENNSYLVANIA MEDICINE. Included in the following tables is an update of the most recent five years' experience of the data requested by the resolution.

Table 1 (below): Joinders—includes PMSLIC physicians joined by other

TABLE 1: Number of cases in which a physician is joined as an additional defendant by a hospital or physician

Since beginning tracking joinder data on April 7, 1987, 108 PMSLIC insureds were joined by other parties through June 30, 1993, as follows:

PMSLIC Insured Joined By:	Number of Times:
Hospital	51
Other Physician	26
Nursing Home	3
Commercial Business	5
Plaintiff	4
Pharmacy/Pharmacist	9
Manufacturer	1
Drug Company	1
Other	8
TOTAL	**108**

During the same period, PMSLIC joined 21 other parties, as follows:

Party Joined By PMSLIC:	Number of Times:
Hospital	2
Physician	10
Drug Company	1
Manufacturer	4
Other	4
TOTAL	**21**

TABLE 2: Number of claims and suits filed by specialty from July 1, 1988-June 30, 1993*

Specialty	Total Claims and Suits
Allergy	8
Anesthesiology	156
Cardiac Surgery	19
Cardio-Thoracic Surgery	24
Cardio-Vascular Surgery	51
Cardio-Vascular & Thoracic Surgery	64
Cardiology	182
Colon-Rectal Surgery	0
Dermatology	49
Emergency Medicine	121
Family Practice	386
Gastroenterology	19
General Practice	221
General Surgery	435
Geriatrics	1
Gynecology	20
Hematology	1
Hematology/Oncology	8
Industrial Medicine	5
Infectious Diseases	2
Internal Medicine	782
Nephrology	4
Neurology	79
Neurosurgery	118
Nuclear Medicine	3
Obstetrics	0
OB/GYN	538
Oncology	8
Ophthalmology	149
Orthopedics	6
Orthopedic Surgery	378
Otolaryngology	79
Pathology	24
Pediatrics	202
Plastic Surgery	143
Preventive Medicine	1
Proctology	5
Psychiatry	35
Pulmonary Diseases	0
Radiology	288
Rehabilitation/Physiotry	75
Rheumatology	9
Thoracic Surgery	20
Urology	84
Vascular Surgery	16
Vascular/Thoracic Surgery	7
Not Otherwise Classified	28
Other Practitioners	
Clinical Psychologist	1
Nurse Anesthetist	15
Nurse Midwife	0
Nurse Practitioner	2
Physician's Assistant	5
Physiotherapist	0
Registered Nurse	6
Surgical Technician	4
X-Ray Technician	1
Other Practitioner	1
Corporate Liability	878
Partnership Liability	41
GRAND TOTAL	**5,807**

** Claims and suits filed during this period resulted from policy years 1978-1993. PMSLIC's limit of liability is $100,000 per incident for policy years 1978-1982, $150,000 for 1983, and $200,000 for 1984-1993.*

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For more information, contact the Office of Continuing Education at 215-762-8263.

OCTOBER 1993

October 6th
Pathway of Discovery of Cystic Fibrosis: Link to Transmembrane Chloride Transport
Michael J. Welsh, MD
Professor of Internal Medicine Physiology and Biophysics, University of Iowa College of Medicine, Investigator, Howard Hughes Medical Institute, Iowa City, IA

October 13th
Hirsutism
Leslie I. Rose, MD
Professor of Medicine
Director, Division of Metabolism and Endocrinology, Hahnemann University

October 20th
Myocardial Ischemia
William Frishman, MD
Professor and Associate, Chairman, Weller Hospital of the Albert Einstein College of Medicine, Bronx, NY

October 27th
Magnesium: The Forgotten Electrolyte
Joseph DiPalma, MD
Emeritus Professor of Pharmacology, Hahnemann University

Therapeutic Developments in the Magnesium Therapy of Diabetes and Hypertension
Lawrence M. Resnick, MD
Professor of Physiology & Medicine
Director of Hypertension, Division of Endocrinology & Hypertension, Wayne State University Medical Center, Detroit, MI

Role of Magnesium in Myocardial Infarction
Thomas G. Giles, MD
Professor of Medicine
Director, Cardiovascular Research Lab., Director, Hypertension & Heart Failure Center
Louisville State University, New Orleans, LA

NOVEMBER 1993

November 3rd
Asthma/Sinusitis
David M. Lang, MD
Assistant Professor of Medicine
Director, Allergy/Immunology
Co-Director, Allergy and Asthma Center, Division of Allergy, Critical Care, and Pulmonary Medicine, Hahnemann University

November 10th
Management of Thoracic Aortic Aneurysm
Leonard S. Drelfus, MD
Professor of Medicine
Director, Division of Cardiovascular Diseases, Hahnemann University

Stanley K. Brockman, MD
Professor and Chairman, Department of Cardiothoracic Surgery, Hahnemann University

Krishnaswamy Chandrasekaran, MD
Associate Professor of Medicine
Director, Cardiac Ultrasound, Division of Cardiovascular Diseases, Hahnemann University

November 17th
Bullous Disorders
Richard L. Spielvogel, MD
Professor and Acting Chair, Department of Medicine
Director, Division of Dermatology
Hahnemann University

November 24th
No Grand Rounds — Holiday

DECEMBER 1993

December 1st
Recent Advances in Diagnosis and Treatment of Infectious Diarrhea
Jon Molavl, MD
Associate Professor of Medicine
Director, Division of Infectious Diseases
Hahnemann University

December 8th
Hepatitis "C" - 1994 (Acute or Chronic)
Gary Gitnick, MD
Professor of Medicine
Chief, Division of Digestive Diseases
UCLA Medical Center
Los Angeles, CA

December 15th
Abnormalities of Thrombosis and Thromboembolism
Marc Cohen, MD
Associate Professor of Medicine
Director, Cardiac Catheterization Laboratories, Division of Cardiovascular Diseases
Hahnemann, University

December 22nd
No Grand Rounds — Holiday

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

October 6th
Pulmonary Enzymatic Deficiencies (Cystic Fibrosis)
Course Director:
Edward L. Schulman, MD

November 3rd
Advances in Allergy and Immunology for the Practicing Physician
Course Director:
David M. Lang, MD

December 15th
Abnormalities of Thrombosis and Thromboembolism
Course Director:
Marc Cohen, MD

Seminar Director: Allan B. Schwartz, MD, Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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TABLE 3: Number of claims and suits (C & S) filed by specialty from July 1, 1988-June 30, 1993*

Specialty	# Open C & S	Closed Settlement No Loss Payment # C & S	Closed Settlement No Loss Payment Avg Exp Pmt	Closed Verdicts No Loss Payment # C & S	Closed Verdicts No Loss Payment Avg Exp Pmt	Closed Settlements With Loss Payment # C & S	Closed Settlements With Loss Payment Avg Loss Pmt	Closed Settlements With Loss Payment Avg Exp Pmt	Closed Verdicts With Loss Payment # C & S	Closed Verdicts With Loss Payment Avg Loss Pmt	Closed Verdicts With Loss Payment Avg Exp Pmt
Physician Specialties											
Allergy	6	2	$ 1,099	0	$ -0-	0	$ -0-	$ -0-	0	-0-	$ -0-
Anesthesiology	73	43	2,866	2	37,654	37	20,227	1,217	1	200,000	19,470
Cardiac Surgery	9	10	2,887	0	-0-	0	-0-	-0-	0	-0-	-0-
Cardia-Tharacic Surg.	13	10	2,203	0	-0-	1	40,000	31,728	0	-0-	-0-
Cardia-Vasc. Surg.	22	18	2,083	2	21,929	7	82,143	11,746	2	150,000	35,128
Cardia-Vascular & Tharacic Surgery	47	14	3,573	0	-0-	3	55,000	8,159	0	-0-	-0-
Cardiology	125	53	4,391	0	-0-	4	122,438	13,877	0	-0-	-0-
Calan-Rectal Surgery	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatalogy	25	19	2,223	2	10,362	3	25,000	184	0	-0-	-0-
Emergency Medicine	58	45	3,702	2	19,339	13	80,954	8,679	3	35,833	7,904
Family Practice	223	114	4,037	5	20,240	43	115,986	12,251	1	3,600	4,350
Gastraenteralagy	9	9	3,576	0	-0-	1	25,000	3,821	0	-0-	-0-
General Practice	112	65	3,503	7	40,396	36	89,115	9,473	1	4,050	6,606
General Surgery	234	122	4,219	8	21,995	70	103,499	9,768	1	200,000	27,793
Geriatrics	0	1	8,658	0	-0-	0	-0-	-0-	0	-0-	-0-
Gynecalogy	8	5	2,884	0	-0-	7	98,571	5,020	0	-0-	-0-
Hematalogy	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Hematalogy/Oncalogy	6	2	1,318	0	-0-	0	-0-	-0-	0	-0-	-0-
Industrial Medicine	3	1	9,794	0	-0-	1	130,000	699	0	-0-	-0-
Infectiaus Diseases	2	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	468	240	4,304	10	23,669	61	104,457	10,945	3	70,835	21,290
Nephralagy	4	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Neuralagy	37	36	6,030	2	26,898	4	111,875	24,310	0	-0-	-0-
Neurasurgery	61	42	4,662	4	7,198	7	113,214	8,687	4	108,827	30,387
Nuclear Medicine	1	1	3,620	0	-0-	1	60,000	75	0	-0-	-0-
Obstetrics	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
OB/GYN	302	161	3,473	9	26,548	64	101,901	8,873	2	141,243	23,246
Oncalagy	3	5	296	0	-0-	0	-0-	-0-	0	-0-	-0-
Ophthalmalagy	78	51	3,228	5	16,218	15	123,892	5,148	0	-0-	-0-
Orthapedics	1	5	3,682	0	-0-	0	-0-	-0-	0	-0-	-0-
Orthapedic Surgery	199	133	3,118	10	19,025	36	88,472	7,649	0	-0-	-0-
Otalaryngalogy	32	33	2,650	2	26,107	12	54,003	5,246	0	-0-	-0-
Pathalogy	18	3	9,528	0	-0-	3	97,500	6,436	0	-0-	-0-
Pediatrics	123	54	3,474	7	20,008	18	110,181	10,543	0	-0-	-0-
Plastic Surgery	95	37	2,704	2	22,342	8	65,994	8,854	1	3,803	18,586
Preventive Medicine	0	1	21,584	0	-0-	0	-0-	-0-	0	-0-	-0-
Practalogy	1	0	-0-	0	-0-	4	106,250	11,623	0	-0-	-0-
Psychiatry	20	11	8,931	2	22,965	2	102,400	15,902	0	-0-	-0-
Pulmanary Diseases	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Radialagy	174	88	4,651	2	32,938	24	76,410	8,901	0	-0-	-0-
Rehabilitatian/Physiatry	53	20	4,912	0	-0-	2	200,000	26,865	0	-0-	-0-
Rheumatalogy	7	2	8,477	0	-0-	0	-0-	-0-	0	-0-	-0-
Tharacic Surgery	9	9	2,258	0	-0-	2	11,100	993	0	-0-	-0-
Uralogy	55	23	6,480	1	21,121	5	65,500	9,129	0	-0-	-0-
Vascular Surgery	11	4	6,206	1	27,788	0	-0-	-0-	0	-0-	-0-
Vasc. & Tharacic Surg.	4	3	1,870	0	-0-	0	-0-	-0-	0	-0-	-0-
Nat Oth. Classified	15	5	3,891	2	19,106	5	21,500	7,127	1	162,784	25,636
Other Practitioners											
Clinical Psychalagist	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Anesthetist	3	4	1,669	0	-0-	8	12,125	1,267	0	-0-	-0-
Nurse Midwife	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Practitianer	1	0	-0-	1	6,265	0	-0-	-0-	0	-0-	-0-
Physician's Assistant	3	1	1,425	0	-0-	1	150,000	83	0	-0-	-0-
Physiatherapist	0	0	-0-	0	-0-	0	0	-0-	0	-0-	-0-
Registered Nurse	5	0	-0-	0	-0-	1	7,500	134	0	-0-	-0-
Surgical Technician	3	1	6,813	0	-0-	0	-0-	-0-	0	-0-	-0-
X-Ray Technician	0	1	1,484	0	-0-	0	-0-	-0-	0	-0-	-0-
Other Practitianer	0	0	-0-	0	-0-	1	4,000	2,923	0	-0-	-0-
Carparate Liability	577	245	4,750	31	19,093	21	87,574	7,214	4	168,750	21,490
Partnership Liability	27	12	6,969	2	12,409	0	-0-	-0-	0	-0-	-0-
GRAND TOTALS	**3,367**	**1,764**	**$4,033**	**121**	**$21,710**	**531**	**$89,525**	**$8,713**	**24**	**$107,793**	**$21,428**

** Claims and suits filed during this period resulted fram palicy years 1978-1993. PMSLIC's limit af liability is $100,000 per incident far palicy years 1978-1982, $150,000 far 1983, and $200,000 far 1984-1993.*

parties and other parties joined by PMSLIC.

Table 2 (page 36): Number of claims and suits filed by specialty, July 1, 1988, to June 30, 1993.

Table 3 (above): Cost of claims and suits filed by specialty, July 1, 1988, to June 30, 1993.

Questions or comments should be directed to Jane Conley, Director of Medical Research and Statistics, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375, (717) 558-7500, extension 501.

COUNTY SOCIETY NEWS

CLINTON COUNTY RECOGNIZES VOLUNTEERS

The Clinton County Medical Society at its annual dinner meeting in June recognized two Society physicians, an American Red Cross volunteer, and a volunteer group for their contributions to the community.

Honored for 50 years of medical service were John L. Brown, MD, and John P. Brandt, MD, both of Lock Haven. Dr. Brown, a retired family practioner, joined the State Society in May 1946; Dr. Brandt, a practicing ophthalmologist, joined in 1947.

Receiving Benjamin Rush Awards at the annual dinner were Vito C. Lapriola and the group, More Than Bread. Lapriola was chosen for his individual volunteer contributions to the Clinton County Chapter of the American Red Cross. He has been an active member with the chapter for the past three years and is also noted for his civic involvement, having served as Mayor of Avis Borough and president

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of its council for 13 years. More Than Bread, founded in 1983, is a group of 35 volunteers who serve a daily free lunch to more than 40 Lock Haven area residents. Financial contributions to offset program costs come from area churches, civic clubs, and individuals, and food is donated by churches, civic clubs, and local supermarkets.

YOUTHS PARTICIPATE IN ANIT-VIOLENCE ASSEMBLY

More than 700 Pennsylvania youths participated in the first Pennsylvania Dr. Martin Luther King Jr. Youth Assembly, held in Harrisburg in June. With support from the State Society, the assembly sought to educate young people with the philosophy and principles of non-violence as taught and lived by Dr. King, as well as teach them the importance of respect for others and conflict resolution skills.

Dr. King's daughter, Rev. Bernice King, and his nephew, Rev. Derek King, were featured speakers, along with state and local dignitaries. Workshop topics included the civil rights movement in America and abroad; health care, business, and law enforcement issues; and "life skills." Also, in a special segment of the program, participants worked in service projects in the Harrisburg area.

AMA NEWS

SOCIETY RECEIVES DUES REBATE FROM AMA

The State Society has received $108,904 from the American Medical Association (AMA) as a 1993 dues rebate, the continuation of support following unification with the national organization in 1989.

In keeping with Society policy, 50 percent of the rebate was distributed to county medical societies. Seventy-five percent of that amount is for AMA dues reported by January 15, twenty percent for AMA dues reported between January 16 and Feburary 15, and five percent for AMA dues reported between February 16 and March 15.

MEDICAL SCHOOL NEWS

PENN, PITT RECEIVE RWJF FACULTY GRANTS

The University of Pennsylvania and University of Pittsburgh Schools of Medicine were among 15 U.S. medical schools to receive four-year grants of up to $240,000 to assist the career development of an outstanding member of their generalist physician faculty.

The grants are part of the Robert Wood Johnson Foundation's (RWJF's) Generalist Physician Faculty Scholars program, aimed at increasing the number of junior faculty who achieve senior rank within generalist disciplines. Besides serving as role models for students, scholars at each school will conduct research related to the practice of generalism, such as ways to reduce unnecessary hospital admissions, reduce barriers to care for immigrants, and prevent childhood violence.

Grant applications for the next round are due October 1, 1993. For information, call Nancy E. Foster at (202) 687-2937.

MOLECULAR OPHTHALMOLOGY CENTER ESTABLISHED

The F.M. Kirby Center for Molecular Ophthalmology will be established this fall at the University of Pennsylvania Medical School, Philadelphia. Made possible by a $5 million contribution from the F.M. Kirby Foundation of Morristown, New Jersey, this will be the first molecular biology center devoted exclusively to developing gene therapy for hereditary causes of vision loss.

The center will occupy 11,000 square feet in one of the biomedical research buildings on the University of Pennsylvania campus, and its proximity to other biochemistry, biophysics, and cell biology laboratories will facilitate collaborative efforts in the field of ophthalmic biomedical research.

Dr. Fine

Under the leadership of Stuart L. Fine, MD, chairman of ophthalmology and director of the Scheie Eye Institute, the center will recruit and support visual scientists whose primary mission is to develop gene therapy for hereditary causes of blindness.

SPECIALTY SOCIETY NEWS

ORTHOPODS TO DISCUSS PROCEDURE COMPLICATIONS

The Pennsylvania Orthopedic Society at its fall meeting will discuss complications of commonly performed procedures. The meeting is scheduled November 4-6, 1993, at the Four Seasons Hotel, Philadelphia.

Featured speakers include: Victor H. Frankel, MD, president/CEO and chairman of orthopedic surgery, Hospital for Joint Diseases, Orthopedic Institute, Philadelphia, who will present "Ilizarov Technique in the Salvage Treatment of Difficult Tibial Non-Unions"; and Alan H. Wilde, MD, vice president, Cleveland Center for Joint Reconstruction, who will present "Management of Infected Total Knee Replacement."

For information or registration, call Kathy York at (800) 228-7823 or (717) 558-7750.

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- Plans for 1993 Emergency Department renovation
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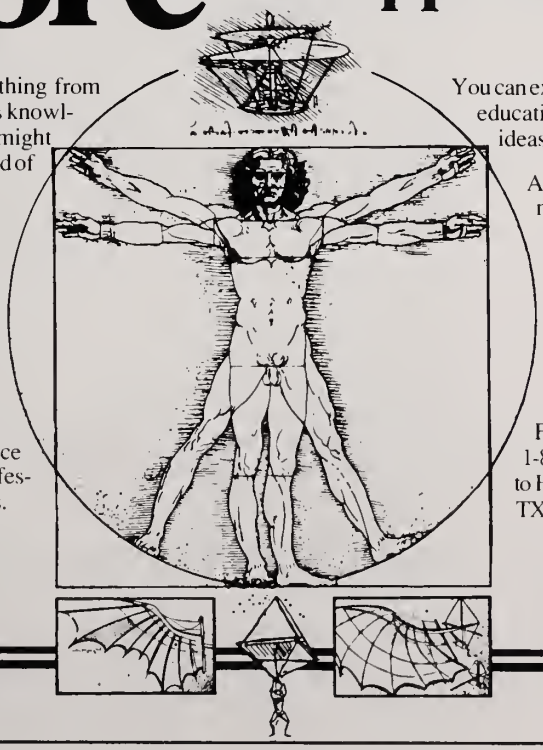

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AIM HIGH
AIR FORCE

NEWSMAKERS

Mrs. Jean Greco

Jean Greco, immediate past president of the Pennsylvania Medical Society Auxiliary, has been elected to the AMA Alliance Nominating Committee for 1993-94. Her husband, Victor F. Greco, MD, is vice chairman of the State Society Board of Trustees.

A group of 20 Pittsburgh pediatricians and family practitioners administered preliminary physical examinations to preschoolers enrolled in the North View Heights Head Start Program. Heading the volunteer effort were **Daniel M. Graff, MD,** and Allegheny County Medical Society Board Member **James G. Pitcavage, MD**.

The Pennsylvania Academy of Family Physicians (PAFP) has installed new officers: **Tom Weida, MD,** Lancaster, president; **Neil Lesitsky, MD,** Albrightsville, president elect; **David Baer, MD,** Everett, vice president; **Robert Robison, MD,** Harrisburg, treasurer; **Kimberly Manganaro, MD,** Lewistown, speaker of the house of delegates; **John Woodyear, MD,** vice speaker of the house; **Edward Kelley, MD,** Chester County, delegate to the American Academy of Family Physicians (AAFP); and **Leo Hartz, MD,** Muncy, alternate delegate to AAFP. The following have been elected to three-year terms on PAFP's board of directors: **Peter Cognetti, MD,** Clarks Summit; **Lynn Guiser, MD,** Mifflintown; and **Ronald J. Buckley, MD,** Allentown.

Dr. Kay

Michael L. Kay, MD, senior associate surgeon, Cataract and Primary Eye Care Service, Wills Eye Hospital, Philadelphia, has been named president elect of the Eye Section of the Philadelphia County Medical Society.

Helen F. Krause, MD, Pittsburgh, received the Pennsylvania Academy of Otolaryngology-Head and Neck Surgery's Distinguished Service Award for her contributions to the academy and the community.

Dr. Marlowe

Frank I. Marlowe, MD, chief of otolaryngology and head and neck surgery at the Medical College of Pennsylvania and Presbyterian Medical Center, Philadelphia, was installed as president of the Pennsylvania Academy of Otolaryngology-Head and Neck Surgery. **Ernest L. McKenna Jr., MD,** clinical professor, of otolaryngology, Thomas Jefferson School of Medicine, Philadelphia, and president of the medical staff and senior attending otolaryngologist, Bryn Mawr Hospital, was voted president elect.

Leonard Smith, DO, received the 1993 Raymond J. Saloom Award presented by the Pennsylvania Osteopathic General Practitioners Society.

William B. McMillan, MD, instructor of medicine, University of Pittsburgh School of Medicine, has been named vice president of medical affairs at St. Clair Memorial Hospital, Pittsburgh.

Marvin Kanefield, DO, director of adult psychiatry, Friends Hospital, Philadelphia, and medical director of Friends Psychiatric Health Services, has been installed as president of the Psychiatric Physicians of Pennsylvania. Other officers include: **Michael Vergare, MD,** president elect; **Thomas Horn, MD,** vice president; **William Dubin, MD,** secretary; and **Gene L. Cary, MD,** treasurer.

Lain Tetrick, MD, a retired occupational medicine physician from Pittsburgh, received the American College of Occupational and Environmental Medicine's Meritorious Service Award for his leadership of the college's Task Force 2000 long-range planning project and his other college activities.

Robert L. Boyd, MD, Gladwyne, authored an article in the *Journal of Cellular Physiology*. A practicing oncologist on staff at Delaware County Memorial Hospital, Drexel Hill, Dr. Boyd also was a principal investigator and co-authored a paper featured in the *Journal of Clinical Oncology*.

David M. Siegel, MD, JD, clinical instructor of emergency medicine, University of Pittsburgh School of Medicine, has been appointed chief medical officer, National Emergency Services, Inc.

Frank J. Suatoni Jr., MD, medical director, Allegheny Outpatient Surgery Center, was one of 39 health care professionals in the U.S. and Canada to be named a fellow in the Creating Healthier Communities Fellowship Program of the Healthcare Forum, an international educational foundation.

Dr. Strong

Michael D. Strong III, MD, associate professor and vice chair of cardiothoracic surgery, Hahnemann University, Philadelphia, has been promoted to major general in the U.S. Army Reserve. As major general, Dr. Strong will oversee medical readiness in all military branches for the Joint Staff.

Charles S. Yanofsky, MD, chief of neurology, has been elected president of the medical staff of Harrisburg Hospital.

Milton Freiwald, MD, Philadelphia, recently accepted a lifetime membership by the American College of Eye Surgeons. Dr. Freiwald was the first ophthalmologist and ophthalmic surgeon to be invited to the former USSR, as emissary to President John F. Kennedy Jr., to lecture at the famous Helmoholtz Eye Institute, Moscow, and the Filatove Eye Institute, Odessa. In his latest endeavor, he established an exchange program in pharmacology between graduate students at the School of Medicine University of Graz, Austria, and the Medical College of Pennsylvania, Philadelphia.

Bruce D. Klaskin, DO, medical director of the Brain Injury Program, Rehab Hospital of York, was named a fellow of the American College of Pain Medicine.

Phillip C. Taylor, MD, Philadelphia, has been appointed chief of geriatrics, Germantown Hospital and Medical Center.

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OBITUARIES

James M. Campbell Jr., MD, *State College*
Thomas Jefferson Medical College, 1937; age 82, died May 20, 1993. Dr. Campbell was an ophthalmologist.•

Victor G. Colvin, MD, *Bedford*
University of Pennsylvania School of Medicine, 1931; age 89, died May 27, 1993. Dr. Colvin was a general practitioner.•

Wallace L. Davidson, MD, *Sunnyeytown*
Hahnemann University School of Medicine, 1946; age 72, died June 16, 1993. Dr. Davidson was an occupational physician.•

Joseph A. DeCaro, MD, *Upper Darby*
Hahnemann University School of Medicine, 1940; age 79, died June 2, 1993. Dr. DeCaro was a family practitoner.•

George A. Dragan, MD, *Clairton*
University of Pittsburgh School of Medicine, 1932; age 87, died May 21, 1993. Dr. Dragan was a family practitioner.•

Thomas D. Duane, MD, *Bedminster*
Northwestern University Medical School, IL, 1944; age 75, died June 20, 1993. Dr. Duane was an ophthalmologist.•

Henry G. Ferri, MD, *Carnegie*
University of Maryland School of Medicine, 1943; age 75, died June 8, 1993. Dr. Ferri was an otolaryngologist.•

Hymel Fishkin, MD, *Natrona Heights*
University of Pittsburgh School of Medicine, 1932; age 84, died May 21, 1993. Dr. Fishkin was a general surgeon.•

John L. Flanigan Jr., MD, *Lehighton*
Thomas Jefferson Medical College, 1954; age 63, died June 14, 1993. Dr. Flanigan was a general surgeon.•

William F. Fox, MD, *Coplay*
Thomas Jefferson Medical College, 1927; age 91, died July 5, 1993. Dr. Fox was an occupational physician.•

Norman A. Hetzler, MD, *Monaca*
University of Pennsylvania School of Medicine, 1942; age 78, died May 30, 1993. Dr. Hetzler was a general surgeon.•

Charles C. Leighton, MD, *Ambler*
Harvard Medical School, 1964; age 54, died June 1, 1993. Dr. Leighton was a pharmacologist.•

Jay G. Linn Jr., MD, *Pittsburgh*
Temple University School of Medicine, 1940; age 76, died June 12, 1993. Dr. Linn was an ophthalmologist.•

Florence L. Marcus, MD, *Pittsburgh*
University of Pittsburgh School of Medicine, 1929; age 94, died May 20, 1993. Dr. Marcus specialized in public health.•

Nicholas M. Mittica, MD, *New Castle*
University of Pittsburgh School of Medicine, 1951; age 72, died May 15, 1993. Dr. Mittica was an ophthalmologist.•

Joseph P. Moskal, MD, *Jenkintown*
University of Pennsylvania School of Medicine, 1949; age 70, died May 24, 1993. Dr. Moskal was an anesthesiologist.•

Edwin M. Price, MD, *Confluence*
University of Pittsburgh School of Medicine, 1935; age 82, died June 9, 1993. Dr. Price was a general practitioner.•

Elmer M. Reed, MD, *State College*
Thomas Jefferson Medical College, 1936; age 82, died May 21, 1993. Dr. Reed was an otolaryngologist.•

Hans S. Roe, MD, *Carlisle*
University of Graz Medical School, 1938; age 80, died June 3, 1993. Dr. Roe was an anesthesiologist.•

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A New PRO Direction

Donald E. Harrop, MD

This month we take a look at one of the most important changes the Health Care Financing Administration has made to peer review—the Health Care Quality Improvement Initiative.

In articles earlier this year, I mentioned the changes the Health Care Financing Administration (HCFA) has made in the overall philosophy of the PRO program. The most important of these changes were significant reductions in individual case review and punitive aspects of the program, and strong emphasis on pattern analysis and education. This new direction—which is part of the Fourth PRO Scope of Work and which began for the Keystone Peer Review Organization (KePRO) on April 1—is referred to as the Health Care Quality Improvement Initiative (HCQII).

PROs are now required to work with hospital administrative and medical staffs on a variety of national and PRO-initiated cooperative projects. The intent of each project will be to combine the statistical interpretation of Medicare data with effective communication with the health care community to measurably improve care and outcomes.

The first basic requirement of HCQII is that each PRO appoint a Master Committee of physicians, health care administrators, nurses, health information management and quality assurance professionals, health service researchers, and consumers. KePRO's Master Committee is comprised of 14 members.

The purpose of these committees is to provide oversight of local and national projects, and advice on the prioritization, conduct, assessment, and likely costs and benefits of each project. They will also develop potential problem statements, prioritize them, bring together an appropriate advisory/study group for each project, and provide ongoing advice to the advisory/study groups.

To enhance the effectiveness of the advisory/study groups, KePRO intends to limit their size to only three or four members. A member of the Master Committee will be a member of each advisory/study group. The functions of these groups will include, but not be limited to:

- converting the issue or potential problem into a hypothesis;
- writing a description of the hypothesis;
- projecting what the outcome will be (it must be measurable);
- developing an appropriate study design and an outline specific to the project requirements;
- identifying specific activities required to complete the study, including periodic update/evaluation of activities, time frame requirements, and an estimate of the project costs;
- monitoring the gathering, processing, and analysis of data;
- defining an educational strategy for disseminating the study findings; and
- developing an evaluation instrument to measure impact.

Examples of topics that have already been submitted to KePRO for evaluation as potential cooperative projects include process of cancer pain management, use of outpatient claims data, accuracy of acute respiratory failure coding (518.81), and use of yag laser capsulotomy after extracapsular cataract extraction.

Any physician who has an issue or concern that he or she feels may warrant evaluation as a potential cooperative project may submit the information in writing to: Herbert Segal, MD, Principal Clinical Coordinator, Keystone Peer Review Organization, P.O. Box 8310, Harrisburg, PA 17105-8310.

As should be evident, the primary purposes of HCQII are to improve the quality of care delivered to Medicare patients and to provide educational feedback to the deliverers of the care. In response, KePRO has developed a Health Care Improvement (HCI) Newsletter, to be mailed to hospital PRO contact persons on an as-needed basis, which will include information on KePRO projects, Medicare review results, and hospital and HMO claims data. See your hospital PRO contact person to get copies of the newsletter.

Dr. Harrop is president of the Keystone Peer Review Organization.

GEISINGER CLINIC

1993-1994 Continuing Education Programs

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OR
November 12 & 13, 1993
January 14 & 15
OR
March 11 & 12, 1994

Advanced Cardiac Life Support Renewal Courses
Wednesday
September 15, 1993
OR
Saturday
October 30, 1993

Pediatric Advanced Life Support Courses (PALS)
September 23 & 24
OR
October 14 & 15, 1993
April 14 & 15
OR
April 28 & 29, 1994

Annual Cardiology Seminar
Wednesday
September 29, 1993

Pediatric Advanced Life Support Renewal Courses
Wednesday
October 6, 1993
OR
May 11, 1994

Neurology Update: 1993
October 1 & 2, 1993
Mountain Laurel Resort
White Haven, PA

7th Annual Horizons in Cardiac Rehabilitation
Friday
October 8, 1993
Danville Days Inn

Update in OB/GYN
Friday
October 22, 1993
Danville Days Inn

Focus on Sports Medicine
Wednesday
October 27, 1993

Prevention of Renal Failure
Wednesday
November 3, 1993

Pediatric Update
Thursday
November 11, 1993

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Outer Banks, NC

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19th Annual Concepts in Clinical Practice
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Stouffer Hotel, Valley Forge

Advanced Cardiac Life Support Renewal Course
Wednesday
February 16, 1994
OR
Wednesday
May 18, 1994

Contemporary Issues in Internal Medicine
Wednesday
March 2, 1994

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March 4-6, 1994

Cutaneous Surgery
Friday & Saturday
March 18 & 19, 1994

Advances in Dermatology
Wednesday
April 6, 1994

Annual Rheumatology Seminar
Wednesday
April 13, 1994

Annual Thoracic Medicine Seminar
Wednesday
April 20, 1994

Annual Mental Health Seminar
Friday
April 22, 1994

8th Annual Sight Loss Support Group Meeting
Wednesday
May 4, 1994
Danville Days Inn

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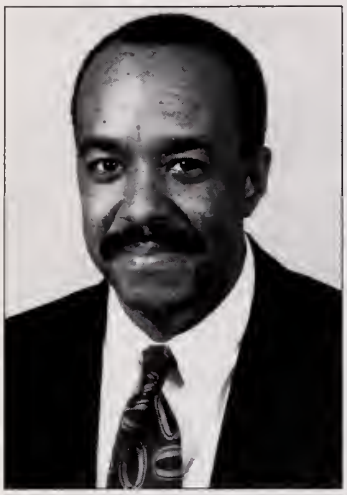
Violence Prevention in Philadelphia

Peter B. Kang



Dr. Robert K. Ross

(Photo courtesy of the Office of the City Representative, City of Philadelphia)

Robert K. Ross, MD, in January 1992 became commissioner of the Philadelphia Department of Public Health. During his tenure, the department developed many new projects in areas such as teen health, cancer prevention, violence and injury prevention, and lead poisoning.

Before announcing his resignation in July, the commissioner talked with Peter Kang about Operation Peace in Philadelphia (OPP). Dr. Ross was working with Dr. Chukwudi Onwuachi-Saunders on the program, which uses unprecedented public health methods to address the problem of youth violence.

Question: *You became interested in prevention during your time with the National Health Service Corps. Is that also when you became interested in the idea of violence as a public health issue?*

Dr. Ross: I was always intrigued with the issue of violence prevention. Even as a resident in the emergency room, you see kids coming in with stab wounds and gunshot wounds. It was Deborah Prothrow-Stith's book, *Deadly Consequences,* that really helped shape for me what public health ought to be doing in violence prevention. It was Dr. Stith who first said, "Listen, this really does not have to happen. It's preventable. Public health should play a leadership role." I think what Dr. Saunders and I are trying to do [with OPP] is to advance Dr. Stith's work to the next level: the implementation stage of a comprehensive strategy.

Question: *Explain the goals of OPP and what steps you're taking to achieve these goals.*

Dr. Ross: Public health has not historically been at the forefront of violence prevention activities. Unfortunately, no one's been at the forefront of violence prevention activities. Dealings with violence have been relegated largely to the criminal justice system, the police, and law enforcement officials.

OPP is a comprehensive collaborative initiative where public health is convening, in a leadership role, a wide variety of interested parties—neighborhoods and communities, the recreation facilities department, the police, the school system. Using public health approaches of sorting and interpreting data, OPP will craft and implement solutions.

The prevailing notion that you can't do anything about youth violence—[that] it's too big a problem—is absolutely wrong. We can do something about it, and public health needs to be able to support the needs of neighborhoods and communities by providing data and information.

Question: *How is the collection of data and this public health approach different from the criminal justice approach to this problem?*

Dr. Ross: The criminal justice approach is essentially "lock 'em up and throw away the key." It is an intervention approach. OPP is a prevention approach.

Question: *What stage are you at with OPP?*

Dr. Ross: We have 12 action teams set up as part of the OPP initiative. Each will develop a plan for one specific segment or issue, such as media, schools, church and cultural issues, research and evaluation. The entire plan will be put together into one umbrella plan of action, and we will make certain that every segment of Philadelphia is on board.

The important thing is a change in attitude. Right now the attitude is that violence happens, these are bad kids, the best way to deal with it is to move into the suburbs, or to lock those kids up and throw away the key. We need to change that attitude. [We want] the police department, as well as school teachers, the business community, and the corporate sector, to understand that this is preventable. This [violence] doesn't have to happen. It doesn't have to be acceptable. From gun control, to monitoring and limiting violence on television, to having recreational and educational opportunities for children—all of that needs to be incorporated into a violence prevention strategy.

Question: *What obstacles have you faced in developing this program?*

Dr. Ross: The major obstacles are that there is an attitude that the problem is too

Mr. Kang, a medical student at the University of Pennsylvania School of Medicine, is secretary/treasurer of the Society's Medical Student Section.

big and too deep to be solved, that the problem will take too much money to cure, and that violence is indeed a criminal justice and social issue, and not a health issue. Those are natural kinds of negative and skeptical responses to something that we think is very doable and very achievable.

It's not going to happen in the next year, it's not going to happen in two years. But we think we can begin to change the attitudes and have everyone understand that they have a role to play in violence prevention. And that role may be something as simple as sponsoring a kid to a summer camp, or becoming a big brother or a big sister, or giving somebody a summer job, or working with youths through conflict resolution in schools. But everyone has a role to play, and that is our first and foremost step.

Question: *How does OPP fit into your list of priorities as commissioner?*

Dr. Ross: It's our belief that youth violence prevention will emerge as the number one public health problem for adolescents as the decade wears on. It is critically important because youth violence prevention is very much similar to substance abuse prevention, very much similar to teen pregnancy prevention, very much similar to school dropout prevention. All of these are signs and symptoms of bigger problems for our teenagers and adolescents—the lack of hope in the future, lack of positive role models, lack of a belief that the system cares about them or has concerns for their needs. How do we get adolescents to see the physician community as part of their solution and not part of their problem?

Question: *I know this project is still in its early stages, but is there any interest in expanding this program?*

Dr. Ross: The Centers for Disease Control and Prevention is keenly interested in the work of Dr. Saunders, who has been assigned from the CDC. She has developed what could be a model for other urban centers. At the state level, Secretary of Health Allan Noonan is very much interested in violence and injury prevention. He has been instrumental in providing us with [strategic] support.

Question: *I understand some medical students are helping with OPP. How are they helping, and what part of the project are they working on?*

Dr. Ross: Several medical students are assisting Dr. Saunders and our medical examiner in a mortality review, looking at unnatural deaths in children, particularly homicides, reviewing the circumstances of those deaths, assembling that data, and trying to find common threads where intervention might take place.

We have no idea of all the child deaths that occur in the city of Philadelphia, how many of them are from gunshot wounds, how many of those are kids caught in the crossfire of a drug war, how many of those kids were playing with daddy's .38 caliber revolver at home, how many of these youth were involved in a direct confrontation with another youth. All of these are important pieces of data and information that we need in order to craft common sense approaches and interventions.

The medical students are helping assemble that data...it's only through the collection of data and the intelligent interpretation of it that we can begin to craft logical solutions.

Question: *What can physicians do to help with this public health problem?*

Dr. Ross: A variety of things. One is, if you happen to be a surgeon, a trauma surgeon, or an emergency room physician, you need to pose the questions, "What is my department doing about violence prevention? What are we doing to [sensitize] our residents, nurses, and our hospital staff? Are we following up on cases of children and young adults who come in with knife wounds and gunshot wounds, so that the family receives an intervention to deal with whatever issues are there?" There might be a drug or mental health problem at the root of it.

Physicians can also serve as excellent role models and mentors for youths. A kid in some public high school may want to be a doctor or a nurse. Just [letting him or her] spend an afternoon or an evening a week in your office or in the emergency room can be a valuable experience. You may not think of that as violence prevention, [but] that's very much an integral part of it. ○

HEALTH CARE NEEDS OF STATE'S AMERICAN INDIANS ADDRESSED

Going to school for the first time is always a daunting experience, but the stress is usually alleviated by new pencils, clean classrooms, and welcoming teachers. The Arizona school that Miriam Cathcart walked into many years ago was different. She was a Navajo enrolling in a reservation school run by the Bureau of Indian Affairs.

Mrs. Cathcart related her school experiences this spring to a gathering at the University of Pennsylvania School of Medicine, Philadelphia, and discussed how her treatment in school epitomized her future interactions with the bureau, especially in matters of health and medicine. The talk was sponsored by the American Indian Health Collective (see "About AIHC," at right).

Mrs. Cathcart told of how, in junior high school and high school, she and the other students avoided going to the health clinic because the doctors and nurses abused her sexually and otherwise. Because she was not taught about sex at home, she had difficulty verbalizing complaints about their behavior. The fear of punishment was another deterrent.

Mrs. Cathcart's father, suspicious of western medicine, never saw a physician. Like many other American Indians at the time, he died of black lung disease acquired from work in coal mines. Navajos generally did not go to hospitals and instead relied on medicine as practiced in American Indian culture. Mrs. Cathcart's father and one of her brothers were medicine men.

The core of traditional American Indian medicine is prayer. In addition to overt prayers, ceremonies and dances are also considered to be forms of prayer. Western medicine has accomplished a great deal, and for most Americans it remains the most sensible tradition within which to approach their health problems. But for people like Mrs. Cathcart who were born and raised within a different cultural heritage, western medicine and culture are alien.

However, for Roland Hill, a member of the Mohawk tribe in the Iroquois Nation who also spoke at Penn this spring, western culture and medicine are not entirely foreign. As a child, he lived on a reservation in Ontario served by a western physician. Now nearly 60 years old, Hill is working towards a bachelor's degree in nursing at Thomas Jefferson University and is trying to establish a clinic for American Indians in downtown Philadelphia.

According to Mr. Hill, the health needs of American Indians are very different from those of other people. He explained that they do not feel they can be cured of disease by other people, but instead need help in curing the illness themselves and resent attempts to impose solutions upon them. They also need to be treated in the context of their family and community, rather than as individuals.

About AIHC

AIHC was founded this year by Seth Koss, a second-year medical student who came to Penn with an interest in American Indian medicine. His research concluded that one of the greatest needs of American Indians in the Philadelphia area is basic health care. In order to qualify for federal health insurance, American Indians must live within 50 miles of a reservation, but the reservation nearest to Philadelphia is in upstate New York. Koss formed AIHC to meet the health care needs of the more than 12,000 American Indians in the Delaware Valley.

AIHC members include Penn medical students Martha Aiello, Hillary Bogner, Audrey Eaton, Eve Golden, Vincent Lo Re, and Doug O'Brien, and education student Bonnie Cohen.

In early June AIHC and the United American Indians of Delaware Valley sponsored free immunizations and physical exams for American Indian children. Eventually, AIHC hopes to establish a complete, ongoing clinic staffed by medical, social work, law, and psychology students.

It also hopes to educate the public about the health needs of American Indians through talks, like those described above, and through a clearinghouse library with brochures and pamphlets about related issues. Group members anticipate that the resources will foster respect for American Indian culture and arouse medical student interest in the health care needs of American Indians.

The activities overviewed above illustrate three different and equally valuable approaches to the problem of American Indian health care: 1) people like Miriam Cathcart carry on the practices of traditional American Indian medicine men and serve people who still feel most comfortable with such treatments; 2) other American Indians like Roland Hill are trying to combine the good they see in both American Indian culture and western medicine to help American Indians adapt to the society in which many of them now live; and 3) non-American Indians, such as the students of AIHC, offer western medical care to the population and hope in return to learn something from the people they see.

With luck, such efforts will enable American Indians to regain their natural state of health and preserve a beautiful culture that has nearly vanished.

Peter Kang
University of Pennsylvania School of Medicine

HAHNEMANN ENCOURAGES PRIMARY CARE PRACTICE

Rather than spending their summer recuperating from a demanding first year of medical school, nine Hahnemann University medical students put their classroom learning to practice this summer by working in Philadelphia-area physicians' offices. Through the new General Physician Initiative—developed by U.S. Healthcare and funded through a grant from Robert Wood Johnson Foundation—Hahnemann hopes to encourage 50 percent of the its medical graduates to practice in primary care.

The nine students—chosen for the six-week internships based on a written essay and academic performance—were matched with U.S. Healthcare participating physicians. The students worked five days a week observing the physicians, and learning basic procedures and the business of running a medical practice. They received a stipend from U.S. Healthcare for their work.

Hahnemann is one of 18 academic health centers in the nation that received planning grants for such initiatives from Robert Wood Johnson Foundation. For commentary on the initiative at Penn State's College of Medicine, see page 60.

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New Doctors Face Stagnant Market

The Health Care Group

With health system reform on the horizon, many physicians and their advisors alike are speculating as to how the impending Clinton plan will affect starting salaries. According to a survey of starting salaries across the nation, new doctors continue to face a tighter market. For the second consecutive year, many specialties show no increase in starting salary levels for new physicians, and some specialties even show a slight decrease.

Primary care physicians (family practice, pediatrics, and general internal medicine)—especially those joining large group practices—seem to be the only exception. As primary care doctors emerge as the key to health system reform, practices are showing more confidence in these groups. In addition, as hospitals' HMOs and large clinics "bid up" the price, competing groups are often forced to do the same.

A seller's market

The uncertainty of health system reform has contributed to a "seller's market" mentality. Employers are starting to become more savvy about the negotiation process, taking more time to interview more candidates and critically evaluate their credentials, and waiting longer to make offers. However, this is only true in areas where the practice can command a steady stream of interviewees. Moreover, a "wait and see" approach can be costly if competitors continue to expand their physician workforce to capture market share.

Other practices are postponing hiring new associates altogether—or at least until absolutely necessary—because of the current economic uncertainties. The survey shows fewer specialty practices, including cardiology, surgery, orthopedics, OB/GYN, and ophthalmology, recruiting new associates this year than in 1992.

Emphasis on incentives

A number of industry trends for newly employed physicians continue to reflect the increasingly competitive nature of the market today. For example, more newly employed doctors receive compensation packages comprised of both base salary and production/bonus. According to the survey, 59 percent of new physicians' contracts have both salary and incentive arrangements, as compared to 57 percent in last year's survey and only 52 percent the year before.

With reduced reimbursements and more competition, existing practices are less likely to be generous with a base salary, putting more emphasis on incentives, which are being measured by group as well as individual productivity. Moreover, as managed competition—or some form of it—is introduced, practices will need to adapt incentives to an environment where a physician's productivity is not solely measured by his or her individual collections.

Offering perquisites in lieu of higher salaries has also become a popular way to attract candidates. Instead of giving increases to the base salary, from which additional increases must be added each year, employers are offering more in the way of creative perquisites. Larger signing bonuses, greater moving allowance, and greater range of discretionary fees seem to be added benefits that satisfy the potential employee, without actually increasing the overall base offer significantly. In fact, a few perks may be cheaper than having their offers bid up if they were to remain on the "open market."

Employers are more savvy

Contracts for new physicians are more likely to include a provision for restrictive covenants and/or liquidated damages. The survey shows 72 percent of all contracts contain such restrictions, as compared to only 67 percent in 1992. In addition, more employees are being required to pay the "tail" coverage on claims-made type malpractice insurance, suggesting that malpractice insurance is being viewed as a joint undertaking in which young doctors are now sharing the financial responsibility.

Fringe benefits are also tightening for the first time, perhaps also as a reaction to health system reform. Allowances for CME time, and dollars attributed to it, stayed the same or declined, the first trend shift in over five years. According to the survey, 86 percent of the employers provided this benefit, even if the time and dollars are shrinking. Most practices (64 percent) provide one week's time for continuing education, and 32 percent provide two weeks. Of the practices surveyed, 37 percent allocated $1,000-$2,000, as compared to last year's 40 percent. The number of practices offering more than $3,000 dropped from 20 percent last year to only seven percent this year.

Other fringe benefits, including health insurance, vacation, sick time, and payment of dues and fees stayed virtually the same. Nearly one-third of practices surveyed continue to offer three weeks vacation for new doctors, with another 30 percent offering two weeks, and 29 percent offering four weeks.

Practices' sick leave policies also remain unchanged. Forty-one percent provide 10 to 20 days for sick leave, with 34 percent providing 21 to 30 days. Pension eligibility also held steady—nearly two-thirds of surveyed practices offered pensions to new doctors after one year, and 20 percent after two years.

Health system reform is affecting nearly all aspects of private practice. Developing a total compensation package that is competitive, yet affordable, will continue to be one of the cornerstones of a successful practice.

Source: Physician Starting Salary Survey 1993-1994, The Health Care Group, Plymouth Meeting.

The contributing authors, Dorothy R. Sweeney and Edward L. Grab, are consultants with The Health Care Group, a medical practice management consulting firm based in Plymouth Meeting.

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THE MID-ATLANTIC HEART INSTITUTE OF LANCASTER GENERAL PRESENTS

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The Mid-Atlantic Heart Institute brings together the country's foremost experts in cardiology and cardiothoracic surgery for a concentrated symposium, featuring eminent cardiologists and surgeons in the forefront of cardiovascular diseases. This event will take place on Friday, October 1, 1993, at the Lancaster Eden Resort Inn and Conference Center, Lancaster, PA. Cost is $75/physician, $50/nurse and $35/resident. For registration information, please call The Mid-Atlantic Heart Institute at 1-800-221-0613. Registration deadline is September 15, 1993. Attendance will be limited to 250. CME Credits.*

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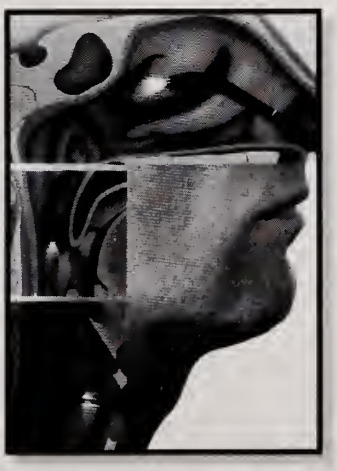

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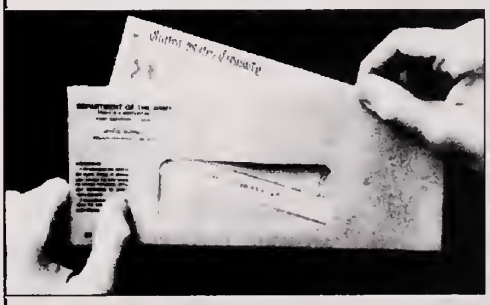

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Crisis Fueled by Generalist Shortage

Robert L. Jones, DEd, MCP

Editor's note: A longer version of this article was released in July by Penn State's University Hospital to several national and local newspapers. Dr. Jones also presented his views at a meeting in July attended by State Society leaders. As a result, the Society has communicated its intention to cooperate in several potential areas with Hershey Medical Center. These include using Society data files to track graduates and publicizing the need for hosts of medical student rotations.

Dr. Jones is associate professor of family and community medicine for University Hospital, Penn State's Milton S. Hershey Medical Center, Hershey, and associate project director of the Robert Wood Johnson Generalist Physician Initiative for Penn State's College of Medicine.

What is the most crippling aspect of our current health care crisis? Some say it's the lack of affordable insurance, and others point to the spiraling cost of health care and malpractice issues. These are factors, but one of the more important, underlying roots of the current crisis is the lack of adequate numbers of primary care physicians.

Consider, for example, Pennsylvania residents like Walt, an elderly Tioga County resident who spends nearly all his time in bed due to crippling arthritis, or Denise, an expectant mother in inner-city Philadelphia who receives no prenatal care.

What do these three people have in common with so many other Pennsylvanians and Americans? Each lacks accessible, affordable primary health care. Each will end up using expensive medical resources because their common conditions were not detected and treated early by a physician trained in providing comprehensive care.

A serious imbalance exists in the number and distribution of generalist physicians in Pennsylvania and the U.S. This situation needs to be a major focus of attention as we restructure our nation's health care system. There is considerable evidence that more primary care physicians, properly distributed, would increase access to care and reduce the costs of the delivery of that care.

In the past several years, fewer generalist providers have entered primary care practices. With the largest rural population in the nation (3.6 million) and with many severely undeserved urban neighborhoods, Pennsylvania lacks necessary primary care for some 1.2 million rural and urban residents. In a country that has the most advanced medical technology in the world, millions don't have a doctor, don't receive regular health care, suffer from easily treatable or preventable diseases, or are not immunized.

Many developed countries spend far less on health care than we do, yet have healthier populations when judged by longevity, infant mortality, and other health indicators. What these countries have in common are adequate numbers of primary care providers. The U.S., on the other hand, is over-supplied with medical specialists who are inappropriately utilized and poorly distributed.

Most western countries have more than 50 percent of their physicians as primary care providers. Nationally, only 15 percent of recent medical school graduates are choosing to be trained in primary care compared to 36 percent just 10 years ago. Although part of the blame for this loss of interest must be borne by medical schools and their teaching hospitals, the shift toward medical subspecialties is largely a consequence of higher incomes and a more attractive practice lifestyle for specialty medicine.

Medical schools, in partnership with government, insurers, employers, educators, health care providers, and community leaders, need to work together in addressing the shortage of primary care providers.

The Robert Wood Johnson Foundation is doing something about the primary care shortage through the Generalist Physician Initiative, which challenges medical schools and communities to increase the supply of generalist physicians. Penn State's College of Medicine received one of 18 grants nationwide and, in collaboration with the Pennsylvania Department of Health, is seeking other partners to implement a broad-based approach to correct the generalist-specialist physician imbalance.

The College of Medicine's strategy to increase the number of primary care physicians includes changing the medical school admissions process to attract and admit more students likely to enter primary care, exposing students to primary care in all four years of medical school and in residency programs, enhancing the prestige and value of primary care, increasing the financing and reimbursement for primary care, and implementing practice support programs to keep primary care physicians in practices in rural and medically undeserved areas.

The lack of primary care providers is reaching crisis proportions. Though these proposed solutions will not relieve all the pressures, they can set us on the right course.

Reference: 1. Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991;14:146-151.

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CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

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WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibratas alone may occasionally be associated with myopathy. The combined use of prevastatin and fibretas should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SO 31,906). A small increase was seen in mean AUC values and half-life (t1/2) for the inactive enzymatic ring hydroxylation metabolite (SO 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SO 31,906 and SO 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SO 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* [1 hour prior to PRAVACHOL (pravastatin sodium)], *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*; a forward mutation assay in L5178Y TK + / − mouse lymphoma cells; a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area ($mg/meter^2$). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL, it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General**.)

ADVERSE REACTIONS

Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS. **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

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Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the adjacent page.

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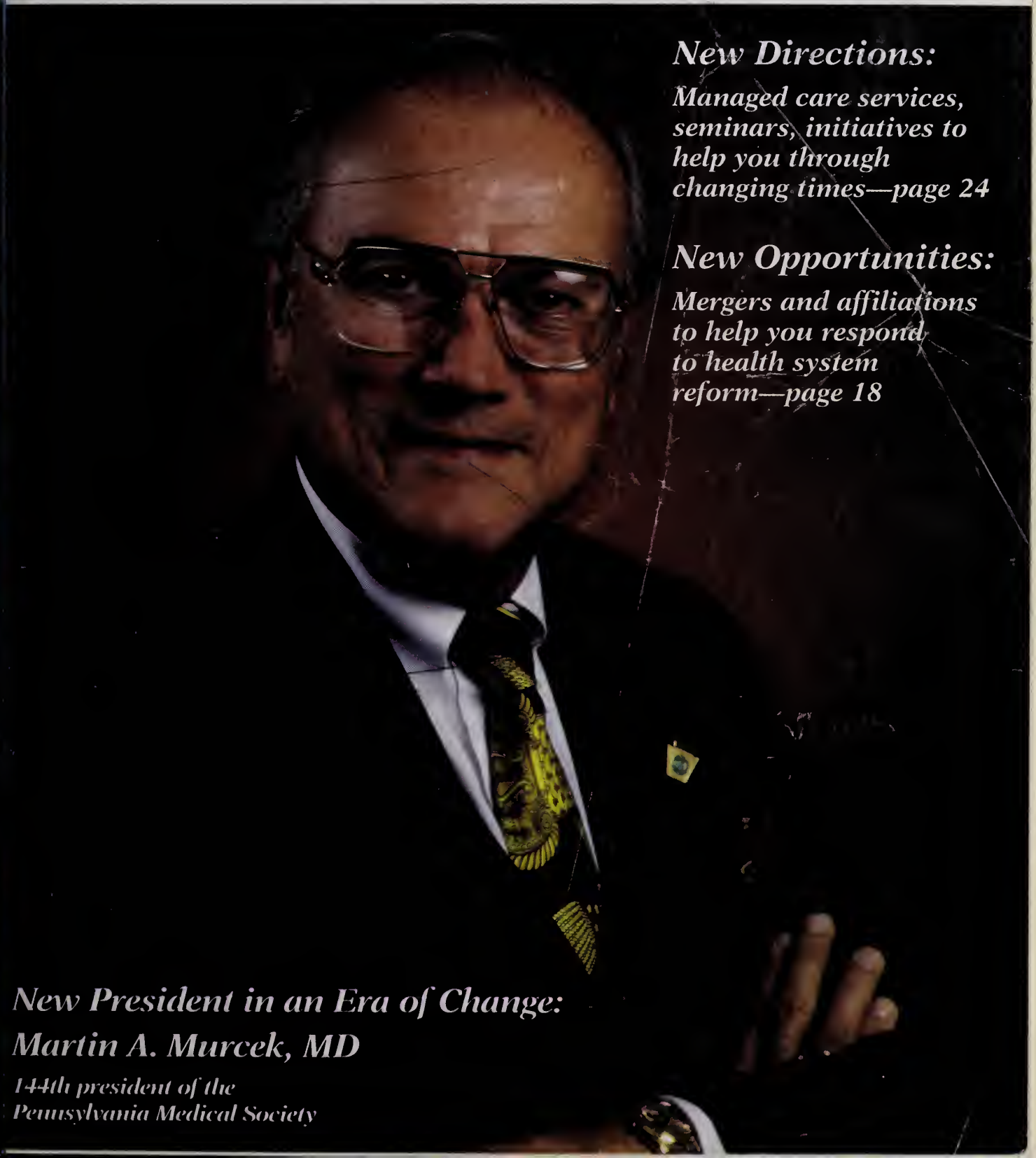

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Mergers and affiliations to help you respond to health system reform—page 18

New President in an Era of Change:

Martin A. Murcek, MD

144th president of the Pennsylvania Medical Society

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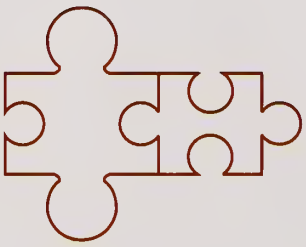

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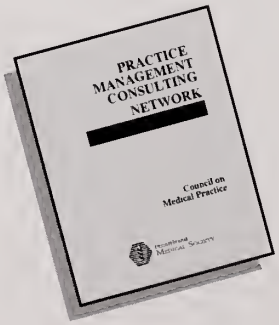

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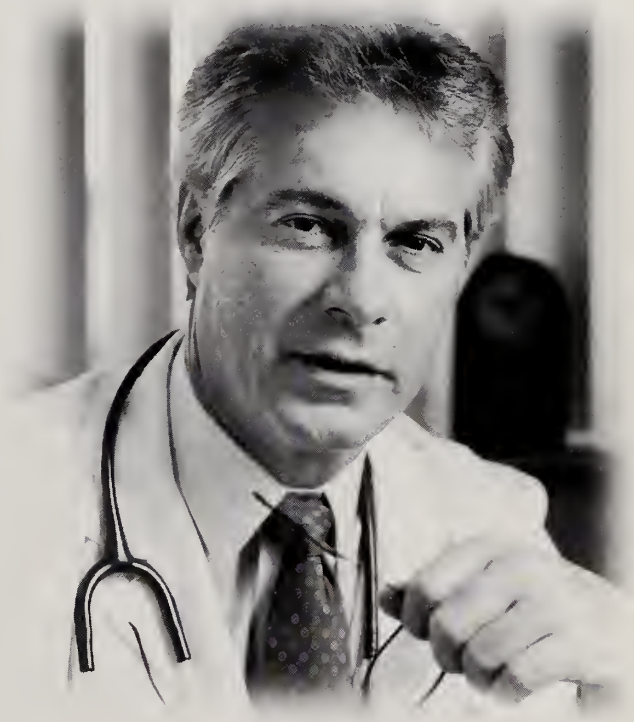
"Unfortunately,

he was already sitting in my examining room. This guy was a walking liability suit looking for a victim. He was angry, non-compliant. It was one of those rare, no-win cases and, well, I guess my number was up.



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AMA MAILS ANALYSIS OF CLINTON PLAN TO PHYSICIANS, STUDENTS: The American Medical Association on September 28 launched a mailing to the nation's 710,000 physicians and medical students on the latest developments in health system reform. Among the materials you should have received were: an overview of the Clinton plan, the AMA's response to the plan, a Q&A for patients, information on contributing to reform, and a checklist for additional information. Look for more on the Clinton plan and health system reform next month in PENNSYLVANIA MEDICINE.

SOCIETY SUCCEEDS IN PUTTING LAB OVERPAYMENT REFUND ON HOLD: The State Society is awaiting HCFA's next step regarding the Medicare clinical laboratory overpayment refund demand from Pennsylvania Blue Shield. In early September, 1,600 physicians and labs were informed that they had been overpaid for outpatient clinical lab services under Medicare and that they had to refund the excess payments. The Society objected to the demand, including a 13.625 percent interest rate to be imposed after 30 days. HCFA placed a hold on the situation, telling physicians and labs to disregard the original letter, and directing the carrier to return any repayment checks.

MEDICARE REIMBURSING FOR FLU SHOTS: Blue Shield-Medicare will reimburse for the influenza virus vaccine and its administration, for services performed on or after May 1, 1993. According to Blue Shield, beneficiaries may receive one flu shot per year without a physician's order or supervision. The Medicare Part B deductible and coinsurance do not apply. For billing requirements, refer to the August 30 "Medicare Special Bulletin." Members may direct questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

SEMINARS EXPLAIN CHANGES TO MEDICARE DMEPOS PROGRAM: Beginning January 1, 1994, Medicare Part B claims in Pennsylvania for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) will be processed by a regional carrier—The Travelers—instead of Blue Shield. The regional carrier is offering a series of educational seminars throughout the state this month to inform providers of program changes. For instance, providers submitting DMEPOS claims must obtain a new DME supplier number and may be required to complete new forms. For information about the seminars or details of the change, call the regional carrier toll free at (800) 842-2563.

SOCIETY OPPOSES SINGLE-PAYER BILL: Earlier this year, Representative David Richardson (D-Philadelphia) introduced a single-payer reform bill to guarantee comprehensive benefit coverage for all medically necessary services for every resident of and all those employed in Pennsylvania. Provisions would establish an agency to administer the health plan and payment fund, and rely on a global budget. The Society continues to oppose the single-payer concept due to the proven inefficiency of such a system. The bill is expected to be a significant part of health system reform debate when the House reconvenes next month.

SOCIETY SUPPORTS OUTREACH PROJECT: The Society will participate in an October 19 news conference in Harrisburg to offer physician support to the governor's maternal and child health outreach project. The purpose of the project—"Healthy Babies, Healthy Kids"—is to encourage pregnant women and children to enroll in prenatal and primary care programs, to improve pregnancy outcomes and children's health.

76 RESOLUTIONS RECEIVED FOR HOUSE OF DELEGATES: The October issue of the Society's *Executive Report* included summaries of 76 resolutions submitted for the October 22-24 meeting of the House of Delegates in Hershey. Resolutions address: health system reform, tort reform, public health, alternative medicine, and a number of other important issues. Also, a special forum on managed care will be held late Friday afternoon. Look for complete annual meeting coverage in the December issue of PENNSYLVANIA MEDICINE.

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Considering Ethical Contrasts

John W. Mills, MD
Medical Editor

Ethical issues in medicine take many forms and cover the gammot of human conditions. But I would like you to consider two such situations that, while totally unrelated, point out some definitive contrasts between the ethical stance of organized medicine and that of the Clinton administration.

Thanks to a very astute young lady on our PENNSYLVANIA MEDICINE staff, your editors were recently alerted to the content of an advertisement submitted routinely for publication. After consultation and review by counsel, we declined to run the ad for a product called "CourtScan" in this publication. Those of you who read the *New York Times* may already know the rest of the details.

CourtScan is a new database software being test-marketed by CourtScan Services, based in Greenwich, Connecticut. The software presently contains data on all 800,000 lawsuits and judgments filed in Philadelphia Commonpleas Court since 1982. The company hopes to expand the database to include New York, Chicago, Houston, Los Angeles, and Miami within six months. For about $80 per month, a physician may now purchase the capability to screen each new patient in "60 seconds" for their complete litigation history.

The editors, as well as Society leaders, felt strongly about the negative implications an ad for such a product might have in our publication. Any advertisement in our member publications represents an implied endorsement. The potential for furthering hostile relationships with the trial bar, and for ill-will between patients and physicians, would do great harm at any time, but especially as health system reform looms on the horizon.

We learned that the Philadelphia County Medical Society had also recently declined the CourtScan ad placement in their county-wide publication. The AMA was in our corner, too. Lonnie Bristow, MD, AMA board chairman, told the *New York Times*, "This fosters an adversarial relationship," and noted that the only real protection from litigation is a good doctor-patient relationship. I agree. However, we must also be on constant guard because *all* patients are potential litigants, and defensive medicine in this day and age, like defensive driving, should be second nature to physicians.

Perhaps our thinking on this case was best expressed by State Society President Donald Ferguson, MD, who told the *New York Times:* "We are concerned about anything that would possibly prejudice a physician against caring for a particular patient." The temptation was there to point to the need for advertising income and ignore the implications of this ad; but we sincerely feel we chose the best ethical stance on this issue.

Now, let's turn to an item that hit the air waves on Labor Day: The names of 5,000 health care providers who were delinquent in repaying their student loans were published in the *Federal Register.* Not much question in my mind who authorized this political maneuver to further their health care message—to appeal to the working class on Labor Day!

I have no problem with the federal government taking all necessary steps to collect delinquent student loans. In fact, I believe they have been entirely too lenient in this endeavor in the past. However, to single out health care providers for public shame, when many other delinquents may hold MBAs, law, teaching, or other professional degrees, strikes me as unethical, to say the least, and dirty pool, to state it flatly.

There you have it: two totally unrelated ethical decisions that reflect a great deal on the decision makers.

"All's fair in love and war"—and politics, you say? Perhaps, but after 33 years of practice experience, I find it hard to believe in a federal administration that defies ethics and common decency. Experience has taught me caution: beware the Trojan Horse, and don't trust in an unethical administration no matter what they promise.

Senator Harris Wofford recently told an audience that all would be covered under the Clinton plan, including separation of Siamese twins. Secretary of Health and Human Services Donna Shalala promised the moon to Americans in an opinion article in *USA Today* and has also called our health care system "nearly fossilized"—when we have the best one in the world!

Need I say more?

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Valedictory

Donald G. Ferguson, MD

This is the last issue of PENNSYLVANIA MEDICINE before the annual meeting of the House of Delegates of the Pennsylvania Medical Society. Consequently, it is also the last time I will meet with you on this page as your president. It has been a busy year, and much more than that. I have been privileged to be near to the heart of the health system debate, at a time when the health system debate has been very intense indeed.

Politicians have finally discovered something that we doctors have known all along—that there are problems in the delivery of good, readily available, affordable health care to *all* those who need it, in our state and in our nation. And, having discovered the problem, the politicians are producing political solutions, some of which threaten to dismantle the system we *do* have, without workable, tested programs to replace them.

We've been there before. We, and our professional forefathers, helped to build the system which, with all its faults, has given us in the United States the finest medical *care* in the world. We know what we have accomplished; people coming from all over the world to get their medical care in America keep reminding us, if we should ever forget.

We have problems—big problems—in getting this care to everyone who needs it, at a price that America can afford. We doctors are doing our part, as we always have, *taking care of patients whether they can pay for our services or not.* This has sometimes worked against us; the politicians know this, and some of their political decisions are based on knowing it.

This, politically advantageous or not, is perhaps the one thing that makes me proudest of the calling we share. I have been privileged to speak with many doctors this year—literally thousands of you at county, state, and national meetings, and many others in private conversations. I have been privileged, as your president, to attend the meetings of all of the working units of the Pennsylvania Medical Society, including our subsidiaries and our allied organizations, the Pennsylvania Medical Political Action Committee (PAMPAC), and our highly valued Auxiliary. Over and over again, you have told me the same thing: "All I want to do is practice good medicine. Why won't they let me alone to take care of patients?"

That's what we're all about—*taking care of patients.* Physicians everywhere are worried, and rightly; there *are* people out there who think first about saving money, and only much later, if at all, about the quality of the care the patient gets. And some of them may have a hand in helping to "reform" the system. *Our* job is caring for patients, and that will be our salvation in the future.

> ***"I'm not worried about our future, nor should you be."***

There have been a lot of polls asking what people think of physicians...polls that haven't changed significantly since I started reading them many years ago. They say there are troubles with the system, and that doctors no longer care as they should.

These are abstract comments—if you ask about "my doctor," the uniform response has been and still is, "My doctor is wonderful!" As long as we keep it that way—keep our patients' welfare ahead of our own—our place in the health system and our place in society will remain secure.

Whatever the system turns out to be—and it's our job as members of medical organizations to help make it turn out well—as long as we keep our minds and our hearts with our patients, we'll continue to do well as doctors and as human beings.

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DOCTOR-LAWYER QUESTIONS TORT REFORM ARTICLE

Editor's note: Due to its length, this letter has been excerpted.

The article, "A Case For Tort Reform," by Kenneth B. Jones, Esq., in the July 1993 issue of PENNSYLVANIA MEDICINE is quite incredible, not the least of which is the fact that it represents the position of the Pennsylvania Medical Society. My focus in this communication is limited to the last section of the article, entitled "Anticipated Volume Controls."

Utilization review: Physicians must not relegate medical decision making to a utilization review organization (URO). Present law, I believe, has been quite clear on this point. The physicians' answer to this problem is not in discharging a patient when further hospitalization is legitimate and needed, but in assisting the patient in challenging arbitrary decisions by a URO representative for not approving legitimate and needed hospital care, which medical care was contractually agreed to between the patient and the insurance carrier...

I disagree with Mr. Jones' characterization of what he calls the physician's "untenable" position and the scenario that he provides for the reader's consideration...

The physician, rather than a URO representative (whose loyalty lies with the fiscal policy of the insurance company), must remain as the medical decision maker in regards to the medical welfare of the patient. Neither the oath we all swore as physicians, nor the law as it has been interpreted by our courts, will allow any other interpretation.

Practice parameters: I am in favor of practice parameters or treatment guidelines. However, physicians understand that parameters and guidelines by their very nature focus upon the fictitious "average" patient...

Parameters and guidelines, for the most part, are an excellent way to show that the physician has met the accepted standard of care. However, if in the physician's opinion a particular patient requires a somewhat different approach, a simple note placed in the medical record will indicate that the physician is aware of the accepted parameters or guidelines in such a case, as well as his/her reasoning in regards to a change in that approach in this particular circumstance. There is no absolute immunity in this regard, and to suggest that there should be such an immunity to the members of the Pennsylvania Medical Society indicates a lack of understanding as to the medical purpose behind the use of parameters and guidelines.

The philosophy of medical practice espoused in this article misses the point. The answer to these problems, as set forth above, is not in seeking methods to relieve physicians of the responsibility for the prompt and proper medical care of their patients. No! In the realm of proper medical care to patients, physicians are their advocates...

In the present political and secular health policy climate, the physicians' and the medical society's responsibility for the medical care of the patient is both morally and ethically greater than ever. It appears to me that physicians must now become the conscience of society in regards to the provision of prompt and proper medical care to those in need of these services.

Victor R. Scarano, MD, JD
Philadelphia

Author's response: Many of Dr. Scarano's comments address matters outside the scope of the tort reform paper or take issue with things the paper does not say. I don't endorse practice parameters, as he does, but I agree that cookbook medicine is bad medicine and that physicians should not follow practice parameters blindly.

I agree, of course, that physicians must be patient advocates; in an era of managed care and cost controls, that is more necessary than ever. I also agree that UR companies should defer to the treating physicians. I wish they would. Other Society papers or positions address these issues and more.

An example will illustrate our principal difference about what the paper does say: The patient is in the hospital, and the UR company denies the three additional days requested through all appeals. The patient cannot afford to stay in the hospital even though that's what the physician advises. The patient goes home and suffers a stroke that wouldn't have happened if he or she had been in the hospital.

Who is liable in damages—the UR company or the physician? I say the UR company. Dr. Scarano says the physician.

I continue to believe my answer makes good sense, and would make good law and good social policy.

Kenneth R. Jones, Esq.
General Counsel
Pennsylvania Medical Society

AUTHOR OFFERS FOLLOW-UP TO CULT SURVEY ARTICLE

Almost every decade one cult or another enters its terminal phase, emblazons itself on the public consciousness for a brief gut-wrenching interval, and then quickly fades from view. The resultant massive but transient media and public preoccupation conveys the impression that destructive cults are not only extraordinarily flamboyant and therefore easily recognizable, but also infrequent and generally tending to occur in some remote place. This reinforces our tendency to overlook routine cult problems that occur day in and day out all around us.

These generally quiet tragedies are not publicized and are all but inapparent to everyone except those involved and a close circle of family and friends. As reported in my article, "Survey Reveals Physicians' Experiences with Cults" [PENNSYLVANIA MEDICINE, February 1993], my son's case was extremely unusual in receiving international media attention.

As many of you know, following the unexpected death of our son, Noah, I determined to find out for myself how common cult problems are in our society, and the American Family Foundation (AFF) and the Pennsylvania Medical Society lent strong support and assistance. Many of you participated in the collaborative study completed in the summer of 1992; preliminary results were published in my February article.

Since then, I have sifted through your survey comments, and read and re-read feedback on the article and results. What I have seen is an overwhelming need for professional education about cults. In response, I plan to introduce two resolutions to the 1993 House of Delegates this month that would direct the

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Society, in collaboration with the AFF, to: 1) produce an informational pamphlet orienting physicians and patients to this area of concern, and listing reference materials and community resources; and 2) offer an accredited seminar to the physicians of Pennsylvania.

I am also considering introducing a third resolution that would ultimately direct the AMA to encourage *JAMA* to publish the data from the published Pennsylvania survey.

Edward A. Lottick, MD
Kingston

JOURNAL PRAISED BY FORMER MEDICAL EDITOR

Editor's note: The following letter was addressed to Medical Editor John W. Mills, MD. Its author was medical editor of PENNSYLVANIA MEDICINE *from 1971-1989.*

I saw the July 1993 issue of PENNSYLVANIA MEDICINE including your editorial, "Pondering Dangerous Waters," and the report of the Publication Committee ["How Are We Doing?"], regarding the future of PENNSYLVANIA MEDICINE. I congratulate you on your very thoughtful editorials which continue to help me keep up-to-date, and also the report of the Publication Committee to redirect the efforts of the journal and the decision to continue in the present format.

PENNSYLVANIA MEDICINE continues to have a "pick-me-up" appearance, and I think it is a very important link between the membership and the governing body.

Again, let me congratulate you on your continued success as medical editor.

David A. Smith, MD
Harrisburg

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Wednesday
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November 3, 1993

Pediatric Update
Thursday
November 11, 1993

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November 19-21, 1993
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OR
Wednesday
May 18, 1994

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Wednesday
March 2, 1994

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March 4-6, 1994

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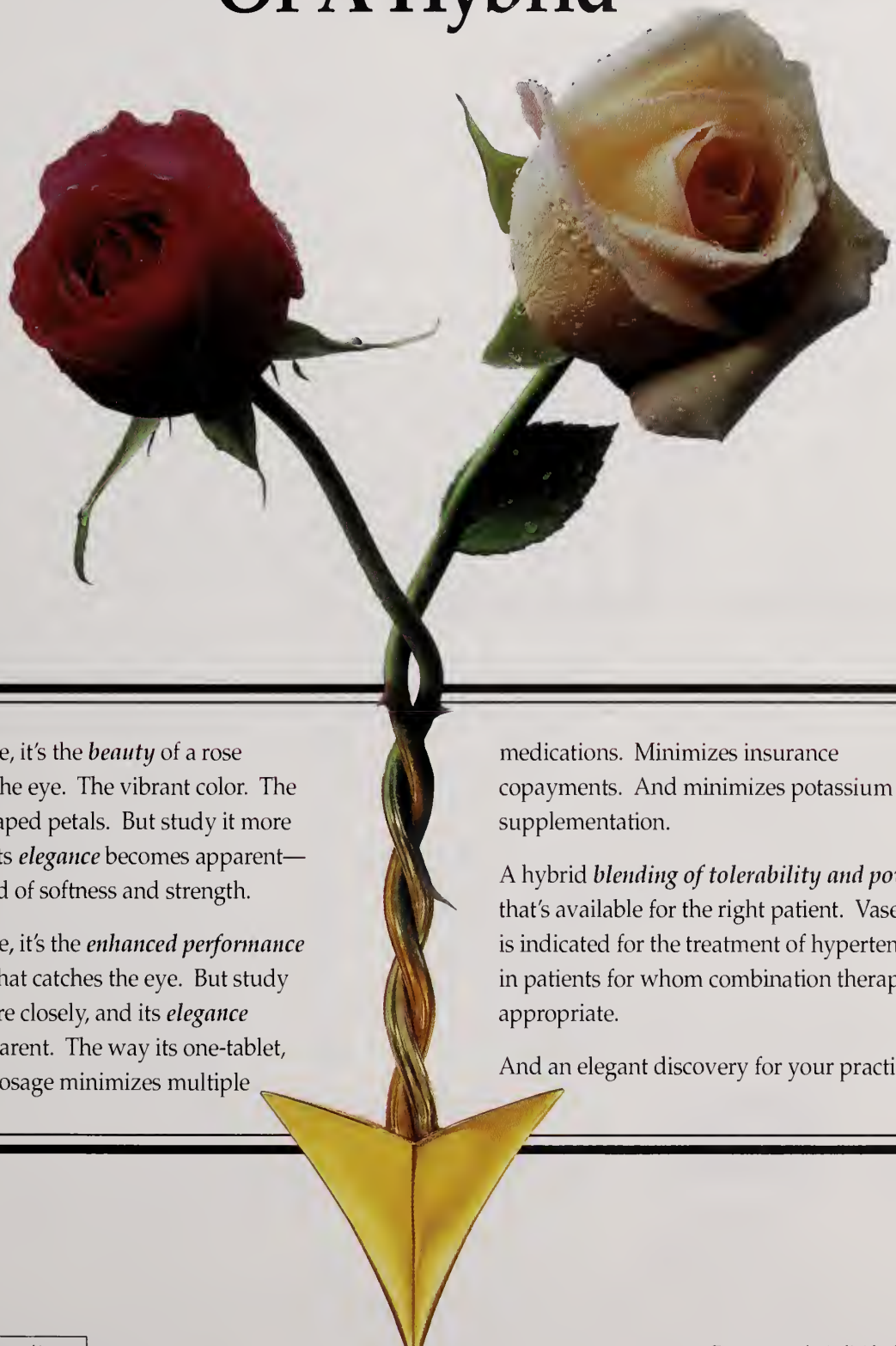

At first glance, it's the *beauty* of a rose that catches the eye. The vibrant color. The delicately shaped petals. But study it more closely, and its *elegance* becomes apparent—a gentle blend of softness and strength.

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Enalapril Maleate-Hydrochlorothiazide

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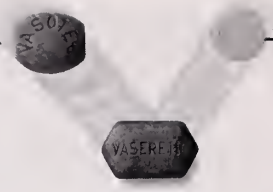

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USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality.*

CONTRAINDICATIONS: VASERETIC is contraindicated in patients who are hypersensitive to any component of this product and in patients with a history of angioedema related to previous treatment with an angiotensin converting enzyme inhibitor. Because of the hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

WARNINGS: *General; Enalapril Maleate; Hypotension:* Excessive hypotension was rarely seen in uncomplicated hypertensive patients but is a possible consequence of enalapril use in severely salt/volume depleted persons such as those treated vigorously with diuretics or patients on dialysis.

Syncope has been reported in 1.3 percent of patients receiving VASERETIC. In patients receiving enalapril alone, the incidence of syncope is 0.5 percent. The overall incidence of syncope may be reduced by proper titration of the individual components. (See PRECAUTIONS, *Drug Interactions,* and ADVERSE REACTIONS.)

In patients with severe congestive heart failure, with or without associated renal insufficiency, excessive hypotension has been observed and may be associated with oliguria and/or progressive azotemia, and rarely with acute renal failure and/or death. Because of the potential fall in blood pressure in these patients, therapy should be started under very close medical supervision. Such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart or cerebrovascular disease, in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident.

If hypotension occurs, the patient should be placed in the supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses, which usually can be given without difficulty once the blood pressure has increased after volume expansion.

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis and/or larynx has been reported in patients treated with angiotensin converting enzyme inhibitors, including enalapril. In such cases VASERETIC should be promptly discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. In instances where swelling has been confined to the face and lips the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL) and/or measures necessary to ensure a patent airway, should be promptly provided.** (See ADVERSE REACTIONS.)

Patients with a history of angioedema unrelated to ACE inhibitor therapy may be at increased risk of angioedema while receiving an ACE inhibitor (see also CONTRAINDICATIONS).

Neutropenia/Agranulocytosis: Another angiotensin converting enzyme inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Lithium generally should not be given with thiazides (see PRECAUTIONS, *Drug Interactions, Enalapril Maleate and Hydrochlorothiazide*).

Pregnancy; Enalapril-Hydrochlorothiazide: There was no teratogenicity in rats given up to 90 mg/kg/day of enalapril (150 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 1/2 times the maximum human dose) or in mice given up to 30 mg/kg/day of enalapril (50 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 1/2 times the maximum human dose). At these doses, fetotoxicity expressed as a decrease in average fetal weight occurred in both species. No fetotoxicity occurred at lower doses: 30/10 mg/kg/day of enalapril-hydrochlorothiazide in rats and 10/10 mg/kg/day of enalapril-hydrochlorothiazide in mice.

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC should be discontinued as soon as possible. (See *Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality,* below.)

Enalapril Maleate; Fetal/Neonatal Morbidity and Mortality: ACE inhibitors can cause fetal and neonatal morbidity and death when administered to pregnant women. Several dozen cases have been reported in the world literature. When pregnancy is detected, ACE inhibitors should be discontinued as soon as possible.

The use of ACE inhibitors during the second and third trimesters of pregnancy has been associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios in this setting has been associated with fetal limb contractures, craniofacial deformation, and hypoplastic lung development. Prematurity, intrauterine growth retardation, and patent ductus arteriosus have also been reported, although it is not clear whether these occurrences were due to the ACE-inhibitor exposure.

These adverse effects do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. Mothers whose embryos and fetuses are exposed to ACE inhibitors only during the first trimester should be so informed. Nonetheless, when patients become pregnant, physicians should make every effort to discontinue the use of VASERETIC as soon as possible.

Rarely (probably less often than once in every thousand pregnancies), no alternative to ACE inhibitors will be found. In these rare cases, the mothers should be apprised of the potential hazards to their fetuses, and serial ultrasound examinations should be performed to assess the intraamniotic environment.

If oligohydramnios is observed, VASERETIC should be discontinued unless it is considered lifesaving for the mother. Contraction stress testing (CST), a non-stress test (NST), or biophysical profiling (BPP) may be appropriate, depending upon the week of pregnancy. Patients and physicians should be aware, however, that oligohydramnios may not appear until after the fetus has sustained irreversible injury.

Infants with histories of *in utero* exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Exchange transfusion or dialysis may be required as means of reversing hypotension and/or substituting for disordered renal function. Enalaprilat, which crosses the placenta, has been removed from neonatal circulation by peritoneal dialysis with some clinical benefit, and theoretically may be removed by exchange transfusion, although there is no experience with the latter procedure.

No teratogenic effects of enalapril were seen in studies of pregnant rats and rabbits. On a mg/kg basis, the doses used were up to 333 times (in rats), and 50 times (in rabbits) the maximum recommended human dose.

Hydrochlorothiazide; Teratogenic Effects: Reproduction studies in the rabbit, the mouse and the rat at doses up to 100 mg/kg/day (50 times the human dose) showed no evidence of external abnormalities of the fetus due to hydrochlorothiazide. Hydrochlorothiazide given in a two-litter study in rats at doses of 4 - 5.6 mg/kg/day (approximately 1 - 2 times the usual daily human dose) did not impair fertility or produce birth abnormalities in the offspring. Thiazides cross the placental barrier and appear in cord blood.

Nonteratogenic Effects: These may include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

PRECAUTIONS: *General; Enalapril Maleate; Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe congestive heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with angiotensin converting enzyme inhibitors, including enalapril, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20 percent of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when enalapril has been given concomitantly with a diuretic. This is more likely to occur in patients with pre-existing renal impairment. Dosage reduction of enalapril and/or discontinuation of the diuretic may be required.

Evaluation of the hypertensive patient should always include assessment of renal function.

Hemodialysis Patients: Anaphylactoid reactions have been reported in patients dialyzed with high-flux membranes (e.g., AN 69*) and treated concomitantly with an ACE inhibitor. In these patients consideration should be given to using a different type of dialysis membrane or a different class of antihypertensive agent.

Hyperkalemia: Elevated serum potassium (greater than 5.7 mEq/L) was observed in approximately one percent of hypertensive patients in clinical trials treated with enalapril alone. In most cases these were isolated values which resolved despite continued therapy, although hyperkalemia was a cause of discontinuation of therapy in 0.28 percent of hypertensive patients. Hyperkalemia was less frequent (approximately 0.1 percent) in patients treated with enalapril plus hydrochlorothiazide. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with enalapril. (See *Drug Interactions.*)

Cough: Cough has been reported with the use of ACE inhibitors. Characteristically, the cough is nonproductive, persistent and resolves after discontinuation of therapy. ACE inhibitor-induced cough should be considered as part of the differential diagnosis of cough.

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Hydrochlorothiazide: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals. All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance: hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Warning signs or symptoms of fluid and electrolyte imbalance, irrespective of cause, include dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, confusion, seizures, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or after prolonged therapy. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may cause cardiac arrhythmia and may also sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g., increased ventricular irritability). Because enalapril reduces the production of aldosterone, concomitant therapy with enalapril attenuates the diuretic-induced potassium loss (see *Drug Interactions, Agents Increasing Serum Potassium*).

Although any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease), chloride replacement may be required in the treatment of metabolic alkalosis.

Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

In diabetic patients dosage adjustments of insulin or oral hypoglycemic agents may be required. Hyperglycemia may occur with thiazide diuretics. Thus latent diabetes mellitus may become manifest during thiazide therapy.

The antihypertensive effects of the drug may be enhanced in the postsympathectomy patient.

If progressive renal impairment becomes evident consider withholding or discontinuing diuretic therapy.

Thiazides have been shown to increase the urinary excretion of magnesium; this may result in hypomagnesemia.

Thiazides may decrease urinary calcium excretion. Thiazides may cause intermittent and slight elevation of serum calcium in the absence of known disorders of calcium metabolism. Marked hypercalcemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before carrying out tests for parathyroid function.

Increases in cholesterol and triglyceride levels may be associated with thiazide diuretic therapy.

Information for Patients; Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

Pregnancy: Female patients of childbearing age should be told about the consequences of second- and third-trimester exposure to ACE inhibitors, and they should also be told that these consequences do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. These patients should be asked to report pregnancies to their physicians as soon as possible.

NOTE: As with many other drugs, certain advice to patients being treated with VASERETIC is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions; Enalapril Maleate; Hypotension—Patients on Diuretic Therapy: Patients on diuretics and especially those in whom diuretic therapy was recently instituted, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS.)

Agents Causing Renin Release: The antihypertensive effect of enalapril is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents: Enalapril has been used concomitantly with beta adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine and prazosin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium: Enalapril attenuates diuretic-induced potassium loss. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia they should be used with caution and with frequent monitoring of serum potassium.

Lithium: Lithium toxicity has been reported in patients receiving lithium concomitantly with drugs which cause elimination of sodium, including ACE inhibitors. A few cases of lithium toxicity have been reported in patients receiving concomitant enalapril and lithium and were reversible upon discontinuation of both drugs. It is recommended that serum lithium levels be monitored frequently if enalapril is administered concomitantly with lithium.

Hydrochlorothiazide; When administered concurrently the following drugs may interact with thiazide diuretics:

Alcohol, barbiturates, or narcotics—potentiation of orthostatic hypotension may occur.

Antidiabetic drugs (oral agents and insulin)—dosage adjustment of the antidiabetic drug may be required.

Other antihypertensive drugs—additive effect or potentiation.

Cholestyramine and colestipol resins—Absorption of hydrochlorothiazide is impaired in the presence of anionic exchange resins. Single doses of either cholestyramine or colestipol resins bind the hydrochlorothiazide and reduce its absorption from the gastrointestinal tract by up to 85 and 43 percent, respectively.

Corticosteroids, ACTH—intensified electrolyte depletion, particularly hypokalemia.

Pressor amines (e.g., norepinephrine)—possible decreased response to pressor amines but not sufficient to preclude their use.

Skeletal muscle relaxants, nondepolarizing (e.g., tubocurarine)—possible increased responsiveness to the muscle relaxant.

Lithium—should not generally be given with diuretics. Diuretic agents reduce the renal clearance of lithium and add a high risk of lithium toxicity. Refer to the package insert for lithium preparations before use of such preparations with VASERETIC.

Non-steroidal Anti-inflammatory Drugs—In some patients, the administration of a non-steroidal anti-inflammatory agent can reduce the diuretic, natriuretic, and antihypertensive effects of loop, potassium-sparing and thiazide diuretics. Therefore, when VASERETIC and non-steroidal anti-inflammatory agents are used concomitantly, the patient should be observed closely to determine if the desired effect of the diuretic is obtained.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Enalapril in combination with hydrochlorothiazide was not mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril-hydrochlorothiazide did not produce DNA single strand breaks in an *in vitro* alkaline elution assay in rat hepatocytes or chromosomal aberrations in an *in vivo* mouse

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bone marrow assay.

Enalapril Maleate: There was no evidence of a tumorigenic effect when enalapril was administered for 106 weeks to rats at doses up to 90 mg/kg/day (150 times* the maximum daily human dose). Enalapril has also been administered for 94 weeks to male and female mice at doses up to 90 and 180 mg/kg/day, respectively, (150 and 300 times* the maximum daily dose for humans) and showed no evidence of carcinogenicity.

Neither enalapril maleate nor the active diacid was mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril was also negative in the following genotoxicity studies: rec-assay, reverse mutation assay with *E. coli*, sister chromatid exchange with cultured mammalian cells, and the micronucleus test with mice, as well as in an *in vivo* cytogenic study using mouse bone marrow.

There were no adverse effects on reproductive performance in male and female rats treated with 10 to 90 mg/kg/day of enalapril.

Hydrochlorothiazide: Two-year feeding studies in mice and rats conducted under the auspices of the National Toxicology Program (NTP) uncovered no evidence of a carcinogenic potential of hydrochlorothiazide in female mice (at doses of up to approximately 600 mg/kg/day) or in male and female rats (at doses of up to approximately 100 mg/kg/day). The NTP, however, found equivocal evidence for hepatocarcinogenicity in male mice.

Hydrochlorothiazide was not genotoxic *in vitro* in the Ames mutagenicity assay of *Salmonella typhimurium* strains TA 98, TA 100, TA 1535, TA 1537, and TA 1538 and in the Chinese Hamster Ovary (CHO) test for chromosomal aberrations, or *in vivo* in assays using mouse germinal cell chromosomes, Chinese hamster bone marrow chromosomes, and the *Drosophila* sex-linked recessive lethal trait gene. Positive test results were obtained only in the *in vitro* CHO Sister Chromatid Exchange (clastogenicity) and in the Mouse Lymphoma Cell (mutagenicity) assays, using concentrations of hydrochlorothiazide from 43 to 1300 µg/mL, and in the *Aspergillus nidulans* non-disjunction assay at an unspecified concentration.

Hydrochlorothiazide had no adverse effects on the fertility of mice and rats of either sex in studies wherein these species were exposed, via their diet, to doses of up to 100 and 4 mg/kg, respectively, prior to conception and throughout gestation.

Pregnancy; Pregnancy Categories C (first trimester) *and D* (second and third trimesters). See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Nursing Mothers: Enalapril and enalaprilat are detected in human milk in trace amounts. Thiazides do appear in human milk. Because of the potential for serious reactions in nursing infants from either drug, a decision should be made whether to discontinue nursing or to discontinue VASERETIC, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: VASERETIC has been evaluated for safety in more than 1500 patients, including over 300 patients treated for one year or more. In clinical trials with VASERETIC no adverse experiences peculiar to this combination drug have been observed. Adverse experiences that have occurred, have been limited to those that have been previously reported with enalapril or hydrochlorothiazide.

The most frequent clinical adverse experiences in controlled trials were: dizziness (8.6 percent), headache (5.5 percent), fatigue (3.9 percent) and cough (3.5 percent). Adverse experiences occurring in greater than two percent of patients treated with VASERETIC in controlled clinical trials were: muscle cramps (2.7 percent), nausea (2.5 percent), asthenia (2.4 percent), orthostatic effects (2.3 percent), impotence (2.2 percent), and diarrhea (2.1 percent).

Clinical adverse experiences occurring in 0.5 to 2.0 percent of patients in controlled trials included: *Body As A Whole:* Syncope, chest pain, abdominal pain; *Cardiovascular:* Orthostatic hypotension, palpitation, tachycardia; *Digestive:* Vomiting, dyspepsia, constipation, flatulence, dry mouth; *Nervous/Psychiatric:* Insomnia, nervousness, paresthesia, somnolence, vertigo; *Skin:* Pruritus, rash; *Other:* Dyspnea, gout, back pain, arthralgia, diaphoresis, decreased libido, tinnitus, urinary tract infection.

Angioedema: Angioedema has been reported in patients receiving VASERETIC (0.6 percent). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis and/or larynx occurs, treatment with VASERETIC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In clinical trials, adverse effects relating to hypotension occurred as follows: hypotension (0.9 percent), orthostatic hypotension (1.5 percent), other orthostatic effects (2.3 percent). In addition syncope occurred in 1.3 percent of patients. (See WARNINGS.)

Cough: See PRECAUTIONS, *Cough.*

Clinical Laboratory Test Findings: Serum Electrolytes: See PRECAUTIONS.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.6 percent of patients with essential hypertension treated with VASERETIC. More marked increases have been reported in other enalapril experience. Increases are more likely to occur in patients with renal artery stenosis. (See PRECAUTIONS.)

Serum Uric Acid, Glucose, Magnesium, and Calcium: See PRECAUTIONS.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g percent and 1.0 vol percent, respectively) occur frequently in hypertensive patients treated with VASERETIC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1 percent of patients discontinued therapy due to anemia.

Liver Function Tests: Rarely, elevations of liver enzymes and/or serum bilirubin have occurred.

Other adverse reactions that have been reported with the individual components are listed below and, within each category, are in order of decreasing severity.

Enalapril Maleate:—Enalapril has been evaluated for safety in more than 10,000 patients. In clinical trials adverse reactions which occurred with enalapril were also seen with VASERETIC. However, since enalapril has been marketed, the following adverse reactions have been reported: *Body As A Whole:* Anaphylactoid reactions (see PRECAUTIONS, *Hemodialysis Patients*); *Cardiovascular:* Cardiac arrest; myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high risk patients (see WARNINGS, *Hypotension*); pulmonary embolism and infarction; pulmonary edema; rhythm disturbances including atrial tachycardia and bradycardia; atrial fibrillation; hypotension; angina pectoris; *Digestive:* Ileus, pancreatitis, hepatic failure, hepatitis (hepatocellular [proven on rechallenge] or cholestatic jaundice), melena, anorexia, glossitis, stomatitis, dry mouth; *Hematologic:* Rare cases of neutropenia, thrombocytopenia and bone marrow depression. Hemolytic anemia, including cases of hemolysis in patients with G-6-PD deficiency, has been reported; a causal relationship to enalapril has not been established. *Nervous System/Psychiatric:* Depression, confusion, ataxia, peripheral neuropathy (e.g., paresthesia, dysesthesia); *Urogenital:* Renal failure, oliguria, renal dysfunction (see PRECAUTIONS), flank pain, gynecomastia; *Respiratory:* Pulmonary infiltrates, bronchospasm, pneumonia, bronchitis, rhinorrhea, sore throat and hoarseness, asthma, upper respiratory infection; *Skin:* Exfoliative dermatitis, toxic epidermal necrolysis, Stevens-Johnson syndrome, herpes zoster, erythema multiforme, urticaria, pemphigus, alopecia, flushing, photosensitivity; *Special Senses:* Blurred vision, taste alteration, anosmia, conjunctivitis, dry eyes, tearing.

Miscellaneous: A symptom complex has been reported which may include a positive ANA, an elevated erythrocyte sedimentation rate, arthralgia/arthritis, myalgia/myositis, fever, serositis, vasculitis, leukocytosis, eosinophilia, photosensitivity, rash and other dermatologic manifestations.

Fetal/Neonatal Morbidity and Mortality: See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Hydrochlorothiazide—Body as a Whole: Weakness; *Digestive:* Pancreatitis, jaundice (intrahepatic cholestatic jaundice), sialadenitis, cramping, gastric irritation, anorexia; *Hematologic:* Aplastic anemia, agranulocytosis, leukopenia, hemolytic anemia, thrombocytopenia; *Hypersensitivity:* Purpura, photosensitivity, urticaria, necrotizing angiitis (vasculitis and cutaneous vasculitis), fever, respiratory distress including pneumonitis and pulmonary edema, anaphylactic reactions; *Musculoskeletal:* Muscle spasm; *Nervous System/Psychiatric:* Restlessness; *Renal:* Renal failure, renal dysfunction, interstitial nephritis (see WARNINGS); *Skin:* Erythema multiforme including Stevens-Johnson syndrome, exfoliative dermatitis including toxic epidermal necrolysis, alopecia; *Special Senses:* Transient blurred vision, xanthopsia.

* Based on patient weight of 50 kg.

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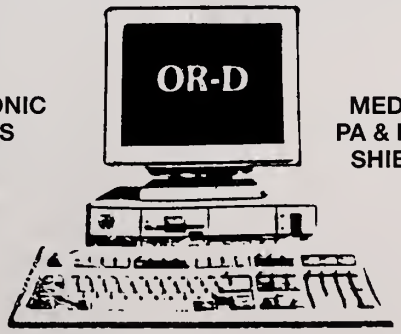

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The Past, The Present, The Presidency

Maria T. Montesano
Assistant Managing Editor

Martin A. Murcek, MD—soon to be president of the Pennsylvania Medical Society—talked with PENNSYLVANIA MEDICINE late this summer about the past, the present, and the presidency.

In its 144 years of existence, the Pennsylvania Medical Society has never had a pediatrician or an allergist for president. But history will change on October 23 when Martin A. Murcek, MD—certified in both specialties—is inaugurated president for the year to come.

A native of Duquesne, Dr. Murcek was the youngest of 12 children born to a Lutheran minister and his wife. Of his childhood he says, "I grew up in a very austere environment. Protestant clergymen don't make much money, particularly when I was growing up 60 years ago." He credits his mother for "stretching the dollar" for their family. "You wouldn't even be able to dream of doing today what she accomplished for us," he says.

He worked for several years after high school to earn money for college and was aided by several scholarships upon entering the University of Pittsburgh. He received his bachelor's degree in biochemistry in 1954 and his medical degree from the university's School of Medicine in 1958.

He served a rotating internship at McKeesport Hospital, and a pediatric fellowship and research fellowship in allergy and immunology at Children's Hospital of Pittsburgh. Except for two years in the Army in North Carolina, he has spent most of his professional career in the Pittsburgh area.

MARTIN A. MURCEK, MD
144TH STATE SOCIETY PRESIDENT

BORN
December 10, 1930

MEDICAL SCHOOL
University of Pittsburgh School of Medicine

SPECIALTY
Pediatrics—Allergy and Immunology

CURRENT POSITIONS
Private practitioner, Greensburg; clinical assistant professor, Children's Hospital of Pittsburgh; instructor, Jefferson Medical School, Latrobe

STATE SOCIETY SERVICE HIGHLIGHTS
First specialty trustee to the Pennsylvania Medical Society Board of Trustees; chairman, Interspecialty Section; delegate, State Society House of Delegates; trustee and treasurer, Keystone Peer Review Organization

"What I fear most about what may happen if this country goes to managed care is that the personal touch of medicine will disappear."

When asked about the changes lurking behind health system reform and managed care, Dr. Murcek is reminded of his years in the Army. "What I fear most about what may happen if this country goes to managed care is that the personal touch of medicine will disappear. When I went into the Army, I felt I was coming out of one of the best pediatric training centers in the country—Children's Hospital—[and] all of a sudden, I was in a log cabin someplace, trying to work with minimal equipment, minimally trained ancillary personnel...and the most important thing I saw myself giving up at that point was my personal independence."

What he prizes most about private practice, Dr. Murcek says, is that "personal independence"—something that suddenly disappears with the heavy regulation in the military or under a single-payer system. "You and your patients become numbers, which is de-professionalizing and de-personalizing. If something like that happens, quality will suffer," he says.

Dr. Murcek favors a pluralistic health system approach. While he as-

sumes the U.S. will move into some sort of managed care, he doesn't want it to be "a mega-managed care." His fear is "that the system will start out with small HMOs and PPOs that are functioning reasonably well and allowing physicians to maintain some degree of autonomy, and then one will begin buying out the others, leading to a mega-HMO."

He says a pluralistic system is essential to maintaining each physician's personal independence. That's where organized medicine must be involved, he believes, on behalf of physicians nationwide.

Dr. Murcek's career in organized medicine began through what he calls "an unusual route"—he was the first specialty trustee to the State Society's Board of Trustees. The year was 1969, and George Farrar Jr., MD, president at the time, was concerned that the Society was too primary-care-oriented. A meeting was scheduled to discuss the issue, and Dr. Murcek was invited to represent the allergists.

"At that time [the medical community was] making a major transition into more and more specialty care," he recalls. "It was believed that the specialties were not adequately represented at the Society, which could lead to a breakdown of organized medicine." The Interspecialty Section was formed, at that time under board direction, with Dr. Murcek as the allergy representative. From there, he moved to chair of the section and eventually became the first specialty trustee.

He notes that the Pennsylvania Medical Society had the first specialty section in the country. "Now," he says, "every state society and the AMA have specialty physician sections."

As for his road to the presidency, it wasn't planned: "As I moved along in my various jobs in the Society, I never really thought I would want to go through to the presidency because of the time commitment," he says. But as he watched the board work throughout the years and saw its accomplishments, his interest was peaked.

Being approached by several members of the board to seek the vice presidency was "the clincher," he says. "That was the kind of peer respect that you don't get any place else. It's especially unique for a physician to have his peers think enough to suggest that he should represent them and their practices. At that point, it becomes almost impossible to say no."

In the year ahead, Dr. Murcek views his primary role as "carrying the message of the Society to wherever it needs to go." One place he's headed with that message is to the same place he started—to the specialties. "I'm going to emphasize that we're all physicians, no matter what our specialty."

As an advocate of unification, he says, "The politicians and insurance companies we interact with look at us in terms of numbers. If we're not unified, we're not functioning as a group, and they don't consider us as being effective. [In fact,] splintering is what they would like to see us do, because it makes it easier for them to overwhelm us and overcome us." He says, "When the day comes that we can say we represent 85 or 90 percent of physicians, we'll have much, much better leverage in bringing about the decisions that are so essential to maintaining our independence and continuing the best quality of care in the world for our patients."

Dr. Murcek wants to assure members that he has no personal agenda. In fact, he says he has no plans to offer any new recommendations in his speech to the House of Delegates prior to his inauguration. "We have so much to do, and we have so much unfinished work, I wouldn't dream of coming up with some new recommendation...We've got lots of irons in the fire; we need to get some of those irons finished."

The year ahead is sure to be a busy one for Dr. Murcek. When asked how he would balance his practice and presidency, he said, "My three kids are grown; my wife, Doris Mae, is extremely supportive; and I have an outstanding staff. The physicians who have covered for me over the years—and who will cover for me when I'm away this year—have done a marvelous job. I can never repay them, except by trying to do the best job I can do here...I'll certainly give it my best shot."

"If we're not unified, we're not functioning as a group, and [politicians and insurance companies] don't consider us as being effective."

A Patient's Testimony

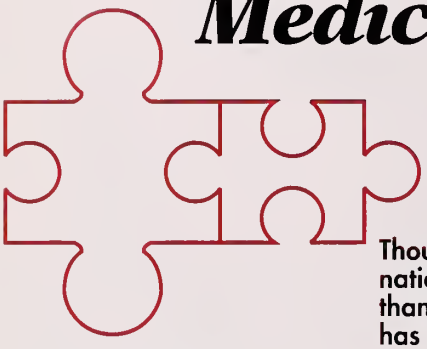
A Penn State pre-medical student wrote the following about Dr. Murcek in her medical school applications:

"My interest in medicine began with our family doctor, friend, and my first authentic hero: Dr. Martin Murcek. Dr. Murcek's appointment schedule is nearly as legendary as the man himself due to his insistence on spending the time to really know patients. Always upbeat, full of questions, and intensely interested, he is the perfect role model for a would-be doctor."

The student is one of 22 patients that Dr. Murcek, in his 27 years of practice, has convinced to enter a medical career.

Finding the Best Response to Health System Reform: Medical Practice Mergers

Michael A. Cassidy, Esq.



Next Month:
Look for more on hospital affiliations.

Though specific legislation to revamp the nation's health care system may be more than a year away, health system reform has already impacted physician practices in a number of ways. This first in a series of two articles on finding the best response to health system reform overviews how practices have been affected and outlines physician considerations in merging practices.

If you are waiting to see what happens with Medicare reform before you look closely at the alternatives for dealing with the new medical practice environment, you are making a mistake. Health system reform has already happened; Medicare is just following along. Here is a list of the major reform initiatives which have already impacted your practice:

- True managed care may become a competitive reality in Pennsylvania, particularly with the impending introduction of the new Blue Shield preferred provider organization (PPO) and health maintenance organization (HMO) products—PremierBlue and Keystone, respectively.
- Economic credentialing, MedisGroups analysis, and Pennsylvania Health Care Cost Containment Council (PHC4) statistics are already being used to establish a basis for analyzing your outcomes, efficiency, and practice patterns.
- The Pennsylvania Health Security Act, the product of Governor Casey's Health Care Task Force, is recommending state health system reform which would mirror the managed competition framework being discussed on the federal level.
- New state self-referral prohibitions and the expansion of the Stark anti-referral legislation recently enacted as part of the Revenue Reconciliation Act of 1993 will further restrict your ability to practice in smaller groups and solo practices.
- Blue Shield and other private carriers are piggybacking on Medicare RBRVS fee schedules.
- Workers' compensation reimbursement reform, at 113 percent of Medicare, will further reduce physicians' operating revenue.
- The operation of a medical practice will continue to be made more expensive by the Clinical Laboratory Improvement Act (CLIA), the Occupational and Safety Hazard Administration (OSHA), medical waste disposal requirements, and other state and federal regulations.

Once you acknowledge that you cannot remain stagnant and deal effectively with these forces of change, you must consider your options. As in most other businesses, the physician's typical response to declining profits is either to cut expenses, increase revenue, and/or accept reduced compensation.

The purpose of this article is not to discuss expense management, although that is certainly a critical issue. Instead, this article discusses how physician practices increase—or at least preserve—revenue through practice mergers and affiliations, particularly when reimbursement levels are declining.

It is economic reality that since, as a physician, you cannot effectively increase your revenue just by increasing your charges, you must increase your volume. It is also economic reality that most medical practices cannot simply increase volume by adding additional physicians. Declining patient population and the growth of managed care, in most circumstances, are aimed at limiting the elasticity of demand, and require more aggressive and creative approaches.

One effective way to increase volume, then, is to increase the size of your practice through practice mergers and/or affiliations with some form of managed care entity. Both actions involve similar planning requirements and common legal issues; effective planning and implementation of these strategies require a basic action plan or agenda.

Mr. Cassidy is an attorney at the law firm of Kabala & Geeseman, Pittsburgh.

First steps to analyzing mergers

The first and probably most important step is to form a task force or working group, consisting of those physicians responsible for analyzing the specific problem of the group, retaining experienced consultants and counsel to provide advice, and working towards a solution. It does not matter that some of these participants are philosophically opposed to reform or drastic change, because the correct solution may be that certain mergers or affiliations are inappropriate. In fact, some skepticism is probably warranted. However, the group members must be open-minded and committed to the process.

The next step is to identify the intended goals—e.g., increased revenue, operating efficiency, managed care leverage, etc.—and the primary options available to achieve the goal—e.g., operating merger, strategic merger, or some type of affiliation with a hospital, a managed care entity, or some other integrated delivery system. Remember that a "merger" is a vehicle, not a goal. The aims of the group could be increased volume, maintenance of current volume, reduced workloads without proportionately reduced compensation, or any combination of these and other choices.

There is no one established correct goal, venture, or response; the available options must be analyzed on a case-by-case basis. Past experience has shown that valuable time and money have been wasted and important opportunities lost because the players have stubbornly resisted changing preconceived notions—the classic analogy of trying to force a square peg into a round hole.

The next critical step is market analysis. Health system reform on the strategic level is basically a struggle to control patient access. There are three groups battling for this control: physicians, hospitals, and payers—either insurers or employers. You must have an accurate assessment of who controls patient access in order to plan your future direction.

Two extreme examples will illustrate this problem. In communities dominated by self-pay and Medicare patients, who are at least for now still free to select their physicians and hospitals, most patient encounters initially occur with physicians, who therefore control that patient flow. In this instance, it could be very unwise to enter into affiliations or sell your practice to managed care entities and effectively forfeit that control.

On the other hand, in communities dominated by some form of managed care, most patients seek services that are covered by the program from physicians who participate in those programs. In these situations, unless the local hospital is also an influential participant in the dominant program, it could be counter-productive to align yourself with the hospitals.

These examples are the extremes and may not depict your market or community. However, they do illustrate the need to know the market.

The result of these first steps should be the identification of the appropriate goals. All ventures will involve common issues, such as corporate governance and documents, reimbursement, fraud and abuse, self referral, taxation, antitrust, etc. The appropriate resolution of these issues varies from case to case and is beyond the scope of this article, but the critical issues remain constant.

Practice mergers

The developing interest in medical practice mergers is merely a continuation of past business solutions followed by other professions in response to the changing nature of their practice environments. Lawyers, accountants, and architects have all decided or been compelled to accept that some degree of specialization or sub-specialization is both necessary and desirable.

In fact, many have found that forming larger professional practices was a realistic response to the need for a practice environment that could both support specialization and distribute ever-increasing operating cost over a greater number of revenue producers. These groups have also found that inappropriate mergers, like unwise marriages, led to years of unhappiness and, eventually, messy "divorces." Bigger is not always better.

Physicians now find themselves in much the same situation and must evaluate their merger opportunities in the same context. Mergers generally fall into two basic types: operating mergers and strategic mergers.

Operating mergers

In operating mergers, practices merge to achieve classic economies of scale; in strategic mergers they position themselves for strategic expansion. Although strategic positioning may be one of the results, an operating merger can be an end in itself.

As the practice of medicine becomes increasingly complex from an insurance, regulatory, and administrative perspective, the need for highly skilled and professionally trained administrators also →

"There is no one established correct goal, venture, or response; the available options must be analyzed on a case-by-case basis."

increases. It is becoming much more difficult for any employee to come up through the ranks of office staff or nursing staff and manage the office or practice; at the same time, it is becoming increasingly burdensome for smaller practices to bear the cost associated with these new management needs. Precertification documentation, electronic billing, regulatory compliance, medical waste disposal, and increased patient demands are all factors contributing to the increase in practice overhead.

The creation of larger practices not only spreads costs, but may also utilize personnel, equipment, and space more effectively. If Dr. A has an employee adept at billing, but who spends much time answering the phone, and Dr. B employs a person who enjoys telephone duties but hates billing, the merger allows each person to be assigned to tasks he or she performs best.

"Larger group practices have been one response to the fraud and abuse and anti-referral legislation."

Anti-referral/fraud and abuse restrictions

Similarly, consolidation of office space should allow for the new practice to make more productive use of its facilities and equipment. Federal and state legislation prohibiting or restricting referral arrangements and joint ventures add to the pressure to merge practices. Prior to the fraud and abuse and anti-referral enforcement initiatives of recent years, it was not uncommon for similarly situated practices to develop joint services, such as clinical laboratories and diagnostic imaging. However, new legislation and enforcement severely restrict and often completely eliminate these joint revenue-producing/cost-sharing ventures, often at the cost of eliminating a useful patient service.

Larger group practices have been one response to the fraud and abuse and anti-referral legislation. The Medicare fraud and abuse rules contain a specific exception for legitimate group practice employment arrangements. The existing federal anti-referral legislation, first proposed by Representative Pete Stark (D-CA) and adopted as part of the Revenue Reconciliation Act of 1993, and some state proposals, also contain exceptions for referrals within group practices.

The myriad and strict conditions for complying with the group practice exception are beyond the scope of this article, but at this time, without further legislation, a legitimately organized medical group practice should withstand fraud and abuse and anti-referral scrutiny.

The idea of establishing *clinics without walls* has garnered significant medical and legal attention. Proponents of the concept offer it as a panacea to the fraud and abuse and referral problems. Opponents of the concept—including most notably the Office of Inspector General (OIG) at the Health Care Financing Administration (HCFA)—condemn it as another abusive technique intended to circumvent federal legislation and line the pockets of scheming physicians. It should be noted that, even in opposing the concept of clinics without walls, OIG has stated publicly that legitimately organized and integrated medical practices will survive this scrutiny.

There is no standard format or structure to establish a clinic without walls. The idea initially was used to describe medical practices that joined together for the common good, whether as operational or strategic mergers, which nevertheless retained some autonomy at the operational level.

Retention of some autonomy is not foreclosed by legitimately organizing or integrating medical practices into one merged group practice. However, if the only common organizational characteristic is that the autonomous practices pool their profits at the end of each accounting period and make compensation payments to the physicians in direct relation to the profits they contributed to the common checking account, there will be a significant question as to whether or not this constitutes an integrated or merged medical practice.

On the other hand, if the practices assume a pro rata share of common expenses either on a per capita or productivity basis, employ common management and staff, bill jointly, and participate collectively in managed care programs, then such practices exhibit the characteristics of a legitimate or integrated joint practice.

Strategic mergers

The primary impetus for strategic mergers comes from physicians' desires to deal with managed care. The critical questions in planning a strategic merger for this reason are: "To what extent is your current patient base controlled by managed care entities?" and "To what extent do you expect your future patient base to be controlled by managed care entities?" For the purposes of this article, the generic term "managed care entities" will be used to describe any program through which payers attempt to dictate reimbursement levels, impose utilization controls, and/or require the physicians to accept risk.

→

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It makes little sense to create an organization with the critical mass necessary to negotiate and leverage its market power against managed care entities if those entities do not exist and your patient base is private pay, Medicare (barring future Medicare reform), or some other type of indemnity carrier. Before leaping into mergers for such reasons, it is essential to evaluate your community's managed care climate.

However, the fact that managed care does not exist now, or at least does not exist in your market area, does not mean that there will be no significant future penetration. Therefore, planning for and implementing strategic mergers may necessitate a long-range look at your local market.

The penetration of "real" managed care entities—those that pay on a capitation basis, impose strict utilization review and quality assurance standards, and/or deal with only a limited number of physicians credentialed according to the internal standards of the payer—varies from region to region. For example, in Western Pennsylvania, although there are many health insurers, very few fit this definition of a "real" managed care entity. Most payers are merely health insurers/PPOs dealing with a large panel of physicians using a reimbursement program that is usually based upon a percentage of charges rather than a capitation system.

However, now that Blue Shield is aggressively marketing its HMO product (Keystone), and creating and marketing a more restrictive PPO product (PremierBlue—see PENNSYLVANIA MEDICINE, September 1993), the competitive environment will likely change.

"...now that Blue Shield is aggressively marketing its HMO product (Keystone), and creating and marketing a more restrictive PPO product (PremierBlue), the competitive environment will likely change."

Common financial and legal issues

Aside from the purposes or goals of the merger, most operating and strategic mergers involve many common issues and require similar planning, which can be divided into financial and legal issues. The financial analysis is a basic "due diligence" review of the financial characteristics of each practice, including: financial statements; pending liabilities, such as malpractice claims and reimbursement audits; funding of employee benefits and retirement plans; comparison of per-physician overhead and revenue indicators; asset valuation, including real estate and equipment; audit controls; and tax liabilities for past income and payroll tax liabilities.

Following the development of an accurate financial picture, the legal or structural analysis will result in, among other things: a determination whether the structure should be a real merger, the formation of a new professional corporation and the liquidation of the old, or simply allowing new physicians to buy into one of the practices. Each of these structures results in different tax consequences and treatment of assumed liabilities. Therefore, you should have experienced counsel to explain all of the advantages and disadvantages.

Following selection of a structure, you must develop new documents to establish how the new practice will be governed, and new agreements regarding allocation of overhead and compensation; coordinate existing retirement plans; analyze and perhaps renegotiate or amend existing contracts with hospitals, managed care, etc.; select a common malpractice carrier; determine whether the proposed combination satisfies fraud and abuse and antitrust concerns; and coordinate assignment accounts and participation agreements or establish new ones.

Typically, the most troublesome area will be establishing a model for corporate/practice governance or management that addresses the concern that many physicians voice regarding loss of control or autonomy. Physicians practicing in larger groups that have used a centralized management model will be more comfortable with merged practices. Conversely, physicians from solo or smaller practices that have operated on a consensus basis will have greater difficulty.

To achieve a comfort level, these issues must be addressed by compromise within the governing documents and may not be resolved to the total satisfaction of all.

The physicians must also determine what "glue" will be used for the structure. Some groups operate on a trial basis, leaving each member a reasonable way to withdraw, at least initially. In doing so, you must recognize that the easier withdrawal is, the more likely it is that somebody will withdraw.

A contrary school of thought is to make it very difficult to withdraw for a period judged long enough to give the merger a chance to work, and then return to more typical withdrawal arrangements.

In summary, physicians should accept the fact that health system reform is an ongoing process that has already significantly changed how you manage your medical practice, and that this change will not only continue but probably accelerate.

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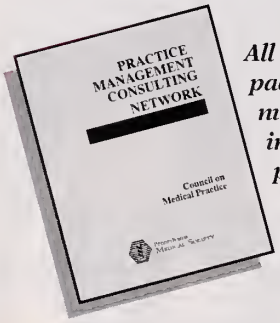
State Society Expands Managed Care Services



All indicators surrounding the Clinton health care package point in one direction: managed care. But managed care, already a reality for many physicians involved in health maintenance organizations, preferred provider organizations, and point-of-service networks, has a myriad of meanings and facets. The Society is looking at every possible means to help members in these changing times.

Managed care—typically used to describe networks run by third-party payers to control use of health services—may be a daily fact for your practice; or you may see it looming on the horizon as a result of state or federal health system reform. Whatever the present circumstance, Pennsylvania physicians realize that the decisions they make now will affect not only the future of their practices and patients, but also the future of American medicine. Your State Society—along with the AMA and your county medical society—is responding to member requests for guidance in the confusing "pre-reform" world.

Health care analysts and participants alike agree that reform is actually happening now—or at least a major transformation of health care practice as we have known it. The formula for Pennsylvania health care is constantly changing around us: hospital mergers, new Blue Shield networks, corporate plans, physician credentialing, vertical integrations, and shifting conglomerations of specialties and group practices are making headlines.

In this atmosphere, the Society is using its resources to not only participate in and influence the course of change, but also to help keep members informed. One of our most important purposes is to serve as a clearinghouse of managed care and health system reform information.

This publication, and its monthly companion, *Executive Report*, will continue to provide updates on health reform legislative activities and analysis of related issues. Another major initiative is the development of products and services to relay more in-depth information for members researching specific aspects affecting their practices.

The first two initiatives expected this fall are the Society's Managed Care Resource Kit and a series of educational seminars.

Managed Care Resource Kit

Realizing that Pennsylvania physicians are poised at various levels of understanding and involvement with managed care, the Society has created a resource kit to condense the multitude of information that is out there. The kit is expected to include:

- a bibliography of articles published on issues related to managed care, such as contracting physician services, antitrust and other legal issues, malpractice, joint ventures, practice sales, regulations, Medicare and Medicaid, utilization, reimbursement, ethics, and reform;
- reprinted articles selected from the bibliography, as well as information about how to order other articles;
- the Society's managed care paper—though excerpted in PENNSYLVANIA MEDICINE in June 1993, the full position paper will be included;
- the Society's Practice Management Consulting Network handbook—produced by the Council on Medical Practice, this handbook offers information about how to select a consultant and catalogs practice management consultants participating in the Society's consulting network;
- information on publications available from large specialty groups;
- a brochure outlining available AMA publications;
- information on Pennsylvania Blue Shield plans; and
- names, addresses, and phone numbers for state health maintenance organizations (HMOs) and preferred provider organizations (PPOs).

Educational programming

The Society has also developed educational programs on managed care for state physicians. One program is geared toward physicians

In the Works

A nationally known consulting firm, KPMG Peat Marwick, is investigating options for the Society to use in helping members form managed care networks. In a related effort, the Society will study the feasibility of forming a management services organization (MSO) to provide administrative services to integrated physician networks. Look for additional information in future Society publications.

On the national level, the AMA has created a new information program, called Doctors Resource Service™ (DRS), to guide physicians and office personnel in responding to the changes in America's health system reform. The first multimedia issue includes a video introduction to managed care, an audiocassette Q&A, three handbooks on managed care and reform, and a publication on managed competition. For additional information, call the AMA at (800) AMA-1066.

who have little knowledge of managed care concepts and is relatively brief, to accommodate a medical staff meeting. Two more extensive programs are scheduled throughout the state next month.

"PHOs, POs, HMOs: Sound Advice on Affiliation Options for Pennsylvania Physicians," targets physicians who are seriously considering joining an existing managed care network or system, but who need help analyzing the choices. It will focus on key issues of health system reform and detail managed care options, including physician/hospital organizations (PHOs), integrated physician organizations (POs), independent contractor arrangements, employment arrangements, and what to do when there are multiple contract options on the table.

Dates and locations are: November 2 in Harrisburg, November 3 in Philadelphia, November 4 in Pittsburgh, November 9 in Allentown, November 10 in Wilkes-Barre, and November 11 in Altoona.

The second program, "Physicians Leading the Way in Pennsylvania," will aid entrepreneurs who are considering forming a network of their own and will address:

- benefits and risks of developing an integrated delivery system;
- selection of partners and formation of alliances;
- the types of entities and legal structures;
- economic integration;
- group governance;
- business plan preparation;
- components of an integrated delivery system business plan;
- market assessment;
- how to develop a timetable;
- capital acquisition;
- contract development and negotiation;
- utilization review, quality management, and outcomes measurement;
- credentialing; and
- marketing.

An idea exchange or open forum is also scheduled as part of this program, to be held November 3 in Harrisburg, November 4 in Philadelphia, and November 6 in Pittsburgh.

Consultative services

The Pennsylvania Medical Society has established a new subsidiary to provide individuals advice and guidance on the process a practice should follow to evaluate new practice arrangements, new payment structures, and the obligations associated with those practice arrangements.

The Society's new consulting company will also provide consultation on coding, audits, reimbursement policy arrangement, and billing and collections.

The Society's Medical Staff Legal Service Plan—being promoted to medical staff leaders—offers the services of two attorneys with expertise in organizing physicians to deal with managed care initiatives.

All the products and services outlined above are intended to assist the entire Pennsylvania physician population and complement the efforts of other associations, such as the AMA (see "In the Works," page 24). For additional information on Pennsylvania Medical Society offerings, call the Department of Physician Services at (800) 228-7823 or (717) 558-7750.

The Society's Council on Medical Practice coordinates the development and distribution of all Society products and services.

Managed Care Seminars Offered This Fall

The State Society is sponsoring two managed care seminars throughout the state next month:

PHOs, POs, HMOs: Sound Advice on Affiliation Options for Pennsylvania Physicians

November 2—Harrisburg
November 3—Philadelphia
November 4—Pittsburgh
November 9—Allentown
November 10—Wilkes-Barre
November 11—Altoona

Physicians Leading the Way in Pennsylvania

November 3—Harrisburg
November 4—Philadelphia
November 6—Pittsburgh

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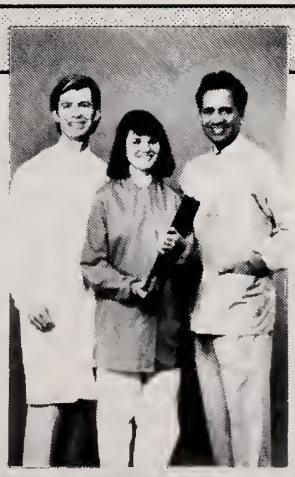

LEGISLATORS BUSY DURING "SUMMER OF HEARINGS"

Call it the "summer of hearings" if you like, for although the General Assembly recessed for the summer months, several House and Senate committee members were busy with statewide hearings which addressed Pennsylvania's auto insurance law and health system reform. The State Society has been equally busy making sure physicians' voices are heard by these legislators.

The House of Representatives Insurance Committee held summer hearings to discuss the auto insurance law. State Society President Donald G. Ferguson, MD, testified on behalf of the Society at a July 8 hearing in Pittsburgh, and Keystone Peer Review Organization (KePRO) President Donald E. Harrop, MD, testisfied at an August 11 hearing in Philadelphia.

Dr. Ferguson presented four problems Pennsylvania physicians are encountering with the new law:

1) inconsistent and inappropriate implementation and application of the Medicare-based payment system;

2) access problems and cost shifting;

3) the use of peer and utilization review processes as a tool of the insurer to delay, reduce, or deny payment for services already provided; and

4) the misconception that the medical community was to blame for rising auto insurance rates.

He stressed that these problems "can be fixed," offered the Society's assistance in doing so, and emphasized "that they are 'fixes' that don't affect the motoring public—not their premiums, their medical treatment, or their ability to purchase insurance."

Dr. Ferguson offered Society recommendations to solve these problems. First, he recommended "that efforts be made to sever the tie to the Medicare payment system,... that individual health care providers or groups of providers or their respective professional organizations be permitted to challenge the reasonableness of the allowances as to their general application and not on the basis of each specific case, [and] that the Insurance Department become more active in providing information on the Medicare payment system to insurers and to health care providers so that the intent of the law may be carried out."

Second, he asked the department to "investigate possible safeguards to prevent payment and coverage difficulties when auto-related benefits are coordinated with other forms of health coverage.

Finally, he suggested: "that specific criteria be developed and implemented for the certification and evaluation of peer review organizations by the Insurance Department; that the criteria used in medical necessity determinations be made public so that it can be validated as consistent with the standards of good medical practice; [and] that peer review organizations and their individual reviewers be accountable for adverse decisions which prevent delivery of necessary medical care and result in further injury and suffering to the patient."

Dr. Harrop discussed utilization and peer review processes under Act 6, emphasizing that these "are not strangers to physicians. We invented most of the processes currently in use." His testimony reiterated Dr. Ferguson's remarks about insurers' use of the processes "to delay, reduce, or deny payment for services already provided."

Dr. Harrop offered recommendations which, he says, would not require changing the current law, but could "be achieved by modifying current regulations." Those recommendations were to: strengthen licensure requirements for PROs, insure PRO oversight, provide free review and reconsideration processes, and require specific criteria for physician reviewers employed by PROs.

Following the hearing, House Insurance Committee Chair Nicholas Colafella (D-Beaver) indicated that his committee would exercise its oversight responsibilities and monitor the implementation of Act 6 carefully.

Another hearing is scheduled this month in Beaver County. Local physicians will testify.

Reform hearings

Society representatives were also invited to participate in a Senate Health and Welfare Committee focus group held on July 20. The committee convened more than a dozen such groups throughout the summer to learn more about various aspects of health system reform related to the governor's proposed Health Security Act.

As reported earlier this year, the package of five bills—developed by the governor's Economic Development Partnership—includes several elements the Society has supported, including a basic benefit package, elimination of pre-existing conditions, employee participation in premium payment, employer mandate, portability, and a clinical advisory committee.

However, the Society has a number of concerns—outlined on pages 18-19 of the September issue of PENNSYLVANIA MEDICINE—regarding financing, freedom of choice, managed care safeguards, and tort reform, among others.

The focus groups are expected to continue through to the end of October, with one meeting on peer review and ethics scheduled at State Society headquarters on October 14.

The House Health and Welfare Committee held six similar hearings last spring and has announced 10 more hearings this fall that will focus on a single-payer bill, the governor's package, and a preliminary draft of a universal access proposal. According to Committee Chair David P. Richardson (D-Philadelphia), "This is the final series of hearings that will be held before legislative action is taken." Society leaders are preparing to testify where possible as the hearings progress.

Society testimony this spring emphasized four basic philosophies:

1) that no system will work successfully unless patients are given the freedom to choose their own physicians, and physicians are given the freedom to choose how they will practice;

2) that regulatory relief and liability reform must be a part of health system reform legislation;

3) that reform must be all-inclusive and equitable; and

4) that medicine must stay involved every step of the way, including implementing reform once it is enacted.

The Society will continue to emphasize these basic philosophies during the fall hearings as well.

Mark Your Calendar!

The Senate and House of Representatives are scheduled to reconvene in Harrisburg on *November 22.*

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OCTOBER 1993

October 6th
Pathway of Discovery of Cystic Fibrosis: Link to Transmembrane Chloride Transport
Michael J. Welsh, MD
Professor of Internal Medicine,
Physiology and Biophysics
University of Iowa College of Medicine
Investigator, Howard Hughes Medical Institute
Iowa City, IA

October 13th
Hirsutism
Leslie I. Rose, MD
Professor of Medicine
Director, Division of Metabolism
and Endocrinology
Hahnemann University

October 20th
Myocardial Ischemia
William Frishman, MD
Professor and Associate, Chairman
Weller Hospital of the Albert
Einstein College of Medicine
Bronx, NY

October 27th
Magnesium: The Forgotten Electrolyte
Joseph DiPalma, MD
Emeritus Professor of Pharmacology
and Medicine
Emeritus Dean
Hahnemann University

Therapeutic Developments in the Magnesium Therapy of Diabetes and Hypertension
Lawrence M. Resnick, MD
Professor of Physiology & Medicine
Director of Hypertension, Division
of Endocrinology & Hypertension
Wayne State University Medical Center
Detroit, MI

Role of Magnesium in Myocardial Infarction
Thomas G. Giles, MD
Professor of Medicine
Director, Cardiovascular Research Lab.,
Director, Hypertension & Heart Failure Center
Louisiana State University
New Orleans, LA

NOVEMBER 1993

November 3rd
New Horizons in Management of Antimicrobial Drug Allergy
Timothy J. Sullivan, MD
Professor of Medicine
Head, Allergy/Immunology Division
Emory University School of Medicine
Atlanta, GA

November 10th
Management of Thoracic Aortic Aneurysm
Leonard S. Dreifus, MD
Professor of Medicine
Director, Division of Cardiovascular Diseases
Hahnemann University

Stanley K. Brockman, MD
Professor and Chairman
Department of Cardiothoracic Surgery
Hahnemann University

Krishnaswamy Chandrasekaran, MD
Associate Professor of Medicine
Director, Cardiac Ultrasound
Division of Cardiovascular Diseases
Hahnemann University

November 17th
Nall Findings in Systemic Diseases
Richard K. Scher, MD
Professor of Clinical Dermatology
College of Physicians & Surgeons
Department of Dermatology
Columbia University
New York, NY

November 24th
No Grand Rounds — Holiday

DECEMBER 1993

December 1st
Infectious Diarrhea: Recent Advances
John Molavi, MD
Associate Professor of Medicine
Director, Division of Infectious Diseases
Hahnemann University

December 8th
Hepatitis "C"—1994 (Acute or Chronic)
Gary Gitnick, MD
Professor of Medicine
Chief, Division of Digestive Diseases
UCLA Medical Center
Los Angeles, CA

December 15th
Antithrombin Therapy in Acute Myocardial Infarctions and Unstable Angina: The Role of Hirudin
James H. Chesebro, MD
Professor of Medicine
Cardiac Unit
Massachusetts General Hospital
Boston, MA

Continuation Warfarin and Aspirin in Valvular Heart Disease
Jack Hirsh, MD
Professor of Medicine
McMaster University
Director Hamilon Civic Hospitals
Research Center
Hamilton, Ontario, Canada

December 22nd
No Grand Rounds — Holiday

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

OCTOBER 6, 1993
Recent Advances in Pulmonary Disease: Cystic Fibrosis and Related Disorders
Course Director:
Edward L. Schulman, MD

OCTOBER 27, 1993
Magnesium: The Forgotten Electrolyte
Course Director:
Joseph R. DiPalma, MD

NOVEMBER 3, 1993
Advances in Allergy and Immunology for the Practicing Physician
Course Director:
David M. Lang, MD

DECEMBER 15, 1993
Thrombosis and Thromboembolism in Cardiovascular Disease
Course Director:
Marc Cohen, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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BLUE SHIELD DECLINES IN PERFORMANCE REPORT

Every fiscal year the Health Care Financing Administration (HCFA) evaluates each Medicare contractor's performance regarding their administration of the Medicare Part B program. This review is based on the previous fiscal year performance and follows a predetermined set of criteria and standards, reflected in what is known as the Contractor Performance Evaluation Program (CPEP). Within each criterion, carriers earn points out of a possible maximum number.

Pennsylvania Blue Shield—the Medicare Part B contractor for Pennsylvania—was evaluated not only on their performance for Pennsylvania, but also Delaware and Washington, DC, where it also serves as the Part B carrier. The carrier's performance for New Jersey was rated separately.

Blue Shield's performance ranking for Fiscal Year 1992 is 90 percent, down from the 1991 performance ranking of 91 percent. To meet requirements for passing CPEP, a contractor must achieve at least 90 percent of the total points available.

The CPEP noted deficiency by Blue Shield in four areas: properly calculating and installing all fee schedules and reasonable charge updates; detecting and properly developing fraud and abuse cases; increasing the rate of transmitting electronic claims; and implementing other measures to improve program efficiency.

The chart below shows HCFA's ranking of all Medicare Part B carriers for 1992.

HCFA TO BEGIN NEW FOCUSED MEDICAL REVIEW

This fall the Health Care Financing Administration (HCFA) will begin implementation of a new educational program called Focused Medical Review (FMR), a national initiative to identify aberrant utilization patterns. According to HCFA, the initiative differs from the current utilization program in that it is procedure code based rather than provider based.

The objective of FMR is to reduce the "hassle factor" associated with subjecting all physicians to review to identify aberrant billing patterns. Organized medicine has succeeded in convincing HCFA that aberrant patterns should be analyzed before "hassling" the physician community. This program is also part of an overall Medicare budget reduction effort to reduce the cost of medical review audits.

FMR uses a database—the National Claims History Database (NCHD) created by HCFA—to provide Medicare carriers with a starting point to identify aberrations. The NCHD report compares the national average allowance to the carrier's allowance for each procedure code within each specialty, based on "per 1,000 beneficiaries."

Monitoring reports derived from the NCHD will be provided to Pennsylvania Blue Shield, the Medicare carrier, to identify which procedures under their jurisdiction are "out of line" with national data. The database will be updated every

HCFA Efficiency Rating of Part B Carriers Fiscal Year 1992

Rating	Carrier
100%	Wholehealth Insurance Network (NY)
99%	Blue Cross & Blue Shield of Minnesota
99%	The Travelers Insurance Co. (CN)
99%	The Travelers Insurance Co. (MN)
98%	Arkansas BC/BS Inc., A Mutual Insurance Co.
98%	Arkansas BC/BS, A Mutual Insurance Co. (LA)
98%	Blue Cross & Blue Shield of Florida
98%	Health Care Service Corp. (IL)
98%	Aetna Life & Casualty Co. (AZ, NV)
98%	General American Life Ins. (MO)
97%	Aetna Life & Casualty Co. (NM, OK)
97%	Aetna Life & Casualty Co. (OR)
97%	Connecticut General Life Insurance (NC)
96.9%	Aetna Life & Casualty Co. (HI)
96%	Blue Cross & Blue Shield of Michigan
96%	The Travelers Insurance Co. (MS)
95%	Associated Insurance Companies (IN)
95%	Blue Cross & Blue Shield of Kentucky
95%	Blue Shield of Massachusetts, Inc. (ME, MA, NH, VT)
95%	Blue Cross & Blue Shield of Texas, Inc.
95%	Aetna Life & Casualty Co. (GA)
94%	Blue Cross & Blue Shield of Kansas (NE)
94%	The Travelers Insurance Co. (VA)
94%	Nationwide Mutual Insurance Co. (OH, WV)
93%	California Physicians Service
93%	Pennsylvania Blue Shield (NJ)
93%	Blue Cross & Blue Shield of South Carolina
92%	Blue Cross & Blue Shield of Alabama
91.8%	Blue Cross & Blue Shield of North Dakota (WY)
91%	Blue Cross & Blue Shield of Kansas
91%	Wisconsin Physicians' Services Insurance Corp.
91%	Connecticut General Life Insurance Co. (ID)
91%	Connecticut General Life Insurance Co. (TN)
90%	IASD Health Services Corp.
90%	Blue Cross & Blue Shield of North Dakota (ND, SD)
90%	***Pennsylvania Blue Shield (PA, DE, DC)***
90%	Blue Cross & Blue Shield of Rhode Island
90%	Transamerica Accidental Life Insurance Co. (CA)
89.8%	Rocky Mountain Hospital & Medical Services (CO)
88%	Blue Cross & Blue Shield of Utah
87%	Blue Cross & Blue Shield of Kansas City
86%	Group Health, Inc. (NY)
85%	Blue Cross & Blue Shield of Montana
79%	Seguros de Servicio de Salud de Puerto Rico
76%	Empire Blue Cross & Blue Shield (NY)
75%	King County Medical Blue Shield (WA)
65%	Blue Cross & Blue Shield of Maryland

six months and be based upon national claims data from the previous six months of claims history.

Blue Shield has initiated testing of the program, but will not fully implement it until October 1994. Until then, the program will run parallel to the current Blue Shield/Medicare utilization review program.

For now, the program is strictly educational. Physicians identified as exceeding national norms for predetermined procedure codes will receive a letter that identifies the procedure codes, reviews medical policy and documentation recommendations, and provides instructions for directing inquiries.

These procedure codes, by specialty, were initially included in the FMR program: anesthesia—00142; ophthalmology—66984, 66821; and radiation oncology—77420, 77425, 77430. More procedure codes will be added in the future.

Medicare mailed a small number of initial letters to physicians on August 19, 1993. Subsequent mailings have not been scheduled.

FINAL RULE PUBLISHED ON MEDICAID PROVIDER TAXES

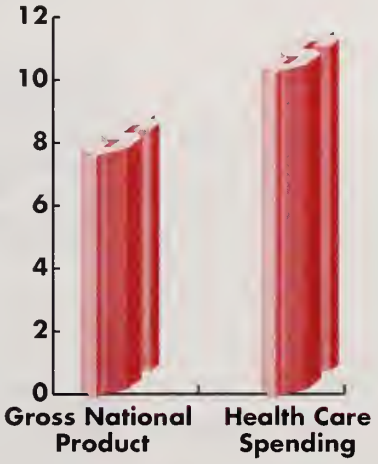
HCFA has published the final rule clarifying its policies on provider taxes and donations. The rule implements 1991 legislation designed to close the loophole by which states obtained higher federal matching funds for Medicaid through refundable provider taxes. For more information, see the August 13, 1993, *Federal Register*, or call the Department of Medical Economics at (800) 228-7823.

Dennis L. Olmstead, the Society's director of medical economics, and Heather A. Bailey, medical economics analyst, contributed to this page.

STATS

Health care spending in the U.S. has grown faster than national income for over two decades. Between 1970 and 1990, health care spending rose at an average annual rate of 11.6 percent, while national income, as measured by gross national product, increased more slowly at an average annual rate of 8.8 percent.

Source: Health Care Spending Control Report, U.S. General Accounting Office, Human Resources Division, Washington, DC, 1991.



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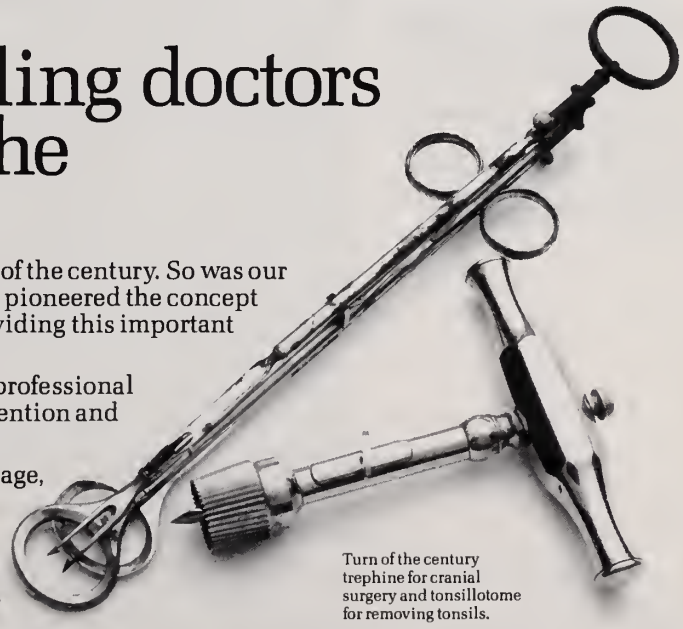

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Retirement: Getting It Right the First Time

Robert L. Lamb

After a lifetime of being on call, retirement should be a snap. But getting to that state called "retirement" can be as hazardous as wading through an alligator infested swamp. Like anything else in life, retirement requires more preparation than meets the eye.

It has been said that no good deed goes unpunished. As a physician you will experience the consequences of a "good deed" you helped create—the expanded life expectancy of Americans. In 1935, when Social Security was enacted, male life expectancy in the U.S. was 76.5 years. Today the fastest growing segment of the population is the "old-old"—persons 80 years of age and older. Hallmark now manufactures birthday cards for persons celebrating their 100th birthday!

Unfortunately, our financial, Social Security, and pension systems were established to support persons who retired at 65 and died shortly thereafter. Today, you and your spouse may live 20 to 25 years beyond 65. With monthly Social Security payments for retired couples maxed out at $1,692, clearly the burden of financing retirement lies squarely on your prudent financial behavior and the sagacity of your financial planner.

Because of the substantial funds which must be invested to maintain lifestyles and compensate for inflation, planning for retirement should begin as soon as you establish your medical career. Here are 10 principles to help preclude unwelcome retirement surprises:

"Would you let your broker take out your appendix or your attorney work on your hemorrhoids?"

1) Seek the advice of a certified financial planner. A recent poll of physicians showed that a majority were managing their own portfolios. Why? Would you let your broker take out your appendix or your attorney work on your hemorrhoids?

If you must have control over your money, why not do so scientifically? Establish two pots of money, one for you and the other for your financial planner. Run a 24-month study and see who is the better manager.

2) Anticipate inflation. Financial planners today factor inflation at between four and five percent per year. To illustrate the dramatic impact of inflation, some investment services give the illustration of the effect of inflation on $20,000 over a 20-year period.

For example, from 1972 to 1992, inflation reduced the purchasing power of $20,000 down to less than $6,000. Over that same time period, to maintain the purchasing power of $20,000 it would have been necessary in 1992 to have an income of $67,000, or a 235 percent increase to keep up with inflation.

3) Anticipate escalating health costs. To help you realistically plan for health expenses, consider a scenario in which you and your spouse are patients. While the general population is reported to spend five percent of its income on health care, retirees 65 and older spend about 11 percent, and those over 75 spend 14 percent.

Although major changes in our national health care policy are imminent, they will most likely be incremental. For retirees, Medicare will continue to cover acute care problems, but it's doubtful that the nation can afford to provide long-term care.

As a physician, aside from shouldering the additional professional stress a national health care program will impose, you likely will be required to pay more taxes, but still have to finance your own long-term care either by purchasing insurance or self-insuring.

4) Visualize your retirement lifestyle. Some financial planners say you will need 75 percent of your pre-retirement income to maintain a financially sound retirement. Another way is to examine your current family budget and recalculate it on the basis of the lifestyle you anticipate in

Mr. Lamb is planned giving officer of the Society's Educational and Scientific Trust.

retirement, taking into consideration such items as vacation homes, travel, etc.

Incidentally, if you were born before World War II, during the war, or are a Baby Boomer, you may be considering selling the family home and moving into a condominium. The good news is that the government allows a homeowner over age 55 to exclude from taxes as much as a $125,000 gain on the sale of their home. Of course if your children are members of the Baby Bust generation, they may have already moved back home and the prospect of a smaller house is out of the question.

5) Tax deferment is/was good for you. Most spreadsheet comparisons of taxable investments and tax-deferred investments, over the long haul, show a significant advantage to tax deferment. This is one of the reasons IRAs and 401(k)s continue to be popular instruments in retirement planning. Yet, since 1980, changes in the tax law have begun to raise questions about tax deferment.

One assumption under challenge is that at retirement you will be in a lower tax bracket and that the tax due on the money you pull out of the plan will be taxed at a lesser rate. Many retirees now are finding that their retirement taxes will be much higher than anticipated.

In addition, if income for joint filers exceeds $32,000, retirees are subject to tax on their Social Security benefits as well. The tremendous build-up in tax-deferred savings has become a tempting target for the Treasury. Serious discussions with your tax consultant are in order.

6) It's risky to be too safe. As we get older, our natural tendency is to become more fiscally conservative and forego growth in order to preserve principal and maximize income. This thinking leads to Treasury bills, money market mutual funds, and short-term certificates of deposit. Although conventionally safe, these instruments have not withstood the ravages of inflation well.

While stocks and other investments with growth potential are more volatile, over the long term they provide a better hedge against inflation. Among the investment areas which help compensate for inflation are stock mutual funds, municipal bonds, and utility stocks.

The best answer seems to lie in an individualized retirement plan which contains the degree of risk with which you and your spouse feel comfortable. Your financial planner can help you choose from the hundreds of investments with specified degrees of risk.

7) Unattended retirement plans produce unpleasant surprises. When immersed in a busy practice, it's hard to appreciate how rapidly the environment around you is changing. In an annual review with your financial planner, however, you'll find that many events have profoundly affected your retirement plan, including:

- entrance and exit of employees from the practice;
- arrival or departure of partners;
- changes in the tax laws;
- changes in the interest rates;
- changes in the inflation rate;
- changes in the family such as births, deaths, marriages, divorces;
- change of address; and
- changes in educational expenses for children.

8) What to do when the money arrives. If you thought it was hard squirreling away money for retirement, you were only half right. Now, as you wait for your distribution to arrive, you may experience mega-trouble, unless you have planned carefully.

First, standing between you and your retirement money is the IRS. As of January 1, 1993, fund administrators must withhold 20 percent from eligible rollover distributions unless the money is directly rolled over to an IRA or other qualified retirement plan. If a lump sum distribution is chosen, the management of your options, literally, could save or cost you thousands of dollars. Two clear alternatives are to take the lump sum in cash or to roll it over into an IRA.

If you take your retirement money in a lump sum, several different tax treatments may be available, including five-year averaging; in some cases, 10-year averaging; and 20 percent capital gain election with 10-year averaging. In these scenarios, although you pay the full tax due for the year →

"The best answer seems to lie in an individualized retirement plan which contains the degree of risk with which you and your spouse feel comfortable."

Society Sponsoring Practice Exit Planning Seminar

The State Society is sponsoring *"Practice Exit Planning: How to Get the Best Value for Your Practice,"* a one-day seminar to help physicians maximize their return in today's changing health care environment when closing, selling, or merging a practice, or when bringing on a successor. Seminar dates and locations are: October 2 in Pittsburgh, October 9 in Harrisburg, and October 16 in Plymouth Meeting. The registration fee is $345; the discounted fee for Society members is $245. Member spouses can attend for an additional $75; nonmember spouses for $95. For additional information, call the Society's Department of Meeting Services at (800) 228-7823.

it is received, the tax is calculated as though the money were received over a period of years.

In some instances, savings are realized. To qualify for averaging, your distribution must come from a qualified plan. To average, you must receive the entire balance in your plan and must have been in the plan for at least five years prior to the distribution.

If you anticipate some long-term investing, the ability to postpone taxes through an instrument such as an IRA often proves beneficial. If you decide to reinvest the distribution directly in an IRA, you can usually avoid paying income taxes on all or part of the lump-sum distribution. In an indirect rollover you have 60 days in which to act, however the 20 percent tax will be withheld. To get the full IRA benefit, you must also fund the 20 percent withheld.

The downside of an IRA is that at age 70-and-a-half you must begin receiving distributions. Not only are you required to take distributions, but the law provides a specific window through which the distributions must fit. Violating the window invokes severe penalties.

You must not take out too little, or too late, or too soon, or have too much accumulated, or you will pay an extra excise tax in addition to regular income tax. Beyond this there are estate taxes to consider.

9) Social Security, the attack entitlement. With regard to Social Security, these general rules apply:

- *Notify your local Social Security office of your plan to retire three months before you wish benefits to start.*
- If you elect to receive benefits at age 62, you will experience a permanent 20 percent reduction of what you would have received at the normal retirement age of 65. This 20 percent reduction also impacts on your spouse if he or she is not filing on his or her own.
- If you retire after 65 you will receive credits for each year you work up to age 70. These credits have the effect of assuring that you get what you missed by not retiring at 65.
- Examine very carefully the impact of working after you have agreed to accept Social Security payments. Not only are you subject to taxes on your earned income, but also your Social Security benefit may be reduced or even eliminated, depending on the amount you earn.

10) With some charitable contributions you can receive, as well as give. As you work with your financial planner and your accountant, keep in mind that charitable contributions are one of the last vehicles left to reduce both income taxes and inheritance taxes. In some cases, portions of income can be exempt from income tax and, with the proper instrument, capital gains taxes can be reduced or eliminated.

The instruments that produce retirement income for you and also provide substantial tax savings are charitable remainder trusts and gift annuities. A variety of assets can be used to create your charitable life income, including real estate and securities. To protect your legacy to your children, life insurance trusts can be established with the children as beneficiaries.

You only get one shot at retirement. Faulty assumptions could quickly multiply your financial problems. Doing it well requires extensive preparation. The key players are your financial planner, your accountant, and your tax professional. O

Resources

- Copies of the *"Guide for Pennsylvania Physicians Planning for Retirement"* are available free to members, and may be purchased for $19.95 by nonmembers. This booklet, published by the Society's Council on Medical Practice, provides invaluable information on the many aspects of physician retirement, such as qualified retirement plans and estate planning; phasing down and partial retirement; planning for distributions from employer retirement plans; developing buy-in and pay-out arrangements; selling your medical practice; and legal, ethical, and practical aspects of closing your practice. To order, call the Society's Department of Physician Services at (800) 228-7823.
- Copies of *"Better Estate Planning for Physicians"*—a pamphlet outlining effective estate planning tools—are available free to physicians from the Society's Educational and Scientific Trust by filling out the coupon below.
- Copies of the State Society's *"Living Will Brochure,"* which includes information from the commonwealth's Advance Directive for Health Care Act of 1990, are still available. The brochure describes how to prepare a living will, answers related questions, and provides a wallet card. To request a free copy, or to order quantities of brochures, call the Society's Division of Communications and Public Affairs at (800) 228-7823.

For additional resources on retirement planning, contact the author, Bob Lamb, planned giving officer of the Trust, at (800) 228-7823.

Estate Planning for Physicians

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3:30-4:00	Which patients deserve cardiac catheterization?		*J. David Ogilby, M.D.*
4:00-5:00	Case Presentations		*Joseph K. Powers, M.D.*
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Mistakes to Avoid in Recruiting a Physician

The Health Care Group

Adding a new associate is perhaps the most important strategic decision you will make in your practice, yet many physicians enter into the recruiting process without proper planning. Here are some tips on what you should not do, if you seek a top-notch associate on equitable terms.

Don't assume it's a buyer's market. Relying on strategies that were effective in the '80s will not arm you to recruit competitively in the '90s. Today's market is well supplied with sophisticated recruiting firms employing aggressive marketing tactics, and hospitals that have computer resources to contact residents looking for their first job.

In the early '80s, a typical resident was likely to receive three or four employment offers—usually through the Old Boy's Network. Today's residents usually hear about 50 to 100 opportunities before they even begin to look themselves. Graduates of the high-demand specialty programs, such as ob/gyn and orthopedics, may have even more. Therefore, you will need to be aggressive and employ creative marketing strategies in order to make yourself visible and sell yourself to potential candidates.

Don't wait until the last moment to begin your search. In this case, the "last moment" could mean the 10-12 months before the new physician's starting date; that's how early the most attractive candidates are making commitments. Ideally, you should begin the process 18 months before the intended starting date.

Don't stint on your recruiting efforts. Be willing to invest a few dollars in gaining the widest possible exposure for your practice opportunity and be willing to invest the time necessary to get to know the final candidates well. The more time you efficiently invest in the recruitment process, the better you will know the strengths and weaknesses of your new associate.

If you do not have the time necessary to do the job yourself, consider hiring a professional firm that specializes in physician recruiting for medical practices. The firm's fee will almost certainly be exceeded by the value you will receive in having a good associate and the time allotted for doing it yourself.

Don't limit your choice of candidates. The larger the number of potential candidates, the better the chance of finding Dr. Right. The traditional approach has been to rely on your personal network—contacting your alma mater or a local teaching program. Instead of limiting your options, cast a broad net.

Begin by drafting a full job and practice description, and send it to training programs nationwide. Use advertising in specialty journals and in state medical journals, and contact military medical facilities for military doctors looking for private practice opportunities. You may also consider purchasing mailing lists to increase your contacts.

When placing an ad, invest the few extra dollars for one that is distinctive in look and that offers a complete, appealing description of your practice. An ad that looks and reads just like every other one in the journal is usually overlooked or not remembered.

Don't deal in structuring the deal. Before you begin interviews, know what kind of person you're seeking, what kind of offer may be expected, and what you are willing and able to provide. Discuss these issues with your current associates and practice advisors, and have a draft contract ready to present to a candidate.

At the same time, don't discuss specific financial arrangements with candidates until you are well into the process. Characterize the salary within a range—as broad as a $40,000 to $50,000 range—and emphasize that salary is only one piece of the overall financial package. That package could include fringe benefits and incentives, plus the terms and conditions of a buy-in and income division.

Don't start off on the wrong foot. The recruitment process is a two-way street, and a potential associate must be interested in you as well. Make a good first impression and be sure that your initial letters or conversations with candidates are businesslike and convey a positive image of your practice. Make the young physician enthusiastic about joining you instead of someone else.

Don't try to "sell" to candidates until you're sold on them. Too often, practices try to "sell" their opportunity without understanding a candidate's special interests or desires. Through their letters or pre-interview telephone conversations, allow candidates to reveal their goals and needs before you reveal much about the position.

Don't forget to check references. Always check references on applicants you are interested in meeting before you set up the interview. Assuming you can't talk to references in person, talk to them on the telephone. Never be satisfied with written letters of recommendation, since people will rarely express their reservations in writing, and you have no opportunity to ask questions.

Don't forget about the spouse. In many cases you'll be dealing with a two-income family; inquire about the spouse's employment needs. Even spouses not working outside the home play a major role in the new doctor's practice choice. You should have a separate conversation with the spouse, even before entering serious discussions with the physician.

Don't dawdle. Once you have chosen your ideal candidate, make an offer right away, preferably in writing. If the candidate has other offers, you want your practice under consideration as soon as possible. And if there are no other offers on the table, the candidate may well accept yours, without waiting for other possibilities and without much negotiation.

Recruiting just the right doctor for your practice is getting more challenging each year. Commit yourself wholeheartedly to the endeavor; give yourself plenty of time; and, when you find Dr. Right, move decisively.

The contributing authors, Michael J. Parshall and Wayne G. Grodsky, are consultants with The Health Care Group, Plymouth Meeting.

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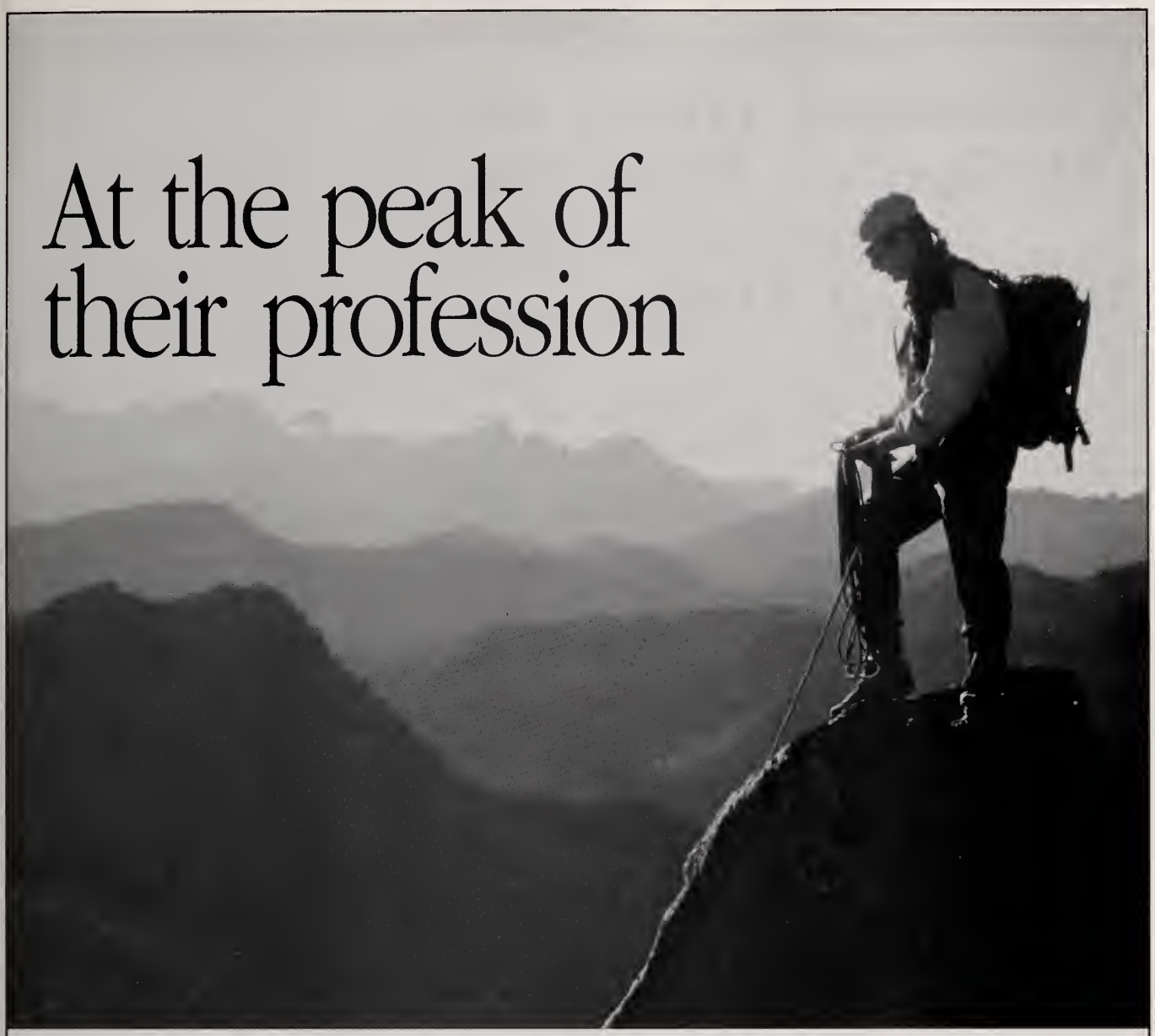

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Expanded AIDS Case Definition Increases Pennsylvania's Reported AIDS Cases

Bobby R. Jones, DVM, MPH

At the beginning of 1993, the Centers for Disease Control and Prevention adopted an expanded case definition of AIDS and a revision of the classification system for HIV infection for persons ages 13 years or older. This article explains the changes and their effects, defines the new system categories, and offers resources for physicians treating HIV-infected patients.

The original HIV classification system, published by the Centers for Disease Control and Prevention (CDC) in 1986, was based on disease criteria only; however, the revised classification system adopted this year includes the CD4+ T-lymphocyte measurement in HIV-infected persons to establish the severity of HIV-related immune suppression. The new, expanded AIDS surveillance case definition includes all HIV-infected persons with less than 200 CD4+ T-lymphocyte/ul or CD4+ T-lymphocytes less than 14 percent of total lymphocytes.

This expansion also includes the addition of three clinical conditions—pulmonary tuberculosis (TB), recurrent pneumonia, and invasive cervical cancer—in addition to the 23 clinical conditions already in the AIDS surveillance case definition last modified in 1987. This revised system provides a framework for educating health care providers about the clinical and immunologic manifestations of HIV infection and how to more accurately categorize HIV-related morbidity.

The immediate effect of using the expanded definition has been a substantial increase in the number of reported AIDS cases. The increase is largely attributable to the addition of severe immunosuppression to the definition; a smaller impact is expected from the addition of HIV-infected persons with pulmonary TB, recurrent pneumonia, and invasive cervical cancer, since many people with these diseases will also have less than 200 CD4+ T-lymphocyte/ul.

Under the 1987 definition, 50,000 to 60,000 reported AIDS cases would have been expected nationally in 1993. Based on the expanded definition, this number was expected to jump to 85,000 to 90,000 in 1993, a 75 percent increase from last year. As of March 31, 1993, 35,779 AIDS cases—13 percent of the cumulative total of 284,840 AIDS cases reported since 1981—were reported to the CDC, representing a 204 percent increase over the number reported (11,770) for the same period in 1992. Of the 35,779 AIDS cases:

- 21,582 (60 percent) of the reports were based on the condition added in 1993;
- 19,284 (89 percent) had severe HIV-related immunosuppression only;
- 2,020 (nine percent) had pulmonary TB;
- 245 (one percent) had recurrent pneumonia; and
- 41 (0.1 percent) had invasive cervical cancer.

The 14,197 AIDS cases reported under the pre-1993 defined conditions represents a 21 percent increase over the number of reported cases during the same time period in 1992.

As of July 1, 1993, 8,737 cumulative AIDS cases had been reported in Pennsylvania, 1,700 of which were reported since January 1, 1993. This represents a 24 percent increase in cumulative cases since January 1 and is 374 cases more than the 1,326 total cases reported during calendar year 1992. Of the 1,700 reported cases, 838 (49 percent) met the expanded criteria added January 1, 1993. Of the 838 cases, 592 (71 percent) were existing cases that did not meet the surveillance case definition until January 1, 1993. Of the 459 cases diagnosed in 1993, 213 met the 1987 case definition, and 246 met the 1993 added criteria.

This immediate impact in reported cases is not expected to be sustained because the increase predominantly reflects the reporting of accumulated numbers of persons with previously diagnosed conditions added to the surveillance definition in 1993 who could not have been reported as AIDS cases until the expanded definition became effective on January 1.

Dr. Jones is director of the Division of Epidemiology, Pennsylvania Department of Health, Harrisburg.

Table 1
1993 Revised Classification System for HIV Infection and Expanded AIDS Surveillance Definition for Adolescents and Adults*

CD4+ T-Cell Categories	Clinical Categories		
	(A) asymptomatic, acute (primary) HIV or PGL**	(B) symptomatic, not (A) or (C) conditions	(C) AIDS indicator conditions
(1) ≥500/ul	A1	B1	C1
(2)=200-499/ul	A2	B2	C2
(3) <200/ul AIDS indicator T-cell count	A3	B3	C3

** The shaded sections illustrate the expanded AIDS case definition.*
*** PGL = Persistent Generalized Lymphadenopathy*

The revision of the classification system for HIV infection emphasizes the clinical importance of the CD4 T-lymphocyte, the primary target for HIV infection that coordinates the body's important immunologic functions. As the number of CD4 T-lymphocytes decreases, the risk and severity of opportunistic infection increases and life-threatening illnesses develop.

The level of T-lymphocyte is used as marker to guide clinical and therapeutic management of persons with HIV infection. The intensified attention to the T-lymphocyte count is expected to increase the use of antiretroviral therapies and antimicrobial prophylaxis, and slow the rate at which persons with HIV-related immune system dysfunction develop AIDS-defining clinical conditions, such as *Pneumocystis carinii* pneumonia.

The revised classification system provides a uniform and simple criteria for categorizing adolescents and adults with HIV infection on the basis of clinical conditions and T-lymphocyte counts. The system is represented by a matrix of nine mutually exclusive categories based on three ranges of T-lymphocyte counts and three clinical categories (see Table 1, above).

CD4+T-lymphocyte categories

The three CD4+ T-lymphocyte categories are defined as follows:

- Category 1 is equal to or greater than 500 cells/ul,
- Category 2 equals 200 to 499 cells/ul, and
- Category 3 is less than 200 cells/ul.

These categories correspond to CD4+ T-lymphocyte counts per microliter of blood, and guide clinical and therapeutic actions in the management of HIV-infected adolescents and adults. The revised HIV classification system also allows for the use of the percentage of CD4+ T-cells.

HIV-infected persons should be classified based on existing guidelines for the medical management of HIV-infected persons. Thus, the lowest accurate, but not necessarily the most recent, CD4+ T-lymphocyte count should be used for classification purposes.

Clinical categories

The clinical categories of HIV infection are defined as follows:

Category A consists of documented HIV infection with one or more of the following: asymptomatic HIV infection, persistent generalized lymphadenopathy (PGL), or acute (primary) HIV infection with accompanying illness or history of acute HIV infection.

Category B consists of symptomatic conditions that are not listed in Category C, but are: a) attributed to HIV infection or indicative of a defect in the cell-mediated immunity, or b) considered by physicians to have a clinical course or to require management that is complicated by HIV infection. Examples include, but are not limited to:

- bacillary angiomatosis;
- candidiasis, oropharyngeal (thrush);
- candidiasis, vulvovaginal (persistent,

→

frequent, or poorly responsive to therapy);

• cervical dysplasia (moderate or severe), cervical carcinoma in situ;

• constitutional symptoms, such as fever or diarrhea, lasting more than one month;

• hairy leukoplakia, oral;

• herpes zoster (shingles) involving at least two distinct episodes or more than one dermatoma;

• idiopathic thrombocytopenic purpura;

• listeriosis;

• pelvic inflammatory disease, particularly if complicated by tubo-ovarian abscess; and

• peripheral neuropathy.

Category C clinical conditions included in the 1993 AIDS surveillance case definition are:

• candidiasis of bronchi, trachea, or lungs;

• candidiasis, esophageal;

• cervical cancer, invasive*;

• coccidioidomycosis, disseminated or extrapulmonary;

• cryptococcosis, extrapulmonary;

• cryptosporidiosis, chronic intestinal (one-month duration);

• cytomegalovirus disease (other than liver, spleen, or nodes);

• cytomegalovirus retinitis (with loss of vision);

• encephalopathy, HIV-related;

• herpes simplex—chronic ulcer(s) (one-month duration);

• histoplasmosis, disseminated or extrapulmonary;

• isosporiasis, chronic intestinal (one-month duration);

• Kaposi's sarcoma;

• lymphoma, Burkitt's (or equivalent term);

• lymphoma, immunoblastic (or equivalent term);

• lymphoma, primary of brain;

• *Mycobacterium avium* complex or *M. kansasii* disseminated or extrapulmonary;

• *Mycobacterium tuberculosis,* any site (pulmonary* or extrapulmonary);

• *Mycobacterium,* other species or unidentified species, disseminated or extrapulmonary;

• *Pneumocystis carinii* pneumonia;

• pneumonia, recurrent*;

• progressive multifocal leukoencephalopathy;

• *Salmonella* septicemia, recurrent;

• toxoplasmosis of brain; and

• wasting syndrome due to HIV.

For classification purposes, once a Category C condition has occurred, the person will remain in Category C.

The expanded AIDS surveillance case definition and the revised HIV classification system are intended for use in conducting public health surveillance. They were not developed as requirements for entitlement of federal disability or other benefits. Organizations and agencies that provide medical and social services should develop eligibility criteria appropriate for services offered and local needs.

Being aware of the spectrum of clinical conditions and the extent of immunosuppression that may occur during the course of HIV infection is important for prompt evaluation and for provision of appropriate health care services. Use of the expanded case definition and of the revised classification systems will assist efforts to evaluate the overall impact of HIV infection on health care and social service systems, and help to project future needs for these services.

** added in the 1993 expansion of the definition*

Reporting AIDS

AIDS has been a reportable condition in Pennsylvania since 1983 under the authority of the Disease Prevention and Control Law of 1955. Physicians and hospitals are mandated to report the diagnosis of AIDS to the Bureau of Epidemiology, Division of HIV/AIDS Epidemiology, Pennsylvania Department of Health, P.O. Box 90, Harrisburg, PA, 17108, or to county/municipal health departments, such as in the counties of Allegheny, Bucks, Chester, Erie, Montgomery, and Philadelphia, and the cities of Allentown, Bethlehem, and York.

Questions concerning the diagnosis or reporting of an AIDS case should be directed to:

Bureau of Epidemiology
Division of HIV/AIDS Epidemiology
Pennsylvania Department of Health
P.O. Box 90
Harrisburg, PA 17108
(717) 783-0481

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Compare pork with chicken[1,2*]

	Calories	Total Fat	Saturated Fatty Acids	Cholesterol
Chicken Breast, skinless	140	3.0 g	0.9 g	72 mg
Pork Tenderloin, trimmed	139	4.1 g	1.4 g	67 mg
Pork Top Loin Roast (boneless), trimmed	165	6.1 g	2.2 g	66 mg
Center Loin Chop, trimmed	172	6.9 g	2.5 g	70 mg
Chicken Thigh, skinless	178	9.2 g	2.6 g	81 mg

*Table refers to 3-oz, cooked servings.

New study: Pork is now 31% leaner

Pork is leaner today because of significant changes made in breeding and feeding techniques.[1] According to new 1992 official USDA data, fresh pork sold today contains an average of 31% less fat after cooking and trimming than the same pork cuts reported in 1983.[1]

Today's pork fits well within the dietary guidelines recommended by both the American Heart Association and the National Cholesterol Education Program. Here's some advice to help patients on low-fat diets enjoy the variety, extra taste, and versatility of pork:

- Choose the leanest cuts. Shop for cuts with "loin" in the name.
- Trim away any visible fat.
- Keep portions moderate (about 3 oz, cooked).
- Prepare by broiling or roasting, and avoid additional fat in preparation.

1. US Dept of Agriculture. *Composition of Foods: Pork Products*, 1992. Agricultural handbook 8-10.
2. US Dept of Agriculture. *Composition of Foods: Poultry Products*, 1979. Agricultural handbook 8-5.

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Round Two for Physician-Specific Data Due in December

John A. Malcolm Jr., MD

The subject is again Coronary Artery Bypass Surgery (CABG) surgery, and the report due from the Pennsylvania Health Care Cost Containment Council (PHC4) this fall is likely to resemble last year's CABG report based on 1990 findings. By publishing a follow-up report, PHC4 continues to adhere to its objective of publishing annual reports aimed at establishing a long-term comparative database to allow analysis of mortality trends, changes, associations, etc., by the public, health care purchasers, insurers, health care regulators, and health care providers.

The report includes CABG surgery procedures performed in 1991 at 36 Pennsylvania hospitals by approximately 175 surgeons. Physicians who performed CABG surgery in 1991 will be listed, along with whether they are solo practitioners or in a surgical practice group and the number of CABG procedures they performed at each hospital.

The primary outcome parameter being reported is in-hospital mortality (intra-operative and post-operative) which is compared with a calculated "expected" mortality rate for each physician and hospital. These expected mortality rates are calculated based on patient risk factors that PHC4 and Medicare have found to be significantly predictive.

For the most part, patient risk factors parallel those used last year by PHC4 and by the New York Department of Health, which published similar reports. The PHC4 database does not, however, contain all of the factors contained in the New York database, but does contain a couple of potential factors that New York does not collect. The weighting of patient risk factors will be somewhat different from last year's report based on the analysis outlined in PHC4's newly revised research methodology.

The methodology and selected risk factors have been reviewed by PHC4's Technical Advisory Group, which is made up of three physicians and four PhD researchers or biostatisticians recommended by the Pennsylvania Medical Society, the Pennsylvania Osteopathic Medical Association, and the Hospital Association of Pennsylvania.

The State Society continues to support publishing accurate and appropriate clinical outcome-based health care data, but cautions that use of in-hospital mortality data as a sole criterion for evaluating CABG surgery is of extremely limited value. For example, other important clinical outcome parameters that would be helpful additions to future reports are:

- degree of relief of patient's pathological cardiac signs and symptoms,
- degree of improvement in a patient's functional cardiac status,
- rate and type of complications incurred during the treatment period,
- evaluation of the quality of care/services received during the treatment period,
- evaluation of the quality of rehabilitative care/services available and utilized during treatment, and
- patient satisfaction.

The list could go on and on, but as has been noted by many, including PHC4, most of the actual or surrogate parameters to evaluate health care provider performance over a broad array of appropriate clinical outcomes are not currently available in the PHC4 database. Further, such data are not currently uniform enough between hospitals and/or physicians to make accurate reproducible comparisons even if new data could be collected and processed.

> ***"So what does all this mean for upcoming physician-specific data reports by PHC4? Not much if you expect big changes!"***

Nonetheless, PHC4 is tentatively planning to begin review next year of the quality-of-care evaluation systems currently extant that show promise of improving the quality of clinical outcome reporting. PHC4 is also mindful that significant cost/time requirements of data reporting systems could adversely affect hospitals, outpatient care units, physicians, etc., and has indicated that it would not favor at this time any system that significantly increases costs and time requirements for health care providers.

So what does all this mean for upcoming physician-specific data reports by PHC4? Not much if you expect big changes!

Next year we should see a third CABG surgery report and at least one other physician-specific data report on one or more procedures such as joint replacement, cesarean section, or hysterectomy. The format may change, but the content will basically report what surgeons are doing, the procedure(s) selected, how frequently, for how much money, with how many mortalities, at which hospital(s), and possibly with what rate of complications.

Look for another article in this publication later this fall that will specifically detail the contents of the second CABG report and provide some helpful hints for answering questions about it.

Dr. Malcolm, a pathologist from Lewisburg, is physician representative on the Pennsylvania Health Care Cost Containment Council.

CDC UPDATES TB RECOMMENDATIONS

The Centers for Disease Control and Prevention (CDC) earlier this year released recommendations to update previous CDC/American Thoracic Society recommendations for the treatment of tuberculosis (TB) among adults and children.

The most notable changes are in response to the increasing prevalence of drug-resistant TB in the U.S. These recommendations include the need for:

- in vitro drug susceptibility testing of *Mycobacterium tuberculosis* isolates from all patients and reporting of these results to the health department;
- initial four-drug (INH, RIF, PZA, and SM or EMB) regimens for the treatment of TB; and
- initial directly observed therapy for persons with TB.

Adherence to these recommendations will help prevent the occurrence of more cases of drug-resistant TB, reduce the occurrence of treatment failure, and reduce the transmission of TB in the U.S.

For additional information, refer to the May 21, 1993, "Morbidity and Mortality Weekly Report," or call the CDC at (404) 639-2530.

WIC CHANGES FORMULA BRAND

The Pennsylvania Department of Health's Special Supplemental Food Program for Women, Infants, and Children (WIC) has finalized a five-year contract with Mead Johnson to provide a rebate on each can of Enfamil and ProSobee purchased by WIC clients. The contract began October 1, 1993.

The department is urging physician support of the change, since infants receiving other brands of formula will reduce the total amount of rebate funds, thereby reducing the number of additional clients WIC can serve. It assures physicians that "due to the minimal differences among formulas, the needs of the vast majority of our WIC infants can be served by Enfamil and ProSobee."

Five years ago, WIC negotiated a contract with Ross Laboratories to provide a rebate on each can of Similac and Isomil purchased with WIC vouchers, thus expanding its services to women, infants, and children. That contract expires at the end of September.

Physicians with questions or concerns about the change should call their local WIC office or the state WIC office at (717) 783-1289.

ANTI-DISCRIMINATION FOCUS OF STATE MEDIA CAMPAIGN

The Pennsylvania Department of Health, Bureau of HIV/AIDS has launched its fifth annual media campaign. This year's theme is anti-discrimination.

Included in the campaign are billboards, television public service announcements, and a brochure, "Now There's a Different Kind of Protection for People with HIV." The brochure emphasizes that HIV-positive individuals have the same rights as anyone else regarding employment, housing and public accommodations, health care, and welfare and social services. It also lists resources for HIV-positive individuals who feel they have been discriminated against.

For additional information about AIDS, or for a copy of the brochure, call the Department of Health's AIDS FACTLINE at (800) 662-6080.

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Questioning the Value of PROs: One More Time

Donald E. Harrop, MD

"We hope to be able to say that we are continually improving the quality of medical care —and it's difficult, if not impossible, to put a price tag on that."

Recent statistics from the Health Care Financing Administration show that not only have peer review organizations paid for themselves, but they have saved public money besides.

Here we go again. In this column in May we explored the question of whether or not peer review organizations (PROs) were worth their costs. At that time, I mentioned that no really in-depth study had been done to provide cost savings information. However, PROs recently received some national statistics from the Health Care Financing Administration (HCFA) concerning adjustments, and the American Medical Peer Review Association (AMPRA)—the national association representing PROs—conducted a survey of PROs to gather some additional statistics. From this information, a task force of PRO personnel did some further calculations—not an in-depth study, but certainly some close estimates.

Adjustments represent the dollar amounts taken away from providers or added to previous payments, as a result of PRO review. These include denials of services, admissions, days, etc., and diagnosis related group (DRG) validation reviews that may cause downward or upward weighting of the DRGs for payment purposes.

The report from which we made our calculations included statistics based on the experience of 25 PROs from around the country that responded to the survey. The statistics—broken out by HCFA regions—provided numbers for completed reviews, adjustments pending, adjustments completed, increases in payments to hospitals, and decreases in payments to hospitals, for the Third PRO Scope of Work through June 30, 1993.

Estimated net adjustment impact was then calculated by a task force of PRO personnel. I don't think anyone would be interested in the complicated formula which was used to arrive at the bottom line, but the approximate amounts of savings are surely interesting.

The Keystone Peer Review Organization (KePRO) alone showed net adjustments of $29,492,461 with Medicare savings of $11.80 per review. A total of 507,556 reviews were conducted in Pennsylvania during the period for an estimated savings to the Medicare program of $5,989,161. The total net adjustments for the 25 responding PROs was $412,715,314. Their average total savings for 5,133,212 reviews was $22.60 per review, or a savings to Medicare of $116,010,591.

I think we would all agree that not many, if any, other government-funded programs can show that they not only pay for themselves, but save public money besides.

I admit that I was hesitant to bring this subject up again since it makes it seem as though we at KePRO are constantly trying to justify our existence. But, questions about PRO cost effectiveness come up quite often, and these figures are something people should be made aware of, especially as we get further into our new three-year contract.

The reason is that HCFA, through the Fourth PRO Scope of Work, has de-emphasized the traditional review process by drastically reducing the volume of reviews required. This will, of course, greatly reduce, or possibly eliminate, future savings of Medicare dollars by the program.

Under the Health Care Quality Improvement Initiative (HCQII), the major emphasis is on quality of care, which does not produce a cost savings, but does cost money. We all need to keep this in mind during the transition of the PRO program. Although we soon may no longer be able to say PROs save federal dollars, we hope to be able to say that we are continually improving the quality of medical care—and it's difficult, if not impossible, to put a price tag on that.

Dr. Harrop is president of the Keystone Peer Review Organization.

OBITUARIES

Hans A. Abraham, MD, *Palm Beach, FL*
Med fak Der Johann Wolfgang Goethe University, 1933; age 83, died July 4, 1993. Dr. Abraham was a family practitioner.•

Thomas J. Bashara, MD, *New Castle*
University of Brussels, Belgium, 1966; age 62, died August 1, 1993. Dr. Bashara was a general practitioner.•

Norman M. Hangen, MD, *Bern Township*
University of Pennsylvania School of Medicine, 1951; age 83, died August 3, 1993. Dr. Hangen was a general practitioner.•

Walter J. Henry, MD, *Scottsdale, AZ*
Temple University School of Medicine, 1941; age 79, died July 28, 1993. Dr. Henry was an obstetrician/gynecologist.•

George F. Kowallis, MD, *Mt. Lebanon*
University of Pittsburgh School of Medicine, 1931; age 87, died August 14, 1993. Dr. Kowallis was an internist.•

Stephen A. Renner, DO, *Danielsville*
Philadelphia College of Osteopathic Medicine, 1991; age 27, died August 1, 1993. Dr. Renner was an internist.•

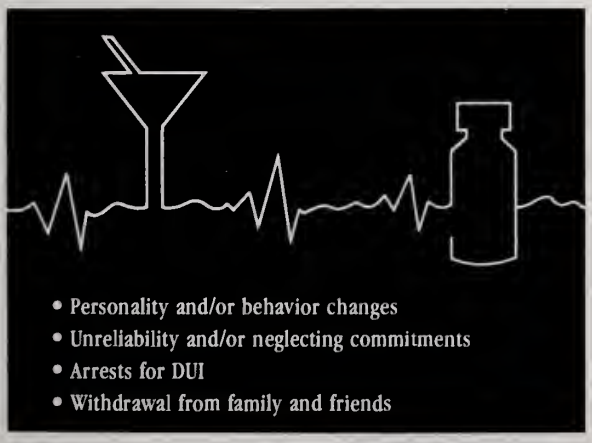
Peter E. Ringawa, MD, *Bloomsburg*
Jefferson Medical College of Thomas Jefferson University, 1927; age 90, died July 21, 1993. Dr. Ringawa was a radiologist.•

C. Russell Schaefer, MD, *Pittsburgh*
University of Pennsylvania School of Medicine, 1932; age 86, died July 16, 1993. Dr. Schaefer specialized in cardiovascular diseases.•

Donald C. Smith, MD, *South Daytona Beach, FL*
Thomas Jefferson Medical College, 1931; age 87, died May 26, 1993. Dr. Smith was a general surgeon.•

William G. Thompson, MD, *Largo, FL*
Hahnemann University School of Medicine, 1929; age 92, died June 22, 1993. Dr. Thompson was a general practitioner.•

Look For Vital Signs



- Personality and/or behavior changes
- Unreliability and/or neglecting commitments
- Arrests for DUI
- Withdrawal from family and friends

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Richard D. Warnick, MD, *Warminster*
University of Pittsburgh School of Medicine, 1930; age 87, died August 4, 1993. Dr. Warnick was a general practitioner.•

Herman L. Weiner, MD, *Media*
Temple University School of Medicine, 1924; age 93, died June 17, 1993. Dr. Weiner was an ophthalmologist.•

Robert R. Wertz, MD, *Johnstown*
Thomas Jefferson Medical College, 1953; age 69, died July 8, 1993. Dr. Wertz was a radiologist.•

Bernard Barsky, MD, *Langhorne*
Hahnemann University School of Medicine, 1965; age 54, died May 22, 1993. Dr. Barsky was an allergist and immunologist.

Marvin Bookbinder, DO, *Slippery Rock*
Philadelphia College of Osteopathic Medicine, 1950; age 70, died April 1993. Dr. Bookbinder was a general practitioner.

Albert F. Ciambotti, MD, *McKeesport*
University of Lausanne, Switzerland, 1958; age 67, died May 18, 1993. Dr. Ciambotti was a dermatologist.

Grover C. Dale, MD, *Lancaster*
University of Pennsylvania School of Medicine, 1925; age 96, died July 16, 1993.

Richard G. Diamond, DO, *Philadelphia*
Philadelphia College of Osteopathic Medicine, 1938; age 80, died July 20, 1993.

Philip J. Ehrig, DO, *Allentown*
Philadelphia College of Osteopathic Medicine, 1967; age 53, died April 2, 1993. Dr. Ehrig specialized in ophthalmology and otorhinolaryngology.

Franklin K. Fite, MD, *Germantown*
Harvard Medical School, 1940; age 81, died May 24, 1993. Dr. Fite was a pathologist.

Dana E. Gedon, MD, *Philadelphia*
Temple University School of Medicine, 1991; age 34, died May 27, 1993. Dr. Gedon was an anesthesiologist.

John P. Glaubitz, MD, *Langhorne*
New York University School of Medicine, 1941; age 77, died June 16, 1993. Dr. Glaubitz was a surgeon.

Consuelo N. Gomez, MD, *Camden, NJ*
University Nac de Columbia, Bogata, 1964; age 55, died July 26, 1993. Dr. Gomez specialized in psychiatry.

Irving H. Leopold, MD, *Newport Beach, CA*
University of Pennsylvania School of Medicine; age 78, died August 2, 1993. Dr. Leopold was an ophthalmologist.

George D. Marvil Jr., DO, *Havertown*
Philadelphia College of Osteopathic Medicine, 1954; age 63, died April 10, 1993. Dr. Marvil was a general practitioner.

John E. Romig, MD, *Willow Street*
University of Pennsylvania School of Medicine, 1931; age 87, died June 6, 1993. Dr. Romig was an ophthalmologist.

William H. Sewell, MD, *Sayre*
Yale University, 1950; age 66, died May 9, 1993. Dr. Sewell was a thoracic surgeon.

John G. Shinn, MD, *Uniondale*
Hahnemann University School of Medicine, 1946; died July 20, 1993. Dr. Shinn specialized in cardiovascular diseases.

Elmo B. Sommers, MD, *Boyertown*
Hahnemann University School of Medicine, 1939; age 81, died June 29, 1993. Dr. Sommers was a general practitioner.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

Physician Sets Diabetes Education as Top Priority

Elizabeth A. Thomas

Rachmel Cherner, MD, FACP, is an endocrinologist in private practice in Jenkintown, an active member of the Philadelphia County Medical Society, and a delegate to the State Society's House. He writes for *Consultant* magazine and serves on the staff of North Penn Hospital, and his work as a physician-educator was described in a *Medical Economics* publication called "Patient Satisfaction." In 1987, he established the Pavilion Diabetes Treatment Center.

November is National Diabetes Month

The American Diabetes Association has designated November as National Diabetes Month. Dr. Cherner encourages physicians to take advantage of opportunities to educate individuals about diabetes, not only during November, but year-round.

He suggests volunteering to speak or serve in a clinic or school, or to financially support educational efforts. "We must work together to give visibility to a disease which is a hidden time bomb," he says.

Diabetes affects over 14 million Americans and costs the U.S. more than $20 billion each year. Proper management of the disease lessens the chance of developing serious complications. However, proper management requires teamwork among the patient, family, physician, and other health care providers. Recognizing the tremendous need for education on diabetes management, Rachmel Cherner, MD, established the Pavilion Diabetes Treatment Center in 1987.

The treatment center, a purely volunteer effort on the part of Dr. Cherner and his colleagues, offers all programs free. Its three-pronged approach to community and hospital education includes patient education, nurse educator training, and a physician symposium. The Medical College Hospitals-Elkins Park Campus provides facilities for the community outreach and nurse education programs.

Patient education

A primary activity of the center is its award-winning community outreach program for people with diabetes and their families—the program was recognized with a 1987 Pennsylvania House of Representatives citation. Dr. Cherner, a patient education enthusiast, has been concerned with patient education since his residency days at Jefferson Medical College, when patient education was not a priority for physicians. "[In those days,] the physician expected compliance—perfect compliance—on the part of the patient," he says.

Each monthly meeting attracts between 60 and 120 persons, ranging from adolescents to older adults. According to Dr. Cherner, the sessions cover a wide range of issues important to people with diabetes, from potential complications to technical management of the disease. The program was designed to present diabetes as a manageable disorder requiring input from many people, including dietitians, physiologists, medical subspecialists, as well as patients' spouses, siblings, and parents. Other health care professionals—surgeons, podiatrists, and dietitians—also volunteer their time and energy to support the program.

Dr. Cherner frequently offers his personal advice to outreach program attendees, whether or not they are his patients. "I have a universal view of education," he says, "and if I find something, I invite people to drink at my fountain." Since its inception, the program has expanded beyond patient education to become a source of mutual support for the participants. "We did not plan this as a diabetic support group, but it has become a social kind of thing," he says. "We've enlisted the loyalty of the diabetic community. That's a wonderful by-product."

Dr. Rachmel Cherner answers questions during a lecture at the Pavilion Diabetes Treatment Center.

Dr. Cherner's commitment to patient education is also evident in his private practice. Realizing patients often pay little attention to their physicians' instructions, he believes it isimportant to give patients written information. He says, "Much written information is supplied by pharmaceutical companies, but it misses the

Ms. Thomas is director of marketing and development for the Society's Educational and Scientific Trust. This article is one in a series sponsored by the Trust's endeavor to address public health needs, Keystones of Public Health.

point in terms of trying to establish a personal relationship between physician and patient, and trying to encourage a therapeutic situation where the patient and physician are partners." To address this problem, he developed a patient education handbook.

He provides the handbook—his viewpoint on issues surrounding diabetes—to most of his new patients. "We've included case histories patients could identify with and tried to supply a technical background in [simple terms]. It affords the patient the opportunity to see if they've forgotten something and to encourage them to consider the volume as a friend." He adds, "It provides reassurance by virtue of knowledge. Sort of a stand-in for Dr. Cherner, who may not be available at the moment."

He tries to use humor in all his educational endeavors because he believes it makes people more receptive to learning. He includes cartoons in his patient education handbook to clearly illustrate examples.

Professional education

The second aspect of the center is an in-service program for the hospital's nursing staff, which brings nurses the latest information on the pathophysiology of diabetes and provides instruction to help them become certified diabetes educators.

The annual physician symposium is the center's third activity. Dr. Cherner says, "This resulted from my observation that there was a lack of sophistication in terms of the treatment of diabetes in the community. There was relatively little in terms of the *clinical* aspects of diabetes: diagnosis, complications, and treatment. The object of the program has been to supply materials and knowledge which could be directly applied by the primary care physician on return to his office."

In 1992, the symposium expanded to include information on other aspects of endocrinology which primary care physicians would be likely to see, including thyroid disorders and bone disease. The one-day symposium is completely free, and participants can receive continuing medical education (CME) credits. The symposium, which attracts physicians from a tri-state area, was held yearly from 1987 to 1992. Due to lack of financial backing, it was not held in 1993, but it will resume in 1994.

Treating diabetes

Dr. Cherner says philosophies on educating patients about their disease have changed in the last 10 years. He believes for physicians to successfully treat people with diabetes, they must understand why diabetic patients do not take their medicine or follow their diets. Much of this, he says, can be discovered through discussion with the patient.

Physicians must initially stress that diabetes is a serious disease that cannot be treated half-heartedly, according to Dr. Cherner. Patients need to understand that they must watch their calories, take their insulin and/or pills, exercise, monitor their blood sugar, and be careful about their feet. "The incidence of diabetic complications has increased, or been recognized as increasing, so that all people with diabetes are really at risk for serious disease, both in the short term as well as the long term," he says. "With this, the necessity for more intensive communication and education has also increased."

He notes that physicians must also be able to recognize the signs of diabetes and be alert to possible complications. "The presence of diabetes should be a red flag. For example, physicians should think any patient with diabetes has heart disease until proven otherwise and do the appropriate testing. This holds true whether the patient is young or in their geriatric years. We cannot allow diabetes to turn into a game of blood sugars and diet. We need active effort," he says.

The value of volunteerism

Dr. Cherner personally provides much of the financial and academic support for the Pavilion Diabetes Treatment Center. He is committed to teaching people with diabetes and health care professionals more about diabetes management. But it has not always been easy. "I've been doing this [the center] for about eight years, and sometimes I really wanted to just give up, particularly when [I felt] there was no appreciation," he admits. "But any physician who engages in a volunteer effort offers the sacrifice of his time and effort, and rarely achieves recognition."

Dr. Cherner would encourage other physicians and persons who recognize a public health need to put forth the time, effort, and financial support if necessary, to address it. "We live a good life," he says. "It's time to give something back."

Diabetes Academy is Society Physicians' Resource

Since 1984, the Professional Diabetes Academy, an affiliate of the Society's Educational and Scientific Trust, has been providing quality professional diabetes education. In 1987 the academy began developing and distributing supportive patient education materials.

The academy's goal is to promote better diagnosis and management of potential health complications resulting from diabetes. Physicians can receive CME credits by completing professional education materials on topics including: foot complications, acute hyperglycemia and ketoacidosis, and kidney complications. Patient education materials include flip charts on 14 topics with supplemental educational booklets, a foot care guide for older adults, and the *Caretaker* board game.

For more information on these and other educational opportunities, call the academy at (800) 228-7823.

Forum to Address Health System Reform

The AMA has selected Philadelphia as the site for the East Coast presentation of one of three forums on health system reform this fall. Entitled "Physicians' Forum: Agenda for Action," the Philadelphia forum will be held November 19-21 at the Pennsylvania Convention Center, 1101 Arch Street.

The AMA, working with the State Society, hopes the meeting—scheduled to follow introduction of the Clinton plan—will open communication between organized medicine's leaders and its grassroots members.

A series of programs scheduled for November 20 include:

- Washington and You,
- Views of the Health Care Industry,
- The Republican Viewpoint on Health System Reform,
- The State Picture,
- Legislation and You,
- Today's AMA, and
- The Future of the Physician and Medicine.

Half-day seminars on leadership skill building and practice management to be offered on November 21 are entitled, "When '60 Minutes' Comes Knocking," "Medicine's Candidate: Perception for Political Success," and "Medicine in Transition: Strategies for Change."

The fee for the three-day program is $50 for AMA members and $125 for nonmembers. See page 11 for additional information, or call (800) 621-8335.

State Society President Donald G. Ferguson, MD, participated in a public service announcement for the American Lung Association of Central Pennsylvania. Taped in August, the 30-second spot reminds people—especially senior citizens—of the importance of getting a flu shot. The announcement will be televised statewide this fall.

PUBLIC STATIONS TO AIR "THE BREAST CARE TEST"

In conjunction with Breast Cancer Awareness Month in October, Public Broadcasting System (PBS) television stations nationwide will air "The Breast Care Test," a one-hour special, on Friday, October 15, 1993, at 10:00 p.m. Jane Pauley will host the show.

"The Breast Care Test" will address the barriers—such as fear, cost, and lack of information—that prevent many women from getting early diagnosis and treatment. Women whose stories are personal and compelling will talk about their experiences with breast cancer and what they have learned.

Featured celebrities will include Erma Bombeck and Betty Ford. Also included will be a step-by-step demonstration of self-examination, clinical examination, and a mammogram test.

WQED-TV, Pittsburgh—which will produce the national broadcast—originated the live program at the local level in the fall of 1991. At that time, Allegheny County Medical Society physicians and other Pittsburgh-area health care workers lent their expertise to what then was known as "The Breast Test" by answering viewer questions.

Funding for the national broadcast is provided by the representatives, customers, and suppliers of Avon Products, Inc., and the Avon Products Foundation, Inc. Viewers are encouraged to double-check local listings.

In a related effort, Avon will donate the proceeds from the sales of its "pink ribbon" pins and tie-tacks to support breast cancer awareness. For information, contact an Avon representative in your community.

COUNTY NEWS

PHILADELPHIA INSTALLS 132ND PRESIDENT

The Philadelphia County Medical Society this summer installed William Frankl, MD, regional director of cardiovascular services, Medical College Hospitals, Philadelphia, as its 132nd president.

Dr. Frankl

A resident of Wynnewood, Dr. Frankl earned his medical degree from Temple University, interned at Buffalo General Hospital, and returned to Temple as a resident in internal medicine. His training was interrupted by a two-year stint in the Army as captain of the Medical Corps, but in 1959 he returned once more to Temple and received a master of science in medicine. This was followed by an American Heart Association fellowship in the cardiology section of the University of Pennsylvania.

He joined the staff of the Medical College of Pennsylvania in 1970 and moved into his current position in 1992.

Dr. Frankl is a fellow of the American College of Physicians, the American College of Cardiology, the Royal Society of Medicine (London), and the College of Physicians of Philadelphia, as well as a member of the American Heart Association Councils on Clinical Cardiology and Atherosclerosis. He has received numerous awards for his teaching skills and his service to the American Heart Association.

Also installed as officers were: Thomas G. Gabuzda, MD, president elect; Erwin A. Cohen, MD, vice president; James L. Cristol, MD,

secretary; and Bernard Shapiro, MD, treasurer. Dr. Gabuzda is a hematologist from Bala Cynwyd; Dr. Cohen is a vascular surgeon from Cheltenham; Dr. Cristol is an ophthalmologist from Penn Valley; and Dr. Shapiro specializes in nuclear medicine in Philadelphia.

DR. GEORGE GREEN INSTALLED IN MONTGOMERY COUNTY

The Montgomery County Medical Society in June installed George R. Green, MD, clinical professor of medicine at the University of Pennsylvania, Philadelphia, as its 1993-94 president.

A resident of Abington, Dr. Green received his medical degree from the University of Pennsylvania. He served his internship at the Hospital of the University of Pennsylvania, his residency in internal medicine at the Mayo Clinic, and a fellowship in allergy and immunology also at Penn. He then joined the staff of Abington Memorial Hospital, and in 1970 was named chief of its Division of Allergy and Immunology.

Dr. Green is a fellow of the American College of Physicians, American Academy of Allergy and Immunology, American College of Allergy and Immunology, and College of Physicians of Philadelphia. He is also on the board of the Medical Club of Philadelphia.

Other officers installed include: Charles Cutler, MD, president elect; H. William Schmidt, MD, vice president; Robert J. Mirabile, MD, treasurer; and Robert M. McNamara, MD, secretary. Dr. Cutler is an immunologist from Norristown; Dr. Schmidt is pathologist from King of Prussia; Dr. Mirabile is a plastic surgeon from Norristown; and Dr. McNamara specializes in emergency medicine in Philadelphia.

ACMS HOSTS SECOND MINI-INTERNSHIP

Members of the Allegheny County Medical Society (ACMS) offered community leaders an insider's view of medicine as part of the county society's Medical Exchange Forum, August 12-13, 1993.

Twelve interns—representing business, hospital administration, insurance, law, education, government, journalism, and civic organizations—and 21 ACMS physicians participated in the two-day mini-internship program to foster increased communication and understanding between physicians and the community.

Interns observed surgery, sat in on office visits, joined in on hospital rounds, participated in treatment consults, and witnessed first-hand the patient/physician relationship. Each also experienced a "round" of primary care—family practice, internal medicine, or pediatrics—and was offered a choice of three medical specialties, including orthopedic surgery, cardiothoracic surgery, general surgery, emergency medicine, pulmonary medicine, critical care, obstetrics, gastroenterology, pathology, trauma surgery, anesthesiology, ophthalmology, radiology, and neurosurgery.

At the forum's conclusion, a "debriefing" session allowed participants to discuss their experiences and exchange views on health care. This session provides doctors with an opportunity to learn about others' views on health care delivery issues.

Last year, at the conclusion of the forum, one intern, attorney Joy Flowers Conti, was so impressed with the internship that she suggested the

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county bar association offer a similar program. This fall the association will offer "Inside Your Courts" under Conti's direction.

WESTMORELAND COUNTY RECEIVES LOAN FUND GIFT

The Westmoreland County Medical Society Loan Fund has received a gift of $7,052 from the former Southwestern Pennsylvania Independent Practice Association (IPA).

Several years ago, physicians from the region's hospitals contributed money to establish an IPA which they hoped would function countywide. When the organization was unable to commence operations, its contributors directed the remaining assets to the county society fund.

In operation over 28 years, the fund has contributed via grant or loan more that $378,000 to deserving medical students.

AUXILIARY NEWS

AUXILIARY MEETING EVENTS HIGHLIGHTED

The Pennsylvania Medical Society Auxiliary is sponsoring a number of seminars and activities in conjunction with its annual meeting, October 21-23, at the Hershey Lodge and Convention Center.

Former Miss America Marilyn Van Derbur, a survivor of incest, will share her story of abuse at "A Well-Kept Secret: What You Need to Know About Incest and Other Sexual Violations." The two-hour seminar will be held Friday, October 22, beginning at 2:00 p.m.

Also, a seminar entitled, "Wills," sponsored by the Society's Trust, will be offered Saturday, October 23, at 9:00 a.m. The speaker, Mona Hanford of Washington, DC, will discuss who has wills, why have a will, what the elements are of the planning process, and why to include charity in that process.

Auxiliary House sessions and official meetings are scheduled for Friday and Saturday, and other planned activities will include: a special reception honoring the incoming president, a reception and dinner for auxilians and their spouses, and Golden Image Jewelry and Ultralook (Ultra Suede) sales to benefit special projects.

For additional information about fees and registration, call the auxiliary at (800) 228-7823.

SPECIALTY SOCIETY NEWS

SURGEONS TO DISCUSS SOCIOECONOMIC ISSUES

The Eastern Pennsylvania Chapter of the American College of Surgeons will hold its 42nd Annual Scientific Meeting on November 3, 1993. The program on socioeconomic issues will begin at 8:00 a.m. at the Holiday Inn Conference Center, Allentown.

Featured speakers include David Shulkin, MD, of the University of Pennsylvania; H. Logan Holtgrewe, MD, past president of the American Urological Association; and Howard Champion, MD, of the Washington Hospital Center.

For more information, call Laurie Dobrosky at (800) 228-7823 or (717) 558-7750, ext. 468.

CHALLENGES OF ADDICTION MEDICINE TO BE DISCUSSED

The Pennsylvania Society of Addiction Medicine will hold its 1993 annual conference, "Meeting the Challenges of Addiction Medicine in the Nineties," on Friday, November 5, 1993, at Pennsylvania Medical Society Headquarters, Harrisburg.

State and national speakers will discuss ASAM patient placement criteria, the intellectual history of AA, substance dependence of the elderly, dealing with the tobacco industry cartel, prevention of substance abuse utilizing the school system, and antibiotic steroids. A total of 5.25 CMA or CAC credits will be offered.

For information and registration, call Kathy York at (800) 228-7823 or (717) 558-7750, ext. 469.

AMA NEWS

AMA GRANTS SUPPORT STUDENTS, RESIDENTS

The AMA Medical Student Section (MSS) Policy Promotion Grant program this year entered its fourth full year of providing funds in support of medical student activities and projects that promote AMA policy.

Student groups are eligible to receive up to $250 in grant money per project, with each school limited to one project at a time. Funded programs have addressed such diverse topics as smoking-cessation training, AIDS education, and legislative awareness. Most projects include some form of community outreach.

Applications and additional information are available by calling the AMA Department of Medical Student Services at (800) AMA-3211, ext. 4742.

The AMA will also award $900 grants to 25 resident physicians and 25 medical students, enabling them to attend the 1994 AMA Leadership Conference, February 11-13, 1994, in San Francisco.

Made possible through funds from Glaxo, Inc., this program will recognize medical students and residents who have exhibited outstanding leadership in organized medicine, or civic or non-clinical medical school hospital activities.

Applications and additional information are available by calling the AMA at (800) AMA-3211. Applications must be postmarked by October 23, 1993.

LYME DISEASE GUIDE AVAILABLE

The New Jersey Department of Health, in conjunction with New Jersey's Academy of Medicine, has recently developed a booklet entitled, "Lyme Disease in New Jersey—A Practical Guide for New Jersey Clinicians."

According to Dale Tavris, MD, of the Pennsylvania Department of Health, the guide—which presents current knowledge on the epidemiology, diagnosis, treatment, and prevention of Lyme Disease—would be interesting and useful to Pennsylvania physicians as well.

The guide is available from the academy for $20 per copy; sales will fund future Lyme Disease educational efforts. To order, call (609) 896-1717.

Join in the Great American Smokeout

The American Cancer Society celebrates the 17th annual Great American Smokeout this year on November 18. Join in the celebration by contacting your local American Cancer Society office to obtain a poster and free support materials for your office. A variety of tobacco education materials are available for yourself as well as your patients. Participate in the spirit of the Great American Smokeout by asking all your smoking patients to quit for the day! They might just quit for good!

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

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Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

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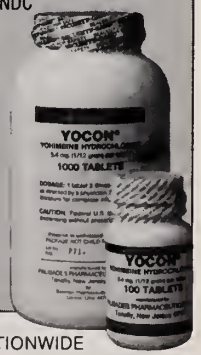
References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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HIGH VOLTAGE ELECTRICAL SURGERY: THERAPEUTIC TRENDS AND OUTCOMES

John Lyne, MD; Harvey Slater, MD, FACS; I. William Goldfarb, MD, FACS, FCCM; E. Douglas Newton, MD; Eugene Hammell, MD

OBJECTIVE: Research shows that electrical injuries pose unique therapeutic challenges because of their propensity for deep tissue destruction, often resulting in functional disability and amputation. This study reviews one burn center's experience with electrically injured patients.

METHODS: Admission records from February 1985 through June 1989 from the Western Pennsylvania Hospital Burn Trauma Center, Pittsburgh, were reviewed for patient age, sex, length of stay, mechanism of injury, extent of burn and associated injuries, complications, and the nature of their treatment.

RESULTS: Of 1,800 admissions, 44 suffered from electrical injuries of significant magnitude to cause tissue necrosis. The overall mortality rate was five percent with a mean length of stay of 26 days.

At the time of admission, five patients (11.3 percent) presented with associated multiple system trauma. Twenty-one patients (47.7 percent) presented with either gross or microscopic myoglobinuria. Limb fasciotomies were required in eight (18 percent) of the patients.

Surgical intervention was required in 41 patients (93 percent), 11 of whom were candidates for more specialized surgical procedures, including rotational and free flaps. Since using these flaps in the burn center, no limb amputations have been required as compared to a previous five-year period during which 10 patients underwent 16 limb amputations.

CONCLUSION: Aggressive fluid therapy, early but conservative debridement, and the use of local or free flaps in the group studied yielded low morbidity and mortality rates with excellent limb salvage.

For additional information or a copy of the complete study, contact Harvey Slater, MD, at the Western Pennsylvania Hospital Burn Trauma Center, (412) 681-5788.

NOCTURNAL VENTILATION IN NEUROMUSCULAR WEAKNESS-INDUCED RESPIRATORY INSUFFICIENCY

John R. Cohn, MD

OBJECTIVE: The debate over national health system reform has reinforced what many researchers have contemplated for years—ways to reduce medical costs. This series of case reports reviews use of home nocturnal ventilatory rest in treating respiratory failure and muscle fatigue while reducing the length of hospitalization and, in return, the cost of care.

METHODS: Six patients with respiratory failure secondary to primary neuromuscular weakness were treated with prolonged nocturnal-assisted ventilation. All of the patients were severely disabled at the time that nocturnal ventilation was initiated, although four were temporarily ventilator free when elective introduction of nocturnal support was started. Patients were initially ventilated with nasal face masks or through a pre-existing tracheotomy.

RESULTS: There was a marked improvement in arterial blood gases, daytime somnolence, and other signs of respiratory insufficiency. All patients were able to return home with an improved level of activity, including meaningful employment, limited only by their underlying neurologic disorders. Subsequent acute hospital stays for pneumonia and other respiratory problems were reduced.

CONCLUSION: Home nocturnal ventilatory support is a cost-effective approach to the management of patients with neuromuscular disease and respiratory insufficiency or failure, where fatigue is thought to play an important role in the patient's pathophysiology.

For additional information or a copy of the complete study, contact John R. Cohn, MD, at Thomas Jefferson University Hospital, (215) 932-7685.

FLEXIBLE INSULIN INFUSION PROTOCOL FOR USE IN CRITICAL CARE

Larry Merkle, MD, FACP; Carl Marci, BS

OBJECTIVE: This study was conducted to develop an insulin infusion protocol using a flexible insulin-glucose algorithm to allow for optimal insulin delivery and glycemic control in critically ill diabetic patients.

METHODS: Patients with diabetes who required a continuous form of intravenous (IV) or enteral nutrition were randomly selected from critical care units. A continuous IV of insulin was used in a concentration of 0.5 units of regular, human insulin per cc. of normal saline, the rate of which was given according to a "flexible" glucose-insulin algorithm. Blood glucose concentrations were measured by the patient's nurse using the One-Touch® glucose meter.

RESULTS: Nineteen critically ill patients were provided with near optimal delivery of insulin using a flexible insulin infusion protocol, allowing for prompt and smooth glycemic control.

CONCLUSION: Compared to conventional forms of insulin infusions given according to a fixed glucose-insulin algorithm or subcutaneous insulin according to a fixed sliding scale, the flexible insulin infusion protocol was shown to be effective for glycemic control in spite of the many variables commonly seen in critical illness. This may have implications in promoting anabolism in the treatment of catabolic illness in the diabetic patient.

For additional information or a copy of the complete study, contact Larry Merkle, MD, FACP, at the Lehigh Valley Hospital Department of Medicine, (215) 402-8200.

The editors of PENNSYLVANIA MEDICINE encourage submission of scientific articles for publication consideration; however, abstracts of those articles not published in full are printed as a reference for readers. Please send submissions to: Medical Editor, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820. Full scientific articles are published at the discretion of the medical editor as consistent with the editorial schedule and are subject to revision.

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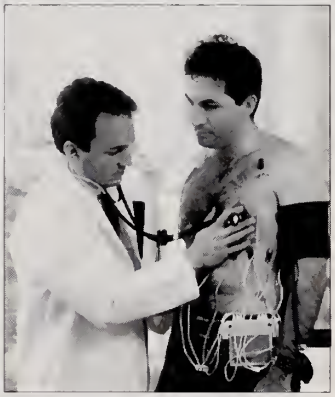

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NEWSMAKERS

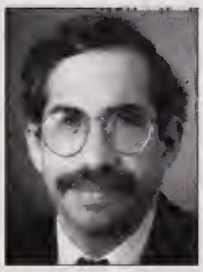
Dr. Brucker

Alexander J. Brucker, MD, chief of the retina and vitreous service, University of Pennsylvania School of Medicine, Scheie Eye Institute, Philadelphia, was presented with the American Society of Contemporary Ophthalmology's Albrecht von Graefe Award for distinguished contributions in ophthalmology.

Robert P. Liss, MD, West Chester, has been awarded the Silver Apple Award by Scheie Eye Institute, Philadelphia. The award is given to the part-time attending physician deemed most instrumental in residents' education.

Jospeh J. Conti, DO, received the Frederick J. Solomon Award from the Pennsylvania Osteopathic General Practitioners Society at the Pennsylvania Osteopathic Medical Association's Annual Clinical Assembly in Pittsburgh. Also, **John D. Angeloni, DO,** was named Pennsylvania General Practitioner of the Year.

Donald Kaye, MD, Gladwyne, chairman and professor of medicine at the Medical College of Pennsylvania, Philadelphia, edited the antimicrobial chemotherapy section for the recently published 16th Edition of *The Merck Manual of Diagnosis and Therapy*.


Dr. Schulman

Elliott A. Schulman, MD, neurologist and co-director of the Comprehensive Headache Center, Germantown Hospital and Medical Center, Philadelphia, has been elected to fellowship in the American College of Physicians.

David Weissgold, MD, first-year resident at Scheie Eye Institute, University of Pennsylvania School of Medicine, Philadelphia, was awarded a 1993 AMA/Burroughs-Wellcome Award for Outstanding Community Service. Dr. Weissgold was recognized as a founding member of the first free, student-run health clinic for the homeless in New York state.

Thomas M. Vernon, MD, has been appointed to the new position of executive director for medical, scientific, and public health affairs, Merck Vaccine Division, Philadelphia.

Bruce Freundlich, MD, associate professor of medicine, University of Pennsylvania School of Medicine, Philadelphia, is the new chief, Division of Rheumatology, Graduate Hospital, Philadelphia.

Richard A. Anderson, DO, was elected to a two-year term as president of the Academy of Osteopathic Directors of Medical Education.

Stefan Niewiarowski, MD, PhD, professor of physiology, Temple University School of Medicine and Sol Sherry Thrombosis Research Center, Philadelphia, received Temple's 1993 Faculty Research Award.

Lawrence J. Mayers, MD, director of surgery, and **Richard Silver, MD,** director of medicine, Delaware County Memorial Hospital, Drexel Hill, have been appointed to the board of directors of the Crozer-Keystone Health System.

Dr. Yunis

Jorge J. Yunis, MD, PhD, Narberth, was appointed director of the new Division of Cancer Biology, Thomas Jefferson University, Philadelphia. He was also appointed professor in the Department of Pathology and Cell Biology and the Department of Microbiology and Immunology.

David C. Smith, MD, medical oncologist, Pittsburgh Cancer Institute, received a Young Investigator Award for 1993 from the American Society of Clinical Oncology.

Timothy J. Gardner, MD, well-known heart surgeon and former professor of surgery, Johns Hopkins Hospital, Baltimore, Maryland, has been appointed professor of surgery and chief of cardiothoracic surgery, University of Pennsylvania Medical Center, Philadelphia. Also at the medical center, **Joseph R. McClellan, MD,** former associate professor of medicine, Brown University, Providence, Rhode Island, has been appointed director of the cardiac care unit, Division of Cardiovascular Medicine.

Dr. Katz

Julian Katz, MD, head of gastrointestinal disease, Frankford Hospital, Philadelphia, was named physician of the year by the Delaware County Chapter of the American Liver Foundation.

Germantown Hospital, Philadelphia, recently appointed **Larry W. Menacker, MD,** as chief of podiatry.

Stanley S. Lynch Jr., MD, Philadelphia, was named senior vice president for medical affairs and medical director, Mercy Health Plan, Philadelphia.

Stephen C. Rubin, MD, Philadelphia, was appointed professor of obstetrics and gynecology, and director of gynecologic oncology, University of Pennsylvania Medical Center, Philadelphia.

Wallace P. Ritchie Jr., MD, PhD, professor and chairman of surgery, Temple University School of Medicine, Philadelphia, received the 1992-93 Lindback Award for Distinguished Teaching.

Jay H. Herman, MD, Glenside, is now associate professor of pathology and laboratory medicine, Temple University School of Medicine, Philadelphia. Dr. Herman will also serve as director of the Transfusion Medicine Service at Temple and at St. Christopher's Hospital for Children, also in Philadelphia.

Michael F. Avallone, DO, was named medical director, Hahnemann Northeast Medical Center, Philadelphia.

D. Walter Cohen, DDS, 18th president of the Medical College of Pennsylvania, Philadelphia, has undertaken the newly created post of chancellor of the college.

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An Office in Your Home?

George Ross Fisher, MD

It shows my age a little to admit it, but there was a time when I practiced in an office on the first floor and lived upstairs. The practice was entirely in cash, meaning I sent no bills, and there were office hours, meaning no appointments. What that also meant was no secretary, very little overhead, no landlord, no computer, and no insurance forms.

My younger colleagues now find it hard to believe you can practice medicine well under such "primitive" circumstances, and it is true that some older doctors had to show me how to do it. It is also true that most doctors' spouses disliked an office in their home intensely. My wife was a doctor's daughter and made "no office in the house" a condition of our marriage. But I always thought it was great: push aside the morning coffee cup and walk over to see the first patient, eat lunch at home every day, work in the garden a little when there happened to be no patients.

What stimulates me to reflect on my former, simpler life is reading a national survey showing that the average primary care physician spends 55 percent of gross practice income on overhead—real overhead, not the accounting overhead I used to charge off on my income tax for the "rental" costs of the office.

Why in the world did doctors change their practice style so drastically in one practice lifetime? Perhaps to be closer to the hospital or to glory in the role of a big-shot employer.

The magazine *Medical Economics* has to take some of that blame, for relentlessly promoting the ideas that net income is enhanced by hiring more staff to generate income from ancillary services, and that two or more doctors practicing together can economically share staff quarters while one of them is off working in the hospital.

There's a generation-gap issue as well. Doctors emerging from the baby boom generation seem to enjoy clustering together into support groups, particularly if they can create a little demi-monopoly by doing so. My generation was much more "inner-directed," to use David Reisman's phrase, while boomers are more "other-directed."

And then there is our constant friend and protector, the government. Not only has regulation made it utterly impossible to practice without hiring someone to complete the forms and jump through the OSHA and ADA hoops, but there is also the IRS. The IRS doesn't like cash transactions (maybe you will cheat on the tax), and it doesn't like home offices (maybe you will declare your garage to be a practice expense).

There was a time when the IRS would park an agent in a car down the street from a doctor's office all day, counting patients, then pounce, demanding to see the revenue records for that day. Nowadays, I suppose those agents are off doing other things, like checking housemaids' Social Security payments, while we pay thousands of secretaries.

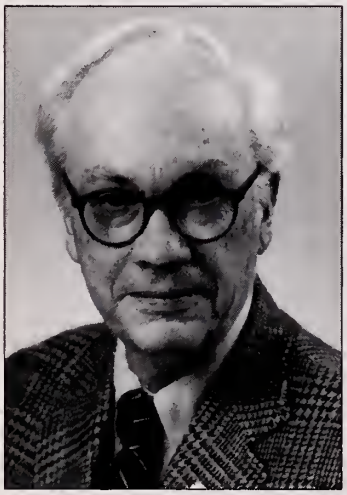
As for an office in the home, the IRS's irrational reign of terror is mostly, I hear, prompted by political pressure from unions that traditionally hate piecework done at home. In only a few years, the political strength of people who work on computers at home will exceed the power of the Ladies Garment Workers, and then maybe the IRS will see home offices in a different light.

No society can function unless it trusts most people to follow the rules. The taxes lost from cash transactions or exaggerated home office depreciation claims could not possibly equal the billions of dollars now being spent on primary physician overhead in offices near some hospital.

When you get down to it, the main reason doctors have changed their practice style is that patients demanded it. Patients don't want to be kept waiting during office hours; they don't want to fill out insurance forms; they want it taken care of for them. They like to think that their employer is paying for it all—a mirage because fringe benefits just reduce take-home pay—and they like to think they are getting the latest and the cleanest and the newest.

It's a pretty expensive set of tastes the American public has developed. Maybe, just maybe, they may consider increasing disposable income by purchasing insurance for less expensive luxuries, while retaining a mandate for excellent care.

The public had better think it over. Because the alternative of "expenditure caps" would lead to much less satisfactory medical care wrapped in a fancy package.



Dr. Fisher, a Philadelphia endocrinologist, is the State Society's First District Trustee.

Reference: 1. Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991;14:146-151.

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WARNINGS

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As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life (t1/2) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin: In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* [1 hour prior to PRAVACHOL (pravastatin sodium)], *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*, a forward mutation assay in L5178Y TK +/− mouse lymphoma cells, a chromosomal aberration test in hamster cells, and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL, it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General.**)

ADVERSE REACTIONS

Pravastatin is generally well tolerated, adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma, anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

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Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the adjacent page.

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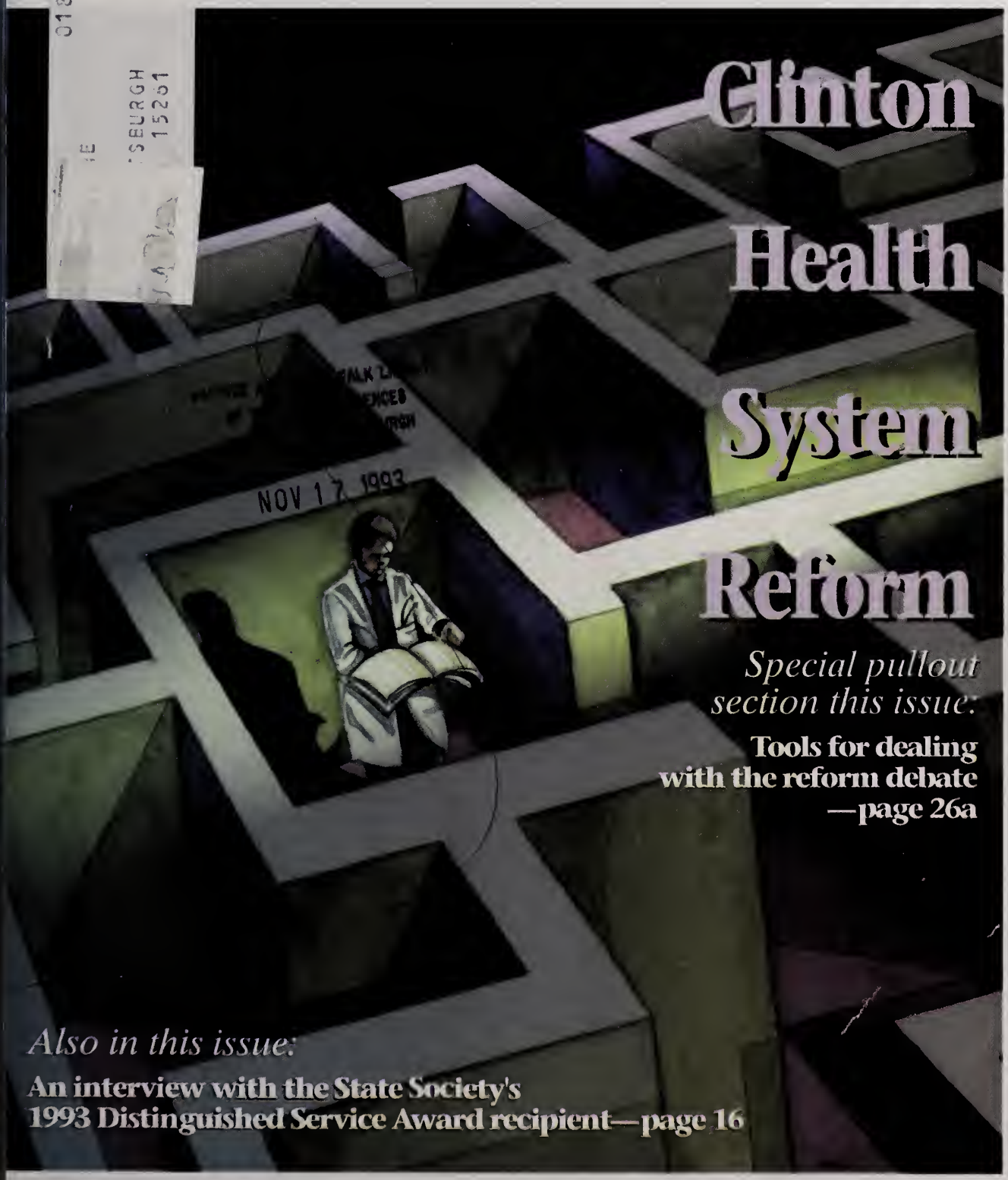


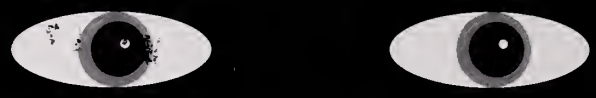
Clinton Health System Reform

Special pullout section this issue:

Tools for dealing with the reform debate —page 26a

Also in this issue:

An interview with the State Society's 1993 Distinguished Service Award recipient—page 16



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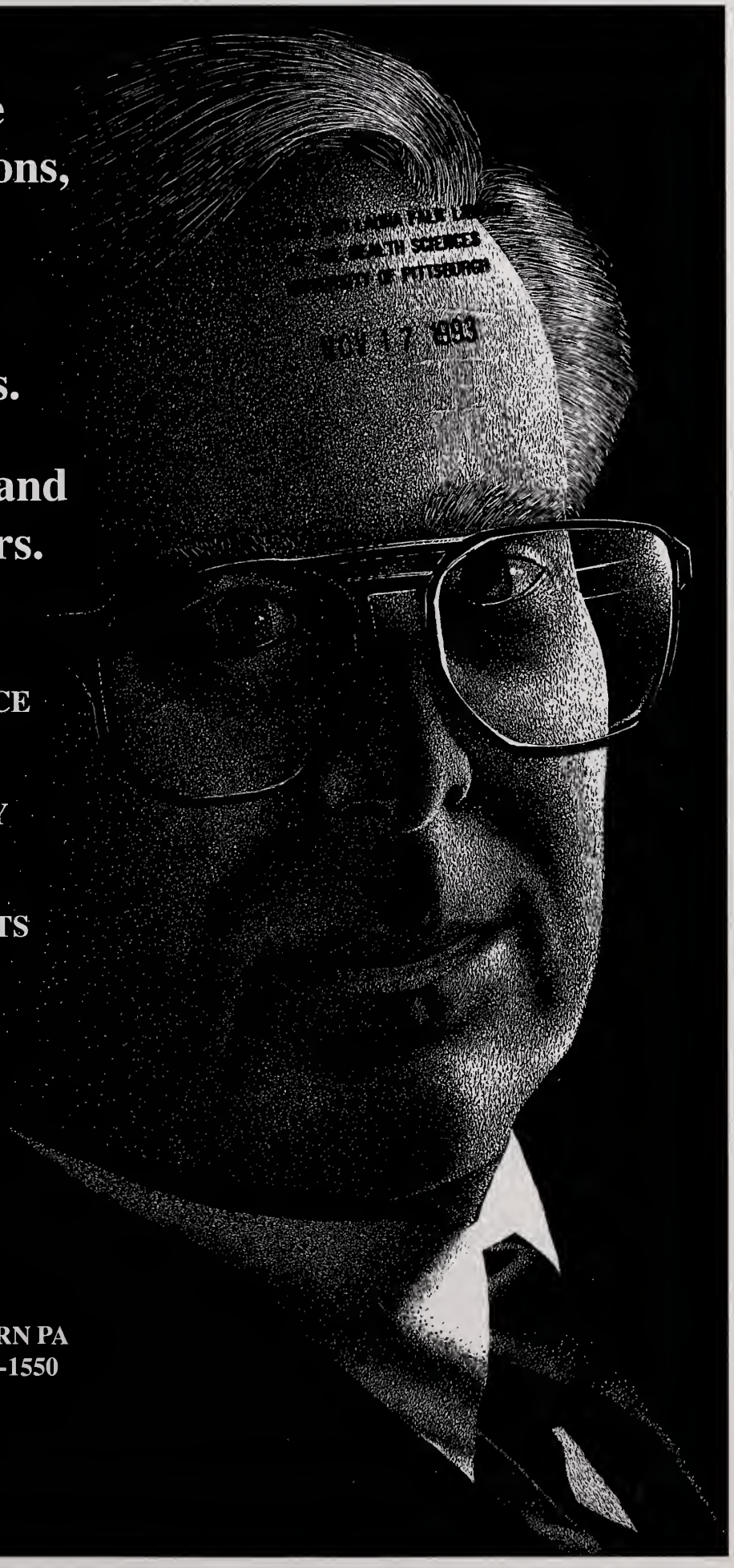

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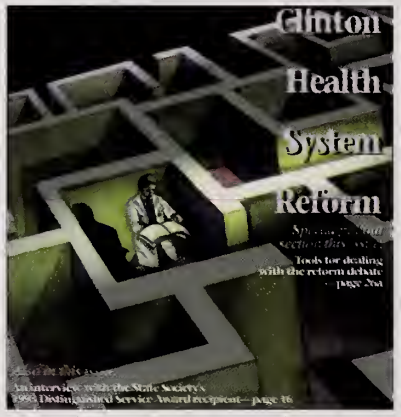
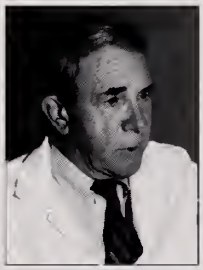
Among the resources offered in this special pullout section on health system reform are a physician's guide to the Clinton plan, a synopsis of the AMA's immediate response to major points, an overview of State Society efforts, and explanations of managed care options and terms.



Cover by SpectraComp, Mechanicsburg

16 1993 Distinguised Service Award: A Warm, Pioneering Heart



Dr. Magovern

Only 14 physicians have received the Society's Distinguished Service Award since its inception in 1956. This year's recipient, George J. Magovern Sr., MD, of Fox Chapel, is a thoughtful man of calm manner and warm heart.

(Insert) 6 Care Package for Physicians

Listen to Society members talk about how the Federation of Medicine—your county society, the Pennsylvania Medical Society, and the American Medical Association—has been working for them, and you, in the areas of health system reform, public health, government, medical economics, and practice management.

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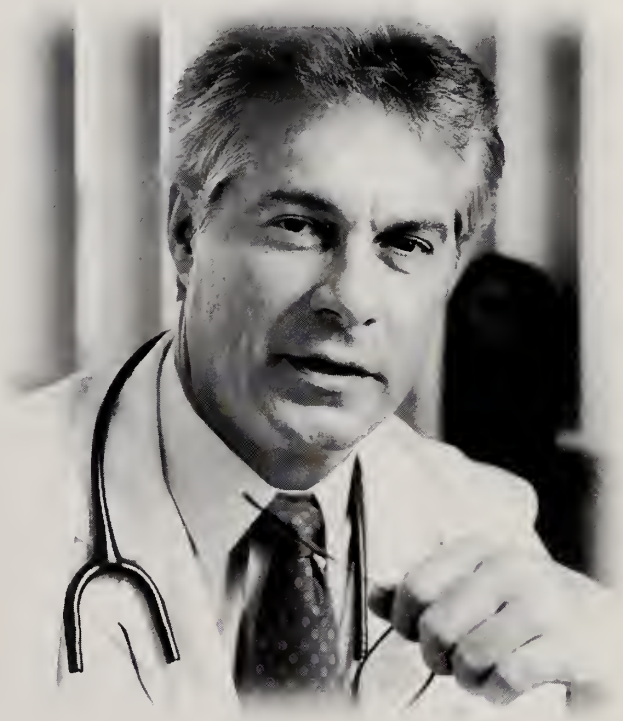
"Unfortunately,

he was already sitting in my examining room. This guy was a walking liability suit looking for a victim. He was angry, non-compliant. It was one of those rare, no-win cases and, well, I guess my number was up.



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MEDIGRAM

HOUSE ACTIONS TO HELP MEMBERS IN CHANGING TIMES: The Pennsylvania Medical Society's House of Delegates at its October annual meeting approved two initiatives to help members deal with the changing medical environment. A new consulting company will be established to offer on-site consultation services to help physicians deal with managed care, reimbursement, and other issues, and a management services organization (MSO) will be developed to provide administrative services to integrated physician networks. The House also approved the formation of a new for-profit subsidiary. For background on these actions, see "Policy Briefs," pages 22 and 24. In other action, the delegates voted to publish a summary of the House proceedings in the December issue of PENNSYLVANIA MEDICINE, rather than print the entire official proceedings in the January issue, as done in the past. Delegates and county societies will receive copies of the full proceedings, available to members on request.

DUES UNCHANGED FOR '94: Also at its annual meeting, the House set 1994 Society dues at $430 for each full member. As in the past, $10 of that assessment will be given to the Society's Educational and Scientific Trust. Dues for other categories of membership are also unchanged.

SOCIETY RESPONDING TO CLINTON LEGISLATION: The Society has prepared a response to President Clinton's health system reform legislation released October 27. A document describing and responding to the major elements in the legislation will be reviewed by the Society's Task Force on Health System Reform. While the Society can support some aspects of the legislation, it also suggests alternative strategies consistent with the federation of medicine's policies. Watch for publication of a summary of the response and other member materials.

HCFA APPROVES PA MANAGED CARE PLAN FOR MEDICAID YOUTHS: The Health Care Financing Administration (HCFA) last month approved a managed care plan for Medicaid recipients in Pennsylvania under age 21. Acting Governor Mark Singel said the plan, to start this month, will guarantee access to care while easing the cost burden associated with non-emergency ER care. Clients may choose their own physician from a list of participating physicians, and the state will pay doctors $3 per month plus regular fees for each client treated. The Society has been meeting with the Department of Public Welfare to review elements of the plan, estimated by the state to save $1.5 million per year.

SOCIETY MEMBERS ATTEND CONGRESSIONAL FORUM: The Society was one of several state health-related organizations represented at a Pennsylvania Congressional forum in Washington, DC, on October 20. Nineteen state congressmen, including Senator Harris Wofford, made appearances to discuss health system reform; 450 Pennsylvanians attended, including more than 20 from the State Society.

REGISTER *NOW* FOR AMA REGIONAL MEETING IN PHILADELPHIA: Only a few days remain until the AMA's regional meeting, "Physicians' Forum: Agenda for Action," November 19-21 in Philadelphia. The AMA, working with the State Society, hopes the meeting will open communication between organized medicine's leaders and its grassroots members. A series of legislative programs will be held November 20, and half-day seminars on leadership skill building and practice management are scheduled for November 21. The fee is $50 for AMA members and $125 for nonmembers. For information or to register, call (800) 621-8335.

PROPOSED CAT FUND PERCENTAGE UNCHALLENGED: The 1994 proposed physician CAT Fund—set at 93 percent—will go unchallenged, according to Society officials. The Society has reviewed the surcharge to basic malpractice premiums that serves as insurance above the amount covered under basic plans, and believes "it has been calculated according to the statutory formula using the correct figures." Final Insurance Department approval is pending.

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If You Care About Your Patients...

John W. Mills, MD
Medical Editor

"The truth of the matter is: physicians have a unique opportunity to talk to their patients on a one-to-one basis about health care issues."

That sobering thought came not from the AMA or any other physician group, but from an elected official—Congressman Rick Santorum. Representative Santorum visited Indiana Hospital in September at the invitation of its board chairman, Carson Greene Jr., in an effort to become better acquainted with rural health care issues. I was invited because of my position as the Society's Ninth District trustee, and spent the afternoon with the congressman, Mr. Greene, and our CEO, Don Sandoval.

It was indeed an enlightening experience, and educational besides. This representative from Pennsylvania's 18th Congressional District knows first hand where his power base comes from—the people. He attributes his two congressional victories to his personal, door-to-door campaign and readily endorses this "to the people" approach to us in medicine.

The evening prior to the representative's visit, I had attended the State Society's regional town meeting in Pittsburgh (see page 38). An attendee had questioned the panel as to how we physicians—only 600,000 strong—could really have anything to say on health system reform. The answer from our board chair, John Lawrence, MD, came through loud and clear—"grassroots campaigning." By that he meant not only continued dialogue with our locally elected officials at the state and national levels, but frequent dialogue with our patients concerning the issue.

photo courtesy of Indiana Gazette

Congressman Rick Santarum visited Indiana Haspital in September ta learn mare abaut rural health care issues. Pictured (left ta right) are: Carsan Greene, Jr., president, Indiana Haspital Baard af Directars; Cangressman Santarum; Danald Sandaval, president and CEO, Indiana Haspital and Health Care Carparatian; and Jahn W. Mills, MD, Ninth District trustee, Pennsylvania Medical Saciety, and medical editar, PENNSYLVANIA MEDICINE.

We've heard it again and again, but still we're reluctant to do it. We think we are above such "politics." Nonsense!

Add to this reluctance another, even deeper problem with physicians: Some sources say as many as 43 percent of us are not even registered to vote. Shameful! We gripe and bemoan our fate, and yet many of those who complain the loudest don't vote.

But, you say, the polls show that people don't trust doctors (generic) or organized medicine. Think again, readers, and listen to Congressman Santorum: Individuals—our patients—come to us because they trust us and believe in us and generally defend us with statements like "my doctor is different."

We do indeed have a unique opportunity to be heard and to fashion health system reform. Five minutes—when appropriate—with a patient, telling them about the issues in words they'll understand, will go a long way toward getting our message across.

Representative Santorum believes we also have an obligation to tell our patients the truth about Clinton's proposed reform, i.e., they will get less care, less quality, and certainly less choice. This, to me, is our real role in this debate. No one else will tell them—no one else really can, even if they were so inclined, and believe me, they are not!

Another thought, heard more frequently now in light of the reform debate, is, "Why doesn't the AMA or the Pennsylvania Medical Society do something for our image?" Organized medicine can only do so much on an image problem, then they spin their wheels and sound hollow like a clanging symbol. *You and I* need to sell ourselves—and if you have loyal patients, you have already done that with little more effort than practicing good medicine.

So talk to your patients. Don't be afraid. It's not difficult, and it will pay dividends. Don't let politics scare you; our country was founded on political premises. Be truthful and forthright about your assessments of the debate over health care, and then let your patients—the voters—voice their concerns to their elected representatives. You must also do the same.

Above all—register and vote. O

PRIORITY

CARE PACKAGE FOR PHYSICIANS

Dear Doctor:

Everybody is delivering their "package" to your door these days: Clinton, Casey; the Republicans, the Democrats, the conservatives, the liberals—you name the group, and they have a plan or a proposal, or an opinion.

YES, *the Federation of Medicine is responding vigorously to those other "packages."*

BUT OUR "PACKAGE" FOR YOU IS DIFFERENT: IT CONTAINS ACTIONS, NOT JUST WORDS.

This package from the Federation of Medicine—your county society, Pennsylvania Medical Society, and the American Medical Association—will help you practice medicine, and protect your patients' welfare.

It contains the daily work of your colleagues to try to improve all aspects of our health system—not just its reform.

Listen to a few of your colleagues talk about our most recent achievements.

Here's how we're involved in the process:

♦ STATEWIDE HEALTH SYSTEM REFORM DEBATED:

The State Society made its presence known very early on in statewide reform initiatives. We testified at hearings around the state throughout the summer and fall; we've met frequently with key officials; we distributed detailed position papers on our analysis of the governor's plan, managed care, tort reform, and the primary care physician shortage. We've met with major newspaper editorial boards in the state—as well as with key business and industry roundtables and coalitions—to clarify our points. And we've kept you informed through our timely publications.

Governor Casey and his staff—as well as all others in this debate—are listening. They know we are focused on freedom of choice, opposed to mandatory gatekeeper systems, and adamant about the need for quality assurance, liability tort reform, and reduction of administrative burdens.

In Pennsylvania, organized medicine is a well-recognized player.

♦ NATIONAL HEALTH SYSTEM REFORM GRAPPLED:

Standing firm in its response to the president's announcement of the Health Security Act, the AMA neither endorsed nor opposed Clinton's first draft. Dialogue continues with the White House; the concerns are many. You were the first to receive an immediate outline of the plan and a side-by-side analysis of the AMA's concerns within days of Clinton's address to the nation. As the Clinton plan is promoted around the country this winter, the AMA will remain in the center of the discussion, while reporting continuously to the membership.

Regional meetings—including the November meeting in Philadelphia—will provide a forum for members' concerns. More information will come to you via seminars, tapes, American Medical Television, and published materials.

CAROL E. ROSE, MD,
Department of Anesthesiology, Presbyterian Hospital, Pittsburgh

"By introducing members to real grassroots activity, they've gained increased understanding of the legislative process, and we've seen a better response to our needs from the legislators in Harrisburg and DC."

♦ USE OF THERAPEUTIC DRUGS, SURGERY BY OPTOMETRISTS DEBATED:

Your State Society successfully defeated this measure in 1993, but we know that this issue will return in other forms. We are the only constituency fighting vehemently on behalf of physicians on this issue.

♦ PROTECTIONS FOR HIV-POSITIVE HEALTH CARE WORKERS ADDED:

You are protected from discrimination under the state's new AIDS guidelines because we made sure the rights of health care workers were not ignored.

Here are some recent examples of the many regulations we've helped untangle:

♦ Medicare Lab Overpayment refund negotiated:

In mid-September, Pennsylvania Blue Shield issued an outrageous refund demand to approximately 1,600 Pennsylvania physicians and laboratories. Your State Society immediately sounded the alarm to not only affected members, but also to the Health Care Financing Administration. We are vigorously negotiating for fair treatment in regard to the admitted Blue Shield error.

♦ PremierBlue challenged:

Well before marketing of Blue Shield's newest network began, the State Society was closely scrutinizing the details of this new product. We published a comprehensive analysis for all members, succeeded in influencing changes in its structure and approach to physicians, and continue to scrutinize its progress.

♦ Payment reform clarified:

In this second year of Medicare payment reform, we continued to be a major author in the refinement and clarification of the Resource Based Relative Value Scale (RBRVS). We successfully persuaded HCFA to change two onerous primary care policies.

♦ EKG reimbursement made fair:

You told us this was unfair; we secured separate payment for both the professional and technical components for interpretations with Medicare office visits.

♦ Medicare fees for new physicians boosted:

They heard you loud and clear—the first four years of practice are no time to reduce Medicare fees. We carried this issue to the AMA, and they carried it on to the regulators. We all won.

♦ Clarified Medicare forms language reinstated:

The Society stopped HCFA from removing important language on the patient EOMB that clarified how much the patient actually owed the physicians. Other EOMB messages were also modified to help patients better understand their payment obligations.

♦ Health Care Cost Containment Reports amended:

Our lobbying efforts on your behalf resulted in substantive changes to these precedent-setting reports, as well as major bylaws amendments affecting future PHC4 activities.

Joyann Kroser, MD,
Resident Physician

"We cannot afford to 'stick our heads in the sand.' Membership in the AMA is an investment in the future, our future, in medicine."

Kevin Carey, MD,
Guthrie Clinic

"All eyes are now on Washington, so we are left to deal with the governor's proposals. That's very important—and it's something we physicians often forget."

Here is a sampling of our wide range of strengths in the public health arena:

♦ Tuberculosis funded:

Along with the American Lung Association of Pennsylvania, we wrote a position paper addressing our insights and concerns surrounding current treatment procedures for TB patients. The governor and the state Department of Health listened—funding for TB treatment and control is increased in the new budget.

♦ Drug education spearheaded:

Pennsylvania is the only state in the nation where the Medicaid agency is working with a state medical society—your State Society—to meet drug utilization review (DUR) requirements imposed by the Omnibus Budget Reconciliation Act (OBRA) of 1990. State officials call it an innovative approach; we see it as successful recognition of organized medicine's abilities and resources.

♦ Living Will brochures distributed:

More than 160,000 copies of the Society's brochure on living wills have been distributed statewide.

♦ Health education promoted:

A new, high-priority project will recruit physicians at the local level to serve as resources for school districts. To name only a few other health education efforts in which we're active players:

- AIDS education seminars for educators;
- rural health initiatives, minority health initiatives, anti-tobacco efforts, drug and alcohol abuse programs;
- "The Breast Care Test," a nationwide televised educational program.

♦ General Assistance Benefits supported:

For more than the past year, the Society has been highly concerned with the Department of Public Welfare's implementation of the General Assistance Basic Health Care Package. We will continue to fight to keep basic quality care accessible to our most needy patients.

♦ Osteopathic CME simplified:

Osteopathic members were very distraught about a ruling on CME credits. Our campaign to change this requirement succeeded; the Osteopathic Board voted to accept ACCME Category 1 credits.

Here are only a few new services for you:

♦ Managed Care Resource Kit:

Realizing that Pennsylvania physicians are poised at various levels of understanding and involvement with managed care, the Society has created a resource kit for you on this topic. It offers selected articles, position papers, carrier plans, and research guides.

♦ Electronic Claims Clearinghouse:

The Society has joined with a nationally recognized electronic claims clearinghouse to give you the latest claims submission and service.

♦ Comparison of Selected Practice Management Software:

The Society has narrowed the search for software and reliable vendors with this publication.

♦ Seminars on PHOs, POs, HMOs, and Other Affiliation Options:

One-day seminars in six locations across the state will give physicians information they need to map out a strategy to deal with the complex managed care options now rapidly emerging.

♦ Seminars on Employment Law and Employee Benefits:

This new seminar for physicians, office managers, and practice administrators guides you in complying with regulations affecting your practice.

♦ Seminar Series on Aspects of Medical Practice:

This fall's seminars address getting started in medical practice, coding and collecting, maximizing practice profitability, and other reimbursement and practice management issues.

♦ Manuals on Employment Law and Employment Contracting:

A new, 68-page manual outlines all the implications of state and federal employment law impacting on your practice, helping you minimize liability. Another resource, the Physician's Guide to Employment Contracts, helps in evaluating contracts.

Blairanne Revak, MD,
General Practice, Bloomsburg

"The issue with Blue Shield's Medicare laboratory fee overpayment came up unexpectedly—I was alarmed by it. I asked our office administrator to call the State Society. Someone there explained how they were working directly with HCFA to work out a solution. It's that kind of immediate response to and understanding of issues that I feel is one of the most important benefits of belonging."

♦ Laws and Regulations Affecting Medical Practice:

You must deal with a complex and constantly changing body of laws and regulations. This comprehensive text provides a concise, easy-to-use source for answers to your specific questions.

♦ Guide to Purchasing Professional and Personal Insurance:

You can gain control of your insurance purchasing needs through this detailed working manual.

♦ Medical Staff Legal Service Plan:

Through a special Society program, you can contract with an endorsed law firm to provide legal services to your medical staff on a prepaid or group discount basis.

And here are some of the benefits and services provided by your County Society:

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Surviving the Hard Road Ahead

Martin A. Murcek, MD

Editor's Note: Dr. Murcek was inaugurated as the Society's president in October. This is his first message in this column.

Are you worn down by all the negative press directed at the "medical establishment" these days? If you believe the paper or TV news, you could get the impression that most Americans would rather be seen by Hillary Rodham Clinton next time they're sick, rather than by a qualified physician. Let me point out some things that should cheer you up.

First, having been summarily excluded from the "Health Care Reform Task Force," doctors won't be due any blame for anything that gets "reformed" into an even bigger mess. This fact alone will, I believe, be a big source of comfort to doctors everywhere as "health system reform" emerges as more boondoggle than boon.

(I hope you have warmed to the fact that these thoughts are tongue-in-cheek in nature.)

Also, the "reform" issue has displaced a whole raft of "gloom-and-doom" issues that get too much play in our journals: Doctors are going to be slaves to hospital administrators; we're going to be sued out of business; crooks are going to get all our retirement money; young, new doctors are going to push us out of our jobs before we're ready. All of these dire predictions have a silver lining. Let me illustrate.

"Reform" is going to put hospital administrators in the same boat as private practitioners, struggling against arbitrary, inane regulations, and spending too much time on useless paperwork. It's our boat, though; we don't have to let them on board. Nobody ever said misery isn't choosy about the company it loves.

As for being sued out of business, reports that 50,000 new bureaucrats will be needed to run the government's "health alliances" suggests that some attorneys will be distracted by the prospect of all those juicy do-nothing jobs, giving us a breather. There's even more to look forward to down the road, when some of those attorneys come in search of treatment for ulcers, migraines, and other "job-stress-related" problems.

I think "reform" will also get crooked financial advisors off our backs. Those shrewd operators will be the first to figure out where the billions in government "health care" funds are actually going, and they will follow. The media says the money won't be coming our way, so the scam artists won't be coming our way either.

I could probably go even further in this tongue-in-cheek manner, but the point is: All of the issues discussed above are serious. My goal isn't to belittle the issues, or the aggravation and anguish they have caused for honest, hard-working doctors in America today, but to remind you that you can't do your job well if you become obsessed with the problems associated with the job. As some wag once noted, "If it was fun all the time, it wouldn't be a job, and you wouldn't get paid for doing it!"

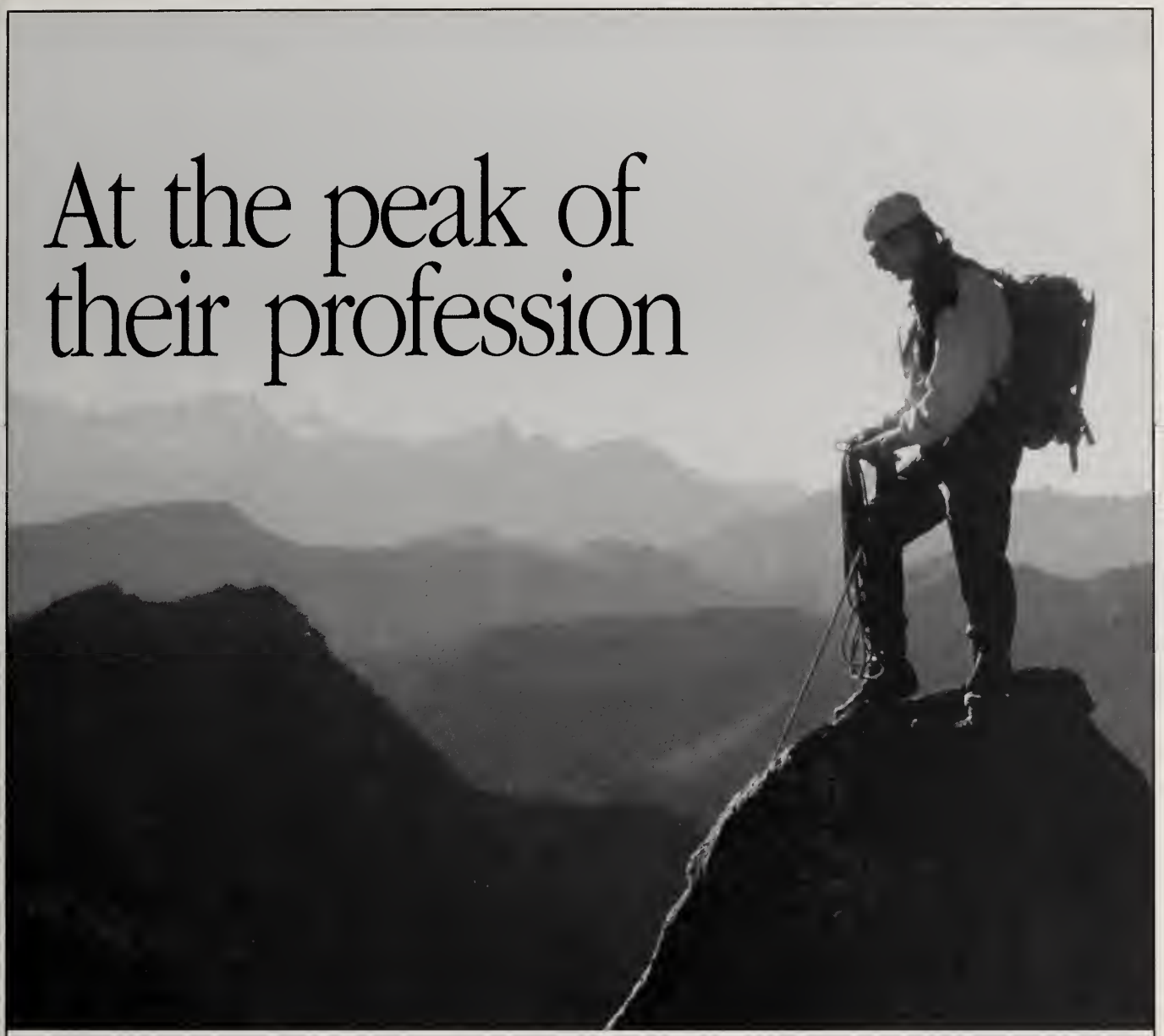
Even with all the headaches and drawbacks, 27 years of practice have only increased my conviction that no job offers the excitement, challenges, rewards, and gratification of medical practice. Like many of you, I have learned more than I care to know about the construction business, agriculture, retail sales, the used-car business, real estate, and yes, even politics, in the course of commiserating with my patients during their visits.

One of the foundational tenets of organizational behavior is continually reinforced by these convictions: Everyone thinks that his or her job is the hardest of all, and he or she is the least equitably compensated for all that hard work.

So, don't let the others wear you down. We have a hard road ahead, coping with change for the sake of change, along with the other problems described above. To colleagues of my vintage, I say: Don't treat the young doctors as competitors, treat them as colleagues. You were a young doctor once yourself, after all.

And finally, when the American people get fed up with all the ill-advised meddling in their health care choices, we'll be having much more fun than some politicians and bureaucrats!

At the peak of their profession



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ALTERNATIVE SCHEME PROPOSED FOR CCB DRUGS

There has been a moderate amount of confusion with regard to interchangability of calcium channel blocking (CCB) drugs; we have seen pharmacists try to substitute Verapamil for Diltiazem or Nifedipine for the sake of economics, not realizing that they are radically different drugs. I propose that medicine adapt a standard classification scheme for all CCBs, similar to what is done with first-, second-, and third-generation Cephalosporins and the B-Blockers (hydrophilic, with or without ISA, A and B blocker), and the antiarrythmic drugs (type 1A, 1B, 1C, 2, 3, etc.). This will enable physicians and health care personnel to become aware of the unique properties of each of the three major groups of CCBs.

I propose the following schema:

- Type P CCBs would include dihydro*P*yridines, such as *P*rocardia (nifedi*P*ine), Nicarda*P*ine, Israda*P*ine, Felodi*P*ine, etc., that have no AV or SA node effects and are primarily *P*eripheral vasodilators.
- Type R CCBs, which at present include Ca*R*disem and Dilaco*R* which are intermediate to the verapamils and dihydropyridines, have rate-slowing effects, and coronary artery antispasmodic effects.
- Type S calcium channel blockers, at present limited to the Verapamils (Calan *S*R, I*S*optin, Verelan), have marked *S*A node slowing, are useful for supraventricular arrythmias, and decrease cardiac output.

I feel that this system is rather mnemonic, easy to learn, and useful, in that it clearly separates the three groups into three distinct classes. One could argue that there should be a subtype for the Class P drugs, with the newest two being P2 and the older three or four being P1.

We should all adopt a standardized classification for CCBs, other than classifying them as dihydropyridines or non-dihydropyridines, to prevent non-physiologic substitution of one CCB for another.

Marc S. Berger, MD, CM, FAAFP
Stroudsburg

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TORT REFORM, SELF-REFERRAL REMAIN PRIORITY ISSUES

Lobbying efforts this fall have continued on health system reform-related issues, including tort reform and self-referral.

The House Insurance Committee during the first week of October failed to approve House Bill 1959, on medical liability tort reform, which proposes to collect fees from providers covered by Act 111, the Health Care Services Malpractice Act of 1975, to pay for the operation of arbitration panels. The vote was 10-7, short of the 13 votes needed for committee approval. A comparable bill, Senate Bill 1016, was defeated twice by the Senate earlier this year.

Although the fees in House Bill 1959 would be set later, Senate Bill 1016 stipulates that the fees would be identical to those which had been suspended when the panels were operating with surplus funds—for example, $25 for physicians and podiatrists, and as much as $500 for a hospital. Both bills are expected to be reconsidered when the General Assembly reconvenes in November. Although the Society opposes the arbitration panel fee bills, it is prepared to offer medical liability tort reform language to any bill that would be voted in either the House or Senate.

Other proposed tort-related bills would provide: a practice parameter system based on the law in Maine; a periodic payment system; and limits on non-economic losses, attorney contingent fees, and punitive damage awards.

In another effort, the Society is working with Representative Tony DeLuca (D-Allegheny) and the Casey administration to amend House Bill 1152 according to Society and AMA policy. This bill to ban self-referrals was approved earlier this year by the House Insurance Committee.

Though the Society was successful in amending the original language—the bill now includes provisions for waivers or exemptions in several circumstances and a longer period for implementation—it is seeking further changes.

The House of Representatives has recessed for elections and is expected to return to session, along with the Senate, on November 22. During the recess, the Society will continue to work to bring these bills and others, and the issue of medical liability tort reform, to the forefront of the state's health system reform debate.

SOCIETY MEMBERS HEAR FIRST WORD ON CLINTON PLAN

Twenty-five Pennsylvania physicians and auxilians attended the AMA's National Political Education Conference, September 29-30 in Washington, DC. Held one week after the announcement of President Clinton's health system reform plan, the conference offered participants the opportunity to hear from members of the Clinton administration and meet with members of Congress to discuss the implications of the proposed reform.

The first day of the conference was devoted to the legislative process, including a briefing to prepare participants for their Congressional meetings. Health and Human Services Secretary Donna Shalala, in the keynote address, outlined the president's plan while noting the inefficiency and inequity of the current system. She emphasized the need for flexibility in crafting, passing, and implementing a reform plan.

Other speakers included: Senate Majority Leader George J. Mitchell (D-ME), House Minority Leader Robert H. Michel (R-IL), House Minority Whip Newt Gingrich (R-GA), Senate Minority Leader Robert Dole (R-KS), House Majority Leader Richard A. Gephardt (D-MO), Senator Jay Rockefeller (D-WV), and former Ohio Governor Richard Celeste.

The second day included an analysis of current issues, an overview of 1994 candidates and campaigns, and a review of the latest on health system reform. Workshops focused on the pros and cons of financing reform, and specific techniques for increasing grassroots skills and communicating "the message." On September 30, talk show host Larry King addressed conference participants.

The conference, sponsored annually by the AMA, drew nearly 600 physicians, spouses, and medical society representatives nationwide.

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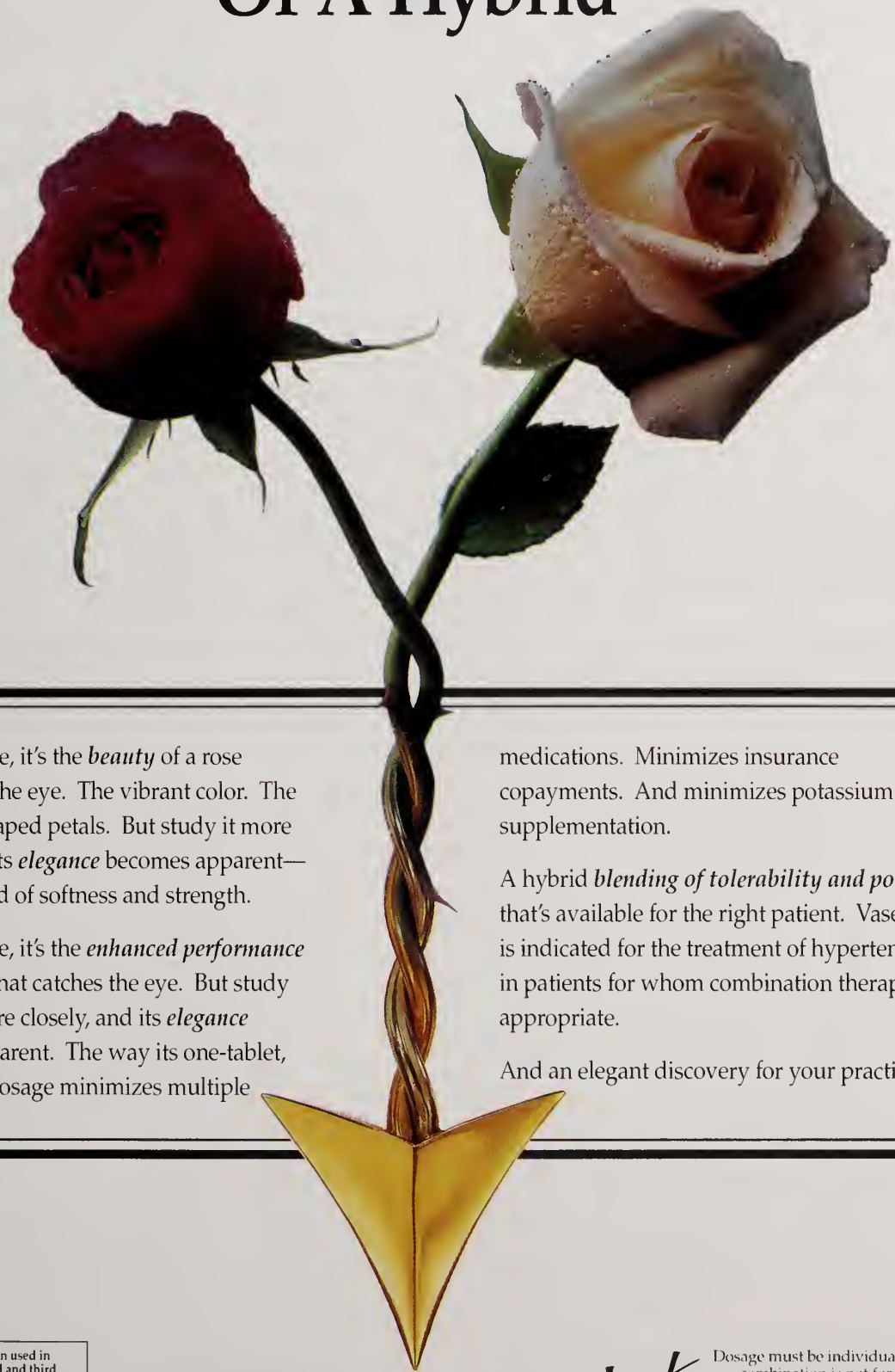

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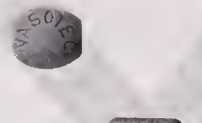
VASERETIC®
(ENALAPRIL MALEATE-HYDROCHLOROTHIAZIDE)



USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality.*

CONTRAINDICATIONS: VASERETIC is contraindicated in patients who are hypersensitive to any component of this product and in patients with a history of angioedema related to previous treatment with an angiotensin converting enzyme inhibitor. Because of the hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

WARNINGS: *General. Enalapril Maleate: Hypotension:* Excessive hypotension was rarely seen in uncomplicated hypertensive patients but is a possible consequence of enalapril use in severely salt/volume depleted persons such as those treated vigorously with diuretics or patients on dialysis.

Syncope has been reported in 1.3 percent of patients receiving VASERETIC. In patients receiving enalapril alone, the incidence of syncope is 0.5 percent. The overall incidence of syncope may be reduced by proper titration of the individual components. (See PRECAUTIONS, *Drug Interactions*, and ADVERSE REACTIONS.)

In patients with severe congestive heart failure, with or without associated renal insufficiency, excessive hypotension has been observed and may be associated with oliguria and/or progressive azotemia, and rarely with acute renal failure and/or death. Because of the potential fall in blood pressure in these patients, therapy should be started under very close medical supervision. Such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart or cerebrovascular disease, in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident.

If hypotension occurs, the patient should be placed in the supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses, which usually can be given without difficulty once the blood pressure has increased after volume expansion.

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis and/or larynx has been reported in patients treated with angiotensin converting enzyme inhibitors, including enalapril. In such cases VASERETIC should be promptly discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. In instances where swelling has been confined to the face and lips the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL) and/or measures necessary to ensure a patent airway, should be promptly provided.** (See ADVERSE REACTIONS.)

Patients with a history of angioedema unrelated to ACE inhibitor therapy may be at increased risk of angioedema while receiving an ACE inhibitor (see also CONTRAINDICATIONS).

Neutropenia/Agranulocytosis: Another angiotensin converting enzyme inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Lithium generally should not be given with thiazides (see PRECAUTIONS, *Drug Interactions, Enalapril Maleate and Hydrochlorothiazide*).

Pregnancy: Enalapril-Hydrochlorothiazide: There was no teratogenicity in rats given up to 90 mg/kg/day of enalapril (150 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 1/2 times the maximum human dose) or in mice given up to 30 mg/kg/day of enalapril (50 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 1/2 times the maximum human dose). At these doses, fetotoxicity expressed as a decrease in average fetal weight occurred in both species. No fetotoxicity occurred at lower doses; 30/10 mg/kg/day of enalapril-hydrochlorothiazide in rats and 10/10 mg/kg/day of enalapril-hydrochlorothiazide in mice.

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC should be discontinued as soon as possible. (See *Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality*, below.)

Enalapril Maleate; Fetal/Neonatal Morbidity and Mortality: ACE inhibitors can cause fetal and neonatal morbidity and death when administered to pregnant women. Several dozen cases have been reported in the world literature. When pregnancy is detected, ACE inhibitors should be discontinued as soon as possible.

The use of ACE inhibitors during the second and third trimesters of pregnancy has been associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios in this setting has been associated with fetal limb contractures, craniofacial deformation, and hypoplastic lung development. Prematurity, intrauterine growth retardation, and patent ductus arteriosus have also been reported, although it is not clear whether these occurrences were due to the ACE-inhibitor exposure.

These adverse effects do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. Mothers whose embryos and fetuses are exposed to ACE inhibitors only during the first trimester should be so informed. Nonetheless, when patients become pregnant, physicians should make every effort to discontinue the use of VASERETIC as soon as possible.

Rarely (probably less often than once in every thousand pregnancies), no alternative to ACE inhibitors will be found. In these rare cases, the mothers should be apprised of the potential hazards to their fetuses, and serial ultrasound examinations should be performed to assess the intraamniotic environment.

If oligohydramnios is observed, VASERETIC should be discontinued unless it is considered lifesaving for the mother. Contraction stress testing (CST), a non-stress test (NST), or biophysical profiling (BPP) may be appropriate, depending upon the week of pregnancy. Patients and physicians should be aware, however, that oligohydramnios may not appear until after the fetus has sustained irreversible injury.

Infants with histories of *in utero* exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Exchange transfusion or dialysis may be required as means of reversing hypotension and/or substituting for disordered renal function. Enalapril, which crosses the placenta, has been removed from neonatal circulation by peritoneal dialysis with some clinical benefit, and theoretically may be removed by exchange transfusion, although there is no experience with the latter procedure.

No teratogenic effects of enalapril were seen in studies of pregnant rats, and rabbits. On a mg/kg basis, the doses used were up to 333 times (in rats), and 50 times (in rabbits) the maximum recommended human dose.

Hydrochlorothiazide; Teratogenic Effects: Reproduction studies in the rabbit, the mouse and the rat at doses up to 100 mg/kg/day (50 times the human dose) showed no evidence of external abnormalities of the fetus due to hydrochlorothiazide. Hydrochlorothiazide given in a two-litter study in rats at doses of 4 - 5.6 mg/kg/day (approximately 1 - 2 times the usual daily human dose) did not impair fertility or produce birth abnormalities in the offspring. Thiazides cross the placental barrier and appear in cord blood.

Nonteratogenic Effects: These may include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

PRECAUTIONS: *General; Enalapril Maleate; Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe congestive heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with angiotensin converting enzyme inhibitors, including enalapril, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20 percent of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when enalapril has been given concomitantly with a diuretic. This is more likely to occur in patients with pre-existing renal impairment. Dosage reduction of enalapril and/or discontinuation of the diuretic may be required.

Evaluation of the hypertensive patient should always include assessment of renal function.

Hemodialysis Patients: Anaphylactoid reactions have been reported in patients dialyzed with high-flux membranes (e.g., AN 69*) and treated concomitantly with an ACE inhibitor. In these patients consideration should be given to using a different type of dialysis membrane or a different class of antihypertensive agent.

Hyperkalemia: Elevated serum potassium (greater than 5.7 mEq/L) was observed in approximately one percent of hypertensive patients in clinical trials treated with enalapril alone. In most cases these were isolated values which resolved despite continued therapy, although hyperkalemia was a cause of discontinuation of therapy in 0.28 percent of hypertensive patients. Hyperkalemia was less frequent (approximately 0.1 percent) in patients treated with enalapril plus hydrochlorothiazide. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with enalapril. (See *Drug Interactions.*)

Cough: Cough has been reported with the use of ACE inhibitors. Characteristically, the cough is nonproductive, persistent and resolves after discontinuation of therapy. ACE inhibitor-induced cough should be considered as part of the differential diagnosis of cough.

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Hydrochlorothiazide: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals. All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance: hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Warning signs or symptoms of fluid and electrolyte imbalance, irrespective of cause, include dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, confusion, seizures, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or after prolonged therapy. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may cause cardiac arrhythmia and may also sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g., increased ventricular irritability). Because enalapril reduces the production of aldosterone, concomitant therapy with enalapril attenuates the diuretic-induced potassium loss (see *Drug Interactions, Agents Increasing Serum Potassium*).

Although any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease), chloride replacement may be required in the treatment of metabolic alkalosis.

Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

In diabetic patients dosage adjustments of insulin or oral hypoglycemic agents may be required. Hyperglycemia may occur with thiazide diuretics. Thus latent diabetes mellitus may become manifest during thiazide therapy.

The antihypertensive effects of the drug may be enhanced in the postsympathectomy patient.

If progressive renal impairment becomes evident consider withholding or discontinuing diuretic therapy.

Thiazides have been shown to increase the urinary excretion of magnesium; this may result in hypomagnesemia.

Thiazides may decrease urinary calcium excretion. Thiazides may cause intermittent and slight elevation of serum calcium in the absence of known disorders of calcium metabolism. Marked hypercalcemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before carrying out tests for parathyroid function.

Increases in cholesterol and triglyceride levels may be associated with thiazide diuretic therapy.

Information for Patients; Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

Pregnancy: Female patients of childbearing age should be told about the consequences of second- and third-trimester exposure to ACE inhibitors, and they should also be told that these consequences do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. These patients should be asked to report pregnancies to their physicians as soon as possible.

NOTE: As with many other drugs, certain advice to patients being treated with VASERETIC is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions, Enalapril Maleate; Hypotension—Patients on Diuretic Therapy: Patients on diuretics and especially those in whom diuretic therapy was recently instituted, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS.)

Agents Causing Renin Release: The antihypertensive effect of enalapril is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents: Enalapril has been used concomitantly with beta adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine and prazosin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium: Enalapril attenuates diuretic-induced potassium loss. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia they should be used with caution and with frequent monitoring of serum potassium.

Lithium: Lithium toxicity has been reported in patients receiving lithium concomitantly with drugs which cause elimination of sodium, including ACE inhibitors. A few cases of lithium toxicity have been reported in patients receiving concomitant enalapril and lithium and were reversible upon discontinuation of both drugs. It is recommended that serum lithium levels be monitored frequently if enalapril is administered concomitantly with lithium.

Hydrochlorothiazide: When administered concurrently the following drugs may interact with thiazide diuretics:

Alcohol, barbiturates, or narcotics—potentiation of orthostatic hypotension may occur.

Antidiabetic drugs (oral agents and insulin)—dosage adjustment of the antidiabetic drug may be required.

Other antihypertensive drugs—additive effect or potentiation.

Cholestyramine and colestipol resins—Absorption of hydrochlorothiazide is impaired in the presence of anionic exchange resins. Single doses of either cholestyramine or colestipol resins bind the hydrochlorothiazide and reduce its absorption from the gastrointestinal tract by up to 85 and 43 percent, respectively.

Corticosteroids, ACTH—intensified electrolyte depletion, particularly hypokalemia.

Pressor amines (e.g., norepinephrine)—possible decreased response to pressor amines but not sufficient to preclude their use.

Skeletal muscle relaxants, nondepolarizing (e.g., tubocurarine)—possible increased responsiveness to the muscle relaxant.

Lithium—should not generally be given with diuretics. Diuretic agents reduce the renal clearance of lithium and add a high risk of lithium toxicity. Refer to the package insert for lithium preparations before use of such preparations with VASERETIC.

Non-steroidal Anti-inflammatory Drugs—In some patients, the administration of a non-steroidal anti-inflammatory agent can reduce the diuretic, natriuretic, and antihypertensive effects of loop, potassium-sparing and thiazide diuretics. Therefore, when VASERETIC and non-steroidal anti-inflammatory agents are used concomitantly, the patient should be observed closely to determine if the desired effect of the diuretic is obtained.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Enalapril in combination with hydrochlorothiazide was not mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril-hydrochlorothiazide did not produce DNA single strand breaks in an *in vitro* alkaline elution assay in rat hepatocytes or chromosomal aberrations in an *in vivo* mouse

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bone marrow assay.

Enalapril Maleate: There was no evidence of a tumorigenic effect when enalapril was administered for 106 weeks to rats at doses up to 90 mg/kg/day (150 times* the maximum daily human dose). Enalapril has also been administered for 94 weeks to male and female mice at doses up to 90 and 180 mg/kg/day, respectively, (150 and 300 times* the maximum daily dose for humans) and showed no evidence of carcinogenicity.

Neither enalapril maleate nor the active diacid was mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril was also negative in the following genotoxicity studies: rec-assay, reverse mutation assay with *E. coli*, sister chromatid exchange with cultured mammalian cells, and the micronucleus test with mice, as well as in an *in vivo* cytogenic study using mouse bone marrow.

There were no adverse effects on reproductive performance in male and female rats treated with 10 to 90 mg/kg/day of enalapril.

Hydrochlorothiazide: Two-year feeding studies in mice and rats conducted under the auspices of the National Toxicology Program (NTP) uncovered no evidence of a carcinogenic potential of hydrochlorothiazide in female mice (at doses of up to approximately 600 mg/kg/day) or in male and female rats (at doses of up to approximately 100 mg/kg/day). The NTP, however, found equivocal evidence for hepatocarcinogenicity in male mice.

Hydrochlorothiazide was not genotoxic *in vitro* in the Ames mutagenicity assay of *Salmonella typhimurium* strains TA 98, TA 100, TA 1535, TA 1537, and TA 1538 and in the Chinese Hamster Ovary (CHO) test for chromosomal aberrations, or *in vivo* in assays using mouse germinal cell chromosomes, Chinese hamster bone marrow chromosomes, and the *Drosophila* sex-linked recessive lethal trait gene. Positive test results were obtained only in the *in vitro* CHO Sister Chromatid Exchange (clastogenicity) and in the Mouse Lymphoma Cell (mutagenicity) assays, using concentrations of hydrochlorothiazide from 43 to 1300 µg/mL, and in the *Aspergillus nidulans* non-disjunction assay at an unspecified concentration.

Hydrochlorothiazide had no adverse effects on the fertility of mice and rats of either sex in studies wherein these species were exposed, via their diet, to doses of up to 100 and 4 mg/kg, respectively, prior to conception and throughout gestation.

Pregnancy: Pregnancy Categories C (first trimester) *and D* (second and third trimesters). See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Nursing Mothers: Enalapril and enalaprilat are detected in human milk in trace amounts. Thiazides do appear in human milk. Because of the potential for serious reactions in nursing infants from either drug, a decision should be made whether to discontinue nursing or to discontinue VASERETIC, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: VASERETIC has been evaluated for safety in more than 1500 patients, including over 300 patients treated for one year or more. In clinical trials with VASERETIC no adverse experiences peculiar to this combination drug have been observed. Adverse experiences that have occurred, have been limited to those that have been previously reported with enalapril or hydrochlorothiazide.

The most frequent clinical adverse experiences in controlled trials were: dizziness (8.6 percent), headache (5.5 percent), fatigue (3.9 percent) and cough (3.5 percent). Adverse experiences occurring in greater than two percent of patients treated with VASERETIC in controlled clinical trials were: muscle cramps (2.7 percent), nausea (2.5 percent), asthenia (2.4 percent), orthostatic effects (2.3 percent), impotence (2.2 percent), and diarrhea (2.1 percent).

Clinical adverse experiences occurring in 0.5 to 2.0 percent of patients in controlled trials included. *Body As A Whole:* Syncope, chest pain, abdominal pain; *Cardiovascular:* Orthostatic hypotension, palpitation, tachycardia; *Digestive:* Vomiting, dyspepsia, constipation, flatulence, dry mouth; *Nervous/Psychiatric:* Insomnia, nervousness, paresthesia, somnolence, vertigo; *Skin:* Pruritus, rash; *Other:* Dyspnea, gout, back pain, arthralgia, diaphoresis, decreased libido, tinnitus, urinary tract infection.

Angioedema: Angioedema has been reported in patients receiving VASERETIC (0.6 percent). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis and/or larynx occurs, treatment with VASERETIC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In clinical trials, adverse effects relating to hypotension occurred as follows: hypotension (0.9 percent), orthostatic hypotension (1.5 percent), other orthostatic effects (2.3 percent). In addition syncope occurred in 1.3 percent of patients. (See WARNINGS.)

Cough: See PRECAUTIONS, *Cough.*

Clinical Laboratory Test Findings; Serum Electrolytes. See PRECAUTIONS.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.6 percent of patients with essential hypertension treated with VASERETIC. More marked increases have been reported in other enalapril experience. Increases are more likely to occur in patients with renal artery stenosis. (See PRECAUTIONS.)

Serum Uric Acid, Glucose, Magnesium, and Calcium: See PRECAUTIONS.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g percent and 1.0 vol percent, respectively) occur frequently in hypertensive patients treated with VASERETIC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1 percent of patients discontinued therapy due to anemia.

Liver Function Tests: Rarely, elevations of liver enzymes and/or serum bilirubin have occurred.

Other adverse reactions that have been reported with the individual components are listed below and, within each category, are in order of decreasing severity.

Enalapril Maleate—Enalapril has been evaluated for safety in more than 10,000 patients. In clinical trials adverse reactions which occurred with enalapril were also seen with VASERETIC. However, since enalapril has been marketed, the following adverse reactions have been reported: *Body As A Whole:* Anaphylactoid reactions (see PRECAUTIONS, *Hemodialysis Patients*); *Cardiovascular:* Cardiac arrest, myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high risk patients (see WARNINGS, *Hypotension*); pulmonary embolism and infarction, pulmonary edema; rhythm disturbances including atrial tachycardia and bradycardia; atrial fibrillation; hypotension; angina pectoris; *Digestive:* Ileus, pancreatitis, hepatic failure, hepatitis (hepatocellular [proven on rechallenge] or cholestatic jaundice), melena, anorexia, glossitis, stomatitis, dry mouth; *Hematologic:* Rare cases of neutropenia, thrombocytopenia and bone marrow depression. Hemolytic anemia, including cases of hemolysis in patients with G-6-PD deficiency, has been reported; a causal relationship to enalapril has not been established. *Nervous System/Psychiatric:* Depression, confusion, ataxia, peripheral neuropathy (e.g., paresthesia, dysesthesia); *Urogenital:* Renal failure, oliguria, renal dysfunction (see PRECAUTIONS), flank pain, gynecomastia; *Respiratory:* Pulmonary infiltrates, bronchospasm, pneumonia, bronchitis, rhinorrhea, sore throat and hoarseness, asthma, upper respiratory infection; *Skin:* Exfoliative dermatitis, toxic epidermal necrolysis, Stevens-Johnson syndrome, herpes zoster, erythema multiforme, urticaria, pemphigus, alopecia, flushing, photosensitivity; *Special Senses:* Blurred vision, taste alteration, anosmia, conjunctivitis, dry eyes, tearing.

Miscellaneous: A symptom complex has been reported which may include a positive ANA, an elevated erythrocyte sedimentation rate, arthralgia/arthritis, myalgia/myositis, fever, serositis, vasculitis, leukocytosis, eosinophilia, photosensitivity, rash and other dermatologic manifestations.

Fetal/Neonatal Morbidity and Mortality. See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Hydrochlorothiazide—Body as a Whole: Weakness; *Digestive:* Pancreatitis, jaundice (intrahepatic cholestatic jaundice), sialadenitis, cramping, gastric irritation, anorexia; *Hematologic:* Aplastic anemia, agranulocytosis, leukopenia, hemolytic anemia, thrombocytopenia; *Hypersensitivity:* Purpura, photosensitivity, urticaria, necrotizing angiitis (vasculitis and cutaneous vasculitis), fever, respiratory distress including pneumonitis and pulmonary edema, anaphylactic reactions; *Musculoskeletal:* Muscle spasm; *Nervous System/Psychiatric:* Restlessness; *Renal:* Renal failure, renal dysfunction, interstitial nephritis (see WARNINGS), *Skin:* Erythema multiforme including Stevens-Johnson syndrome, exfoliative dermatitis including toxic epidermal necrolysis, alopecia; *Special Senses:* Transient blurred vision, xanthopsia.

* Based on patient weight of 50 kg.

For more detailed information, consult your DuPont Pharma Representative or see Prescribing Information.

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PS Form 3526, January 1991 (See instructions on reverse)

Next Month
in PENNSYLVANIA MEDICINE
Look for:

Annual Meeting Highlights

The delegates you elected have attended the State Society's October meeting to decide priorities and direction for the year. Find out how their actions and recommendations will affect organized medicine's plans in these crucial times.

Address of the Past President
Address of the New President

Does a change in leadership mean a change in direction? Is there a new tone of leadership for the coming year in organized medicine? Read the messages from your elected leaders to sense the flavor of their thoughts and recommendations.

Election Results

Who will be serving statewide organized medicine—and your interests—in the next year? Look for complete coverage of election results in the December issue.

1993 Distinguished Service Award: A Warm, Pioneering Heart

Maria T. Montesano
Assistant Managing Editor

Every so often, one physician stands out among his or her peers. When this happens, that physician may be recognized by his or her colleagues through the Pennsylvania Medical Society's Distinguished Service Award. Only 14 physicians have received the award since its inception in 1956. The most recent, George J. Magovern Sr., MD, of Fox Chapel, is a thoughtful man of calm manner and warm heart.

"Dr. Magovern this year joins the list of winners of the State Society's exclusive Distinguished Service Award; among the past recipients are Dr. Jonas Salk, Dr. Thomas Starzl, and Dr. Lewis Bluemle."

If heart is what it takes to be a pioneer in cardiovascular surgery, then it's no wonder that George J. Magovern Sr., MD, has accomplished all he has in his career. His warm heart, which opens to all he meets, is his driving force.

Dr. Magovern this year joins the list of winners of the State Society's exclusive Distinguished Service Award; among the past recipients are Dr. Jonas Salk, Dr. Thomas Starzl, and Dr. Lewis Bluemle. At its annual business meeting last month, the Society awarded Dr. Magovern the distinguished service medallion "in recognition of his outstanding contributions to medical surgical innovation and for his exemplary work as an educator and administrator."

Finding directions

Dr. Magovern earned his medical degree in 1947 from Marquette University, Milwaukee, Wisconsin. After serving an internship at New York's Kings County Hospital, he decided to pursue a surgical specialty: "It became obvious to me as I saw the problems [at the hospital] that there had to be surgical solutions to them rather than medical solutions." Appropriately enough, his mentor at that time was named "Dr. Dock."

A surgical residency at St. Vincent's Hospital and New York Medical Center followed, and after two years in the service during the Korean War, he completed a residency in thoracic and cardiovascular surgery at George Washington University, Washington, DC.

There, he trained under Brian Blades, MD. ("Fitting name for a surgeon," Dr. Magovern says.) Dr. Blades had trained under Ewarts Graham, MD, "the father of American lung surgery," along with Edward Kent, MD, another pioneer who was working in Pittsburgh. That affiliation led Dr. Magovern to Pennsylvania.

Pioneering moves

Known internationally for his work—he performed the first heart valve replacement in Pennsylvania and the second lung transplant in the world, and is best known for the sutureless heart valve that bears his name—Dr. Magovern says he "really just came to the right city and the right place at the right time."

The city was Pittsburgh; the place: Allegheny General Hospital; the time: 1959. Cardiac surgery was just in its infancy, and the hospital supported the surgical research program.

"Valvular heart disease, often caused by rheumatic fever, was a significant problem at that time," Dr. Magovern says. "Calcium build-up and scarring were common, and since you couldn't dissolve the calcium or scar tissue, the valves needed to be replaced manually...I was convinced we could build a heart valve, and we did."

The Magovern-Cromie sutureless valve was developed in the early 1960s. The detachable handle and its retractable teeth were used to attach the valve to the heart without sewing it into place. The innovation saved time and lives.

The first valve was a "tri-leaf" valve—a small piece of selastic that let the blood pass through much like the human valve. Eventually, carbon was added to the selastic to help prevent clotting. Also, along the way, there was a "sliding teflon disk"

valve, which worked very well in animals, according to Dr. Magovern, but was never used in humans. Yet, that was only part of the progression.

The real turning point of the research came "in the middle of it all," he says. "Though it was a challenging time, it was also very stressful, and I almost gave up." He tells this story:

"When we first started, we lost a lot of patients. I was working with Dr. Kent, who was involved with the first cases of pneumonectomies with Dr. Graham at Barnes Hospital in St. Louis. He reminded me that when they did the first 20 pneumonectomies, they had one survivor. So, he said our experience was not as bad as when they were first learning how to do pulmonary surgery."

"I said, 'Well, I know that's true, but if we're going to get these patients through, we have to get the valve in and get out in a hurry. The longer patients are on the heart-lung machine, the worse things get.' And that's when I developed the mechanical fixation valve."

The first of this type of valve had clips to attach it to the heart, but the most famous was the sutureless valve with a removable ball in a cage—also known as the Magovern-Cromie valve (see photo, page 16). Dr. Magovern explains how the valve—named for him and his engineering partner, Harry Cromie—attached to the heart: "To put it in place properly, we attached a fixation device and rotated it, extruding the metal sutures, thus attaching the valve without sewing it into place. We could literally replace a valve in maybe 15 minutes instead of an hour." The result of this technological step? "We did 20 cases and had 19 survivors," Dr. Magovern says.

The valve continued to evolve—different sizes were made, different materials were used—but, he says, "as time went on, heart preservation techniques improved to the point where you really didn't have to worry about the time factor, and you could take your time sewing in a valve. Now, for the most part, valves are sewn in in a half an hour."

Dr. Magovern remembers those days fondly—"I was having a great time, and it gave me a different insight as a surgeon"—but he recalls that not all of his efforts were noticed.

"One of the first things I did here," he says, "was write the first paper on the use of central venous pressure monitoring. When we operated on heart patients, their blood pressure was low. We didn't know if they were bleeding and needed a blood transfusion, or whether their heart was failing. So I devised a long catheter which we put in through the arm and left in the heart post-operatively; we could then measure the pressure inside the heart. I wrote a paper on that and presented it at the Central Surgical Association in the late '50s. It was a complete dud to the audience."

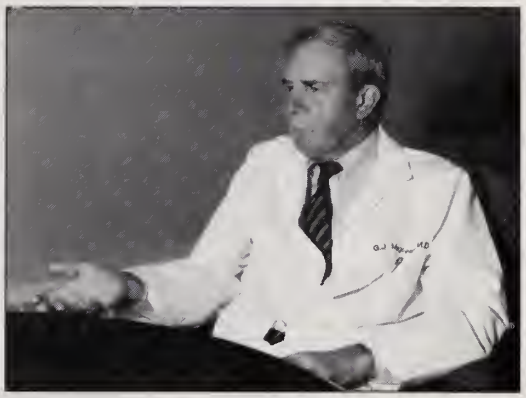
He adds, "Today, hardly a patient who is operated on in any surgery for a major procedure doesn't have a similar catheter, which is put into the pulmonary artery to measure the pressures...Though we were about 10 years too far ahead of the field, our catheter was very helpful to us."

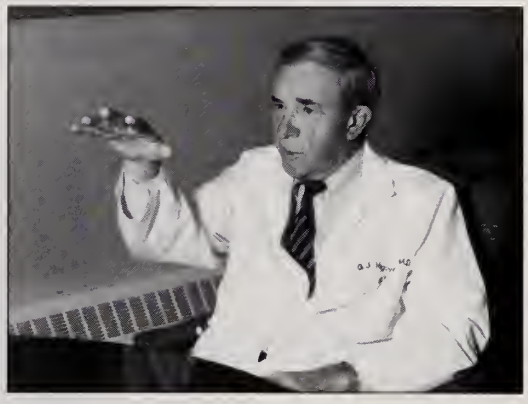
He also faced public skepticism after performing the second human lung transplantation in the world in 1962: "There was a lot of criticism that we weren't ready for rejection, but we had done hundreds of them in the lab."

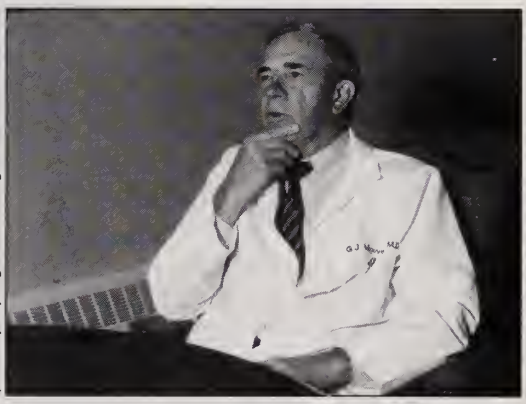
Though criticism may have appeared to prevail at that point in his career, Dr. Magovern didn't let it get in his way. He continued his research, participating in the development of the only U.S.-made nuclear pacemaker and performing the nation's first cardiomyoplasty.

Continuing service

Today, Dr. Magovern serves as chairman of the Department of Surgery at Allegheny General Hospital, and chairman and professor of surgery at the Allegheny Campus of the Medical College of Pennsylvania. He has written extensively and lectured widely, is past president of the Society of Thoracic Surgeons, and has served as a member of the Residency Review Committee for Thoracic Surgery and the American Board of Thoracic Surgery. He currently serves as governor of the American College of Surgeons. And he is certainly receiving all the credit he is due for his accomplishments.







photos by Roy Viglione, Pittsburgh

George J. Magovern Sr., MD, winner of the Pennsylvania Medical Society's 1993 Distinguished Service Award, explains the progression of the Magovern-Cromie heart valve, one of his many contributions to medical technology. "The valve problem was a significant one," he says. "I was convinced we could build a heart valve, and we did."

Allegheny General has named it's conference center after him, and this year alone, besides winning the Society's Distinguished Service Award, he received an award for scientific achievement through the Allegheny Health Education and Research Foundation, and the 1993 History Makers Award of the Historical Society of Western Pennsylvania. Next year, he will be recognized by the local chapter of the American College of Surgeons for his contributions to the medical/surgical field.

His research continues, with two of his six children—sons George Jr. and Jim, both thoracic surgeons—at his side. Jim continues the work Dr. Magovern began with cardiomyoplasty and is involved in artificial heart development, and George Jr. directs the heart and lung transplantation program at Allegheny General.

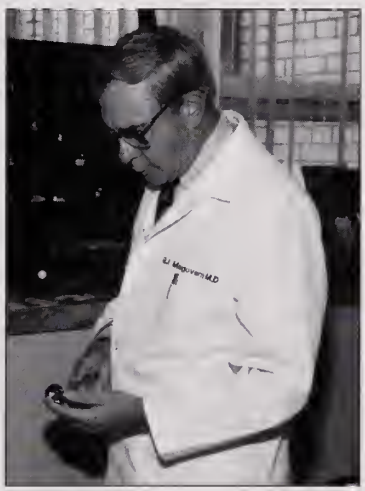


photo by Roy Viglione, Pittsburgh

Dr. Magovern keeps a collection of developmental heart valves in his Allegheny General Hospital office. It is the only such collection of valves that he knows of in the world.

Dr. Magovern's pride for all of his children—including four daughters—is apparent. Yet, it is his sons' participation in medicine that prompts his concern about health system reform, i.e., how reform in the form of managed care will affect medical research, since private insurance companies and HMOs aren't known for paying for teaching or research as part of their contracts.

"Allegheny General has been fortunate in that it's stayed clinically oriented," Dr. Magovern says. "We've done and are doing a lot of good research here. If we don't lose the idea that we're professionals who are taking care of patients, if we're not concerned about the finances more than the patients, then we'll come out all right."

Looking back, Dr. Magovern says, "I think the most enjoyment and most satisfaction I receive in my work is actually doing surgery—aortic valve and mitral valve replacement, coronary bypass." He credits his wife, Ann, for surviving his work, "because I spent an awful lot of time [at the hospital], and when I was here, she didn't complain about me not being home." He also credits Allegheny General and its Board of Directors for being so supportive of research all along.

"I was able to build a department here," he says. "When we first came to Allegheny, it was affiliated with the University of Pittsburgh as a teaching hospital. But now we have our own medical school—the Medical College of Pennsylvania—and I think that shows the hospital is committed to research, teaching, and patient care. Sometimes, when you go to an institution, they say that but they don't really do it. Here they did, and without that support, I don't think I would have been able to accomplish what I have."

This year, Dr. Magovern announced that he will step down as chairman of Allegheny General's Department of Surgery when a replacement is found; the search has just begun. But even after that he will continue working at the hospital, preparing "for the future managed care." He'll be active administratively, will continue his research—"We're working on what we call satellite cell transformation"—and will participate in fund-raising efforts for research as well. He says, "I think those things will keep me pretty busy."

Local Hero

"Innovative," "visionary," "inventive," and "kind" are all words John A. Burkholder, MD, uses to describe George J. Magovern Sr., MD. Dr. Burkholder has been Dr. Magovern's partner since 1975. "George seems to be constantly looking for better ways to do things," Dr. Burkholder says, "He has the ability to visualize how things should be in the future. His imagination is strong."

"But, he is also a real community leader," he says. "He has always been a strong supporter of charity and the arts in this community...You don't see that very often, where a prominent surgical scientist steps out into the community." He adds that Dr. Magovern is an excellent diplomat, "capable of winning friends and influencing people. That's an attribute of a real leader."

Richard Harris, MD, chair of Allegheny County Medical Society's Communications Committee, also calls Dr. Magovern a leader. "He has been a strong supporter of organized medicine and academic medicine," he says, "and he's probably responsible for training more heart surgeons in the area than anyone else."

Dr. Harris, who was involved in nominating Dr. Magovern for the State Society's Distinguished Service Award, adds: "Dr. Magovern would be one of Pittsburgh's local medical heroes, if there were such a thing."

Source

Lillehei CW, Lillehei RC, Castaneda AR, Ferlic RM. Aortic valve replacement utilizing the sutureless (Magovern) prosthesis. *J Thoracic and Cardiovascular Surg* 50(4):482-500, 1965.

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Finding the Best Response: Hospital Affiliations

Michael A. Cassidy, Esq.

This second of two articles advises physicians about what to consider before signing any hospital-affiliated proposal.

All areas of the country, including Pennsylvania, have recently witnessed almost frantic hospital-sponsored joint venture activity, usually tied to hospital-controlled management services organizations (MSOs), or affiliated with hospital-affiliated independent practice associations (IPAs), preferred provider organizations (PPOs), or preferred hospital organizations (PHOs).

The "managed competition" structure proposed by President Clinton's American Health Security Act and Governor Casey's Pennsylvania Health Security Act both presume that some type of health alliance, health network, or accountable health plan will be formed to deliver both physician and hospital health care services. These ventures, as proposed by the hospitals, are often accompanied by legalistic explanations that the ventures are virtually mandated because the tax issues or inurement issues require a hospital-sponsored foundation model or that the antitrust issues prohibit physician-controlled ventures.

Before signing any hospital-initiated proposal, physicians should consider its terms carefully. The key issue is always control—over patient access or over governance of the venture. If you allow a hospital or managed care entity to unilaterally conduct the feasibility studies and develop the market plans and governing documents, you may have surrendered your ability to have any significant input.

There is an inherent conflict of interest between the hospital's administrative concerns and physicians' concerns. Hospital-dominated organizations will naturally seek contracts that maximize hospital profitability, possibly at the expense of the physician group profitability. If physician groups remain independent, however, they can negotiate freely to form and reform affiliations as market conditions change, even creating regional physician networks that might be impossible if the group were tied to a single hospital.

The typical institutional response is to convene a task force; establish a business plan which, as a logical result of its origins, is designed to best protect the hospital's interest, i.e., high census with adequate hospital reimbursement; and present the structure to the medical staff based upon the assumption that a strong hospital will necessarily benefit the physicians.

This theory is not universally groundless, nor is it universally sound. You must be cautious to avoid the model-mania trap, in which consultants and counsel present foundation-model PHOs and staff-model IPAs as the time-tested answer to the organizational dilemma.

It is true that nonprofit, hospital-controlled foundation models have survived and even prospered as tax-exempt integrated delivery systems in some states. However, the attractiveness of the nonprofit model in some states is usually due to a related corporate practice of medicine exemption.

Perhaps that exemption is no longer necessary in the atmosphere of tomorrow; perhaps tax-exempt status is unnecessary. You are all aware of physician-controlled hospitals and of proprietary hospitals, and of both existing as integrated delivery systems. Therefore, as with practice mergers, a tax-exempt entity is only a vehicle or means of accomplishing defined goals and should not be viewed as an end in itself.

Hospitals and their administrators must believe in their role. They have institutional and community responsibilities to fulfill, regardless of whether or not you agree with them. Yet, hospitals still largely depend on physicians to generate a substantial portion of patients, and if they are to survive they must either control the physician delivery system or reach an accommodation with it.

As physicians, you should seek the accommodation approach and that will mean early involvement in planning and goal setting, and a great deal of open-minded communication with and participation in either the development of the hospital-sponsored entity or the negotiations between that entity and the separate physician-sponsored entity.

Therefore, there is no requisite model. Instead, as with most other business ventures, form should follow function.

A Word of Advice from the Author

Several potential responses to the pressures imposed by health system reform are operating mergers, strategic mergers, and affiliations with managed care entities. There is no one correct response, and there is no required structure for implementing either a merger of your medical practices—as discussed in the October issue of PENNSYLVANIA MEDICINE*—or the creation of a larger integrated delivery system.*

There is, however, one correct way to approach the problem. You must be prepared to commit significant time, energy, and resources to analyzing your situation, developing mutually acceptable goals, and identifying the parties and the appropriate means for implementing the agreed course of action.

—MAC

Mr. Cassidy is an attorney at the law firm of Kabala & Geeseman, Pittsburgh.

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ACTIONS OF THE BOARD OF TRUSTEES, SEPTEMBER 14, 1993

BOARD APPROVES PILOT PROGRAMS TO SPARK MEMBERSHIP

How to attract new members and retain current ones is the focus of several State Society pilot projects. The Board of Trustees at its September 14 meeting agreed to recommend to the 1993 House of Delegates a series of programs to spark membership recruitment and retention. Topping the list of recommendations were two related to group practices.

AMA statistics show that nearly one-third of Pennsylvania's physicians work in a group practice setting. Recognizing that group practice administrators play an important role in that setting, the board recommended to the House that the new affiliate membership category be expanded to include group practice administrators.

Second, the board requested authority to implement in 1994 pilot programs of institutional-type membership for selected group practices. While summer focus groups conducted by the Society's Educational and Scientific Trust pointed out some of the negative issues of why physicians are unhappy with organized medicine, a more extensive survey of group practice administrators is planned this fall, focusing on different group practice membership options.

Since those survey results were not available prior to last month's House meeting, the board recommended House approval of the pilot programs to avoid delaying action in this area until the 1994 House meeting. The Council on Membership—which originally offered the recommendation to the board—believes these pilot programs will provide information vital to its 1994 recommendations.

In related action, the board approved a report to the 1993 House on participation in the Young Physician Section (YPS). A response to a 1992 resolution, the report shows that the YPS has had a favorable impact on increasing young physician involvement. An increasing number of young physicians have been appointed to Society councils and committees, and serve on county delegations and committees. To ensure the continued growth of the YPS, the report recommends that the YPS Governing Council develop an action plan to increase involvement and to include young physicians in all levels of organized medicine.

The board also sent recommendations to the October House meeting to:

- offer an electronic fund transfer program for full and quarterly dues payment;
- offer a two-percent discount for physicians who pay within the first 30 days of billing, to be implemented at the time of the next dues increase;
- create a reduced dues category for physicians earning an adjusted gross practice income of $60,000 or less;
- conduct, through the Philadelphia County Medical Society, a pilot project to determine the effect of a dues-reduction incentive program; and
- implement a four-year graduated dues program for young physicians, up from two years.

NEW SUBSIDIARY TO OFFER CONSULTATION SERVICES

At the direction of the board, the Society will establish a consulting company subsidiary to provide individual consultation services to physicians. The Council on Medical Practice—which recommended the action—believes the venture could "significantly expand the Society's efforts to assist physicians in responding to health system reform."

According to the business plan developed, the company would provide consultation on coding, audits, reimbursement policy management, billing, and collections. To help physicians deal with managed care, it would provide advice and guidance on evaluating new practice arrangements and the obligations associated with those arrangements.

The board also approved a report, forwarded to the House of Delegates in October, that endorses the concept of creating a separate for-profit subsidiary to provide oversight for development and implementation of non-dues income-generating products and services. The board believes such a subsidiary would assure consistent, knowledgeable oversight, streamline operations, and foster a business-like approach to the development and expansion of Society products and services.

In other action, the board authorized the Council on Medical Practice to conduct a feasibility study for the establishment of a management services company (MSO) to provide administrative

John W. Lehman, MD, Tenth District trustee (left), and Lee H. McCormick, MD, HMSS trustee, consider pending action at the Society's September board meeting.

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3:00-3:30	Why the problems in diagnosing coronary heart disease?	*Mariell Jessup, M.D.*
3:30-4:00	The increased risks of women undergoing angioplasty and coronary artery bypass grafting	*Norman Feinsmith, M.D.*
4:00-5:00	Case Presentations	*Kashmira Bhadha, M.D.*
	Panel Discussion	*Norman Feinsmith, M.D.* *Robert I. Katz, M.D.* *Samuel W. Madeira, M.D.*

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services to integrated physician networks.

In its report to the board, the council said, "The MSO would act as the umbrella corporation over the various lines of business that physician networks require to integrate economically and effectively." Those lines of business may include: utilization review, outcomes measurement, MIS and other operating arrangements, group purchasing, legal services, reimbursement services, and consulting services.

The council says the services would "help protect the leadership role of physicians in the delivery of care [and] also be a visible, valuable membership benefit."

The study will outline the steps the Society must take to form the MSO, including financial projections, a detailed description of the services the MSO will provide, and how the MSO may fit into the Society's structure. Results are expected early next year.

Finally, the board received an update of the study by KPMG Peat Marwick on the development of a physician-controlled managed care network. To date, the study has focused on managed care penetration in Pennsylvania, dominant players in the state's HMO arena, over-utilization of services by the Medicare population, physician concentration, and demographics of the state's regions.

Definitive recommendations of the study were due to the board at its October meeting. Look for an update in next month's "Policy Briefs."

POSITION PAPER ADOPTED ON PRIMARY CARE SHORTAGE

The fourth, and perhaps most heatedly debated, of the Society's position papers on health system reform issues was adopted by the Society's Board of Trustees. The topic: the primary care physician shortage. The first three papers addressed general health system reform, managed care, and tort reform.

The primary care paper attempts to define the role of primary care physicians, documents the shortage, outlines underlying causes, and recommends solutions to the problem. Goals outlined include: 1) increasing the number of primary care physicians to levels that are adequate to assure that all Pennsylvanians have access to a personal physician for a "medical home" for primary care services, especially in critically underserved rural and inner-city areas; 2) increasing the proportion of all physicians who practice primary care; and 3) ensuring that Medicare beneficiaries, Medicaid recipients, and other low-income persons have the same access to primary care as the general public.

One month prior to passing the Society's presidential torch, Donald G. Ferguson, MD, lent his voice to board discussion.

The Society is soliciting comments on the newest position paper from members, other providers, legislators, regulators, labor, business, health care insurers, and consumer groups. For a copy of the paper, call the Society's Division of Communications and Public Affairs at (800) 228-7823 or (717) 558-7750.

SOCIETY, BAR ASSOCIATION ACTING AGAINST CHILD ABUSE

The Society will work with the Pennsylvania Bar Association to attempt to curb the growing problem of child abuse in Pennsylvania. The two organizations formed the Joint Task Force on Child Abuse in late 1991 to examine the problem and make recommendations for action.

Twenty legal, medical, and social recommendations approved by the board in September include:

- education of health care professionals to help them better recognize and manage child abuse;
- education of judges, prosecutors, and school personnel on the problems of child abuse cases to enable them to better deal with such cases and combat the problem;
- treatment of perpetrators in an effort to prevent repeat offenses;
- development of a mechanism for reporting back to mandated reporters of child abuse;
- introduction and support of legislation removing all religious exceptions in laws enacted to protect children;
- creation of government-funded regional child protection centers to deal with the problem of child abuse;
- creation of local child fatality review teams to better identify child abuse cases, and development of legislation requiring post-mortem exams in all cases of sudden unexplained deaths in infants and children;
- more aggressive recruitment and adequate training of foster parents, and increased reimbursement for foster care; and
- more aggressive prevention programs.

The task force developed these and other recommendations from testimony given at hearings earlier this year by persons actively involved in fighting child abuse.

NAME CHANGE PLANNED FOR '94 LEADERSHIP CONFERENCE

The Society's Leadership Conference Committee reported to the board that it is planning a name change for the Leadership Conference, held each April to update members on the activities of organized medicine and selected issues of socioeconomic significance.

The name change—to "Pennsylvania Medical Society Spring Assembly"—is planned for the 1994 conference to be held in Harrisburg, April 19-20. Committee members believe the action will "remove a potential barrier to members who may perceive the program as being only for physicians in Society leadership positions," thus getting more than just leaders involved.

The committee is also considering a change in the traditional time schedule beginning in 1996. The conference program, currently held during the week, would be moved to a Friday through Sunday schedule to allow more flexibility for scheduling family oriented activities and to make the conference more attractive to younger physicians.

TWO DOCTORS ENDORSED FOR AMA POSITIONS

As recommended by the Pennsylvania Delegation to the AMA, the board endorsed Jonathan E. Rhoads Jr., MD, as a candidate for the AMA Board of Trustees and Mark S. Friedlander, MD, as a nominee for the AMA Advisory Committee on International Medical Graduates (IMGs).

Dr. Rhoads

Dr. Rhoads, a thoracic surgeon from York, has served as speaker of the Society's House of Delegates for past five years and is in his third term as a member of the AMA's Council on Long Range Planning and Development. His past positions at the Society include: vice speaker, House of Delegates; chair, Council on Membership; chair, Committee on KePRO Oversight; and member, Bylaws and Leadership Conference Committees.

Dr. Friedlander, a graduate of the University of Witwatersrand, Johannesburg, South Africa, specializes in child psychiatry. He is an alternate delegate to the AMA House and has served as resident representative to the Educational Commission for Foreign Medical Graduates of the AMA Advisory Committee on IMGs. At the Society, he serves on a similar committee, is a member of the Council on Membership, and formerly served as a member of the Resident Physician Section Governing Council.

The position Dr. Friedlander is seeking is appointed by the AMA's Board of Trustees; at press time, the Society was awaiting a decision. As for the board position Dr. Rhoads is seeking, the election will be held in conjunction with the AMA's annual meeting next June in Chicago.

OTHER ACTIONS OF THE BOARD

Acting on several other recommendations presented at its September meetings, the board:

- approved funding to continue Society efforts to implement pilot physician referral networks in Lackawanna, Union, Allegheny, Lycoming, and Dauphin counties;
- approved for House consideration a report recommending actions to ensure that Department of Public Welfare regulations involving medical care are determined by the Department of Health to be clear, consistent, and conforming to sound medical practice; and
- approved guidelines to assist hospitals and medical staffs in reviewing and responding to profile reports of the Keystone Peer Review Organization under the Fourth Scope of Work.

Look for a wrap-up of House actions on these and other issues next month in PENNSYLVANIA MEDICINE.

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How to Help Your Patients Avoid Food Poisoning

David Bishai, MD, MPH
Annie W. Bishai, MD

Research suggests that as many as one in three Americans each year may experience at least mild foodborne illness. Yet, the overwhelming majority of these cases could be prevented through proper food preparation.

"The epidemiology of food poisoning reflects a familiar dance between a 'hazardous' environment and hazardous behavior."

Despite the fact that the American food supply is the safest in the world, and despite our highly educated population, American physicians are still consulted for 8.2 million foodborne illnesses and 250,000 hospitalizations annually, with medical care costs totaling over $1 billion. By one estimate, there are about 90 million cases of foodborne illness each year for which no physician is consulted.[1] This indicates that each year one in three Americans experiences at least mild foodborne illness. Other experts suggest the problem is of smaller magnitude, with estimates ranging from 6.3 million to 81 million cases of foodborne gastroenteritis annually.[2]

But whatever the number, the overwhelming majority of food poisoning cases could be prevented through proper food preparation. A study from 1961 to 1976 found that contaminated raw ingredients were implicated in only 11 percent of all foodborne disease outbreaks; the remainder were due to improper food handling.[3]

In a Centers for Disease Control and Prevention (CDC) analysis of all reported outbreaks of foodborne disease from 1983 to 1987, the most commonly reported food-preparation practices contributing to foodborne disease, in order of importance, were:

1. improper storage or holding temperature;
2. poor personal hygiene of the food handler;
3. inadequate cooking;†
4. contaminated equipment;†
5. food obtained from an unsafe source.[4]

The U.S. Department of Health and Human Services estimates that in 30 percent of U.S. households, the principle food preparer routinely leaves perishable food out of the refrigerator for more than two hours. In 33 percent of households, cutting boards were not washed with soap, and in 45 percent of households, utensils that had recently been in contact with raw meat and poultry were not washed with soap.[5] In an effort to remedy the situation, the U.S. Department of Agriculture has mandated that starting October 15, 1993, raw meats and poultry be sold to consumers with instructions on proper handling.

It is true that some foods are more risky than others, with raw mollusks causing illness in one out of every 1,000-2,000 servings, raw eggs causing one illness per 10,000-14,000 servings,[6] chicken causing one illness per 25,000 servings, and fish (raw mollusks excluded) causing one illness per million servings.[7]

The epidemiology of food poisoning reflects a familiar dance between a "hazardous" environment and hazardous behavior. The public health and medical communities are well-acquainted with the story of environmental epidemics which are due to lack of information and attention to good food-handling practices. An informed approach to this type of problem will entail effort directed at all three components: environment, public information, and motivation. Primary care physicians can play a role by counseling high-risk patients on proper food handling.

Targeting the message

Patients with impaired immune systems and persons who have experienced foodborne illness in the recent past definitely deserve counseling. During your review of systems or past medical history, find out if the patient has experienced foodborne ill-

(Continued following pullout section)→

Drs. David and Annie Bishai are staff physicians in the Department of Internal Medicine at the Philadelphia Veterans Administration Hospital.

† *Inadequate cooking and contaminated equipment ranked third or fourth in each of the five years of the study.*
†† *Outbreaks by definition involve more than two people and are more likely to be detected in the setting of a restaurant or social gathering. This is why each year only about 160 of the 500 or so reported outbreaks occur due to home-prepared food.*[8] *Home-prepared food probably still accounts for the great majority of unreported cases.*

ness during the past year and offer counseling, especially if the illness was acquired from home-prepared food.††

For patients with AIDS, diabetes mellitus, chronic liver disease, and achlorhydria; chronically taking prednisone or other immunosuppressive drugs; or with other immunodeficiency, foodborne illness counseling is absolutely indicated. It's also a good idea to offer food-handling information to any patients who are interested.

Reinforcing the message

Although the basic message is quite simple, many more details are best conveyed in a handout or booklet. Create your own, or photocopy "A Guide to Preventing Foodborne Illnesses" below. Also, for additional resources, see "More Information on Food Safety" on page 28.

The message

To avoid food poisoning, your patients should: →

A Guide to Preventing Foodborne Illnesses

For safer foods, follow these rules:

Making the shopping list

- Do not drink unpasteurized milk.
- If you have chronic liver disease, AIDS, diabetes mellitus, splenectomy, achlorhydria, or immunodeficiency, never eat raw shellfish. For others, it is still a good idea not to eat raw shellfish, especially in the warmer months. One in 1,000 servings of raw shellfish causes foodborne disease which could be as serious as hepatitis or paralytic shellfish poisoning.

In the grocery store

- Avoid cracked, dented, or bulging cans and jars—even when they are sold at a discount. Faulty seams in these cans may permit contamination.
- Check the "Use By" or "Sell By" dates on dairy products.
- Make sure the store keeps its eggs in the refrigerated section. Select Grade A eggs or better.
- If products are kept on ice, be sure that the raw products are kept separate from the cooked.
- Use plastic bags to keep the drippings from meat and fish away from the other food in the shopping basket.
- Avoid roadside vendors of shellfish—if harvested from unapproved waters, shellfish can carry red tide poisoning. Make sure it comes from state-approved waters whether you buy it or harvest it yourself.
- Take along an ice chest if it will take you more than an hour to get the perishables into a refrigerator.

Loading the refrigerator

- Load the refrigerator as soon as you return from the store.
- Keep a thermometer in the body of the refrigerator; check it regularly to be sure the temperature is kept between 32 and 40°F.
- Poultry, meat, and most fish that will be eaten within 48 hours can go into the refrigerator; otherwise, it should be frozen.
- Tuna, bluefish, and mahi-mahi may cause scombroid fish poisoning. If refrigerated, it should be consumed within 24 hours; otherwise, it should be frozen.
- The door of the refrigerator is the warmest part—don't store eggs there even though the egg-storage rack may be located there.
- Check leftovers for spoilage using only your eyes and nose—don't taste food to see if it is spoiled. A single drop of botulinum toxin can make you seriously ill.

Preparing to cook

- Thaw frozen meats in the refrigerator or in the microwave, not at room temperature. By the time the center of the meat has thawed at room temperature, the outer layer has offered bacteria delightful growing temperatures for several hours.
- Wash your hands thoroughly with soap and water before you prepare food and after you have handled raw meat and poultry.
- Be sure that any open sores or cuts on your hands are completely covered to prevent staphylococcal contamination.
- Use clean utensils and plates—wash them with soap and water after they touch raw meat, poultry, fish, or eggs; especially avoid handling cooked food with contaminated cookware.
- Prepare a bleach solution—1 quart of water with 2 teaspoons bleach—and keep it handy to sterilize your cutting board after cutting meat, chicken, or fish. After applying the bleach, wash the entire cutting board with soap and water.
- Wash fresh fruits and vegetables thoroughly.

Cooking

- Buy and use a meat thermometer—there is no better way to be sure the meats are safely cooked. The internal temperature for beef and lamb should be 140°, for pork 150°, for poultry 165°.
- Eggs should be cooked until the yolk begins to harden. If the yolk runs, the egg could still be potentially infected with salmonella.

During the meal

- Relax and enjoy

After the meal

- Refrigerate cooked foods within two hours after preparation—while they cool to room temperature, they present ideal conditions for bacterial growth.
- Slice cooked meats to be stored, in slices three inches or less thick, to hasten cooling.

Sources available upon request.
Published by the Pennsylvania Medical Society, November 1993.

• regard all raw animal-derived products as potentially contaminated with harmful bacteria—don't eat them raw, and wash utensils that touch them before using them to prepare other food;

• recognize that pathogenic bacteria are killed at temperatures above 140° and are kept in check at temperatures less than 40°, ensure that all parts of the food are heated to 140° (the FDA recently recommended that hamburger meat be heated to 155°—see below), do not leave raw food or cooked food at room temperature for more than two hours—refrigerate it; and

• recognize that unless they have just been washed, human hands are probably contaminated with harmful bacteria and viruses acquired through self-contact and contact with fomites.

In addition, immunocompromised individuals, diabetics, those with chronic liver disease or AIDS, or splenectomized patients should understand that raw mollusks—oysters, clams, mussels, scallops, and cockles—can harbor Vibrio vulnificans which may be life threatening. Finally, AIDS patients are 200-300 times more susceptible to Listeria monocytogenes and its consequent meningitis than the general public. These bacteria are commonly found in cold-smoked meat, fish, and Mexican cheeses.

Listeria also inhabit cooked crab meat, cooked shrimp, and cooked imitation crab, as well as raw vegetables. Deli counters often spread Listeria from one unsliced deli-loaf to another when using the automatic rotary slicer. Raw vegetables are also known to harbor Listeria. Because outbreaks of listeriosis have been traced to raw vegetables, cheese, shellfish, and uncooked hot dogs, AIDS patients should cook their vegetables and these types of meats and cheeses prior to consumption.

The thoughtful application of these general principles will go a long way toward preventing foodborne illness.

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8. See note 4.
9. FDA recommends cooking ground beef to 155 degrees to prevent illness from E.coli. *FDA Med Bulletin* 23(2):5, June 1993.
10. **Hurley D.** Clinton's hiring of 160 new meat inspectors called ineffective step. *Medical Tribune* March 11:7, 1993

More Information on Food Safety

Food and Drug Administration

• *General Information:* Write to "Food Safety" Consumer Affairs Office (HFE-88), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857.

• *Shellfish Information:* Write for "For Oysters and Clam Lovers the Water Must be Clean," a reprint from *FDA Consumer,* FDA Office of Public Affairs (HFI-40), 5600 Fishers Lane, Rockville, MD 20850. Brochure free, videotape $8.95.

AIDS Information Clearinghouse

• *Food Safety in the Immunocompromised:* Write for "Eating Defensively: Food Safety Advice for Persons with AIDS," IDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850. Brochure free, videotape $8.95.

Food Marketing Institute

• *General Information:* Write for "The Food Keeper," Food Marketing Institute, 1750 K St. NW, Washington, DC 20006. Enclose $0.50 and legal-sized, self-addressed stamped envelope. Discounts for bulk orders.

U.S. Department of Agriculture

• *Meat and Poultry Information:* Write for "A Quick Consumers Guide to Safe Food Handling," USDA-FSIS, Room 1165-S, Washington, DC 20250, or call the Meat and Poultry Hotline at (800) 535-4555, 10:00 a.m.-4:00 p.m. weekdays.

American Council on Science and Health

• *General Information:* Write for "Eating Safely—Avoiding Foodborne Illness," American Council on Science and Health, 1995 Broadway, 2nd Floor, New York NY 10023-5860. Enclose $3.85. Discounts for bulk orders.

Source: **Hecht A.** The unwelcome dinner guest—preventing foodborne illness. *FDA Consumer* 25(1):19, 1991.

The Jack-in-the-Box Incident: Recognizing Enterohemorrhagic E.Coli

A recent multi-state outbreak of enterohemorrhagic E.coli (EHEC) involved four western states and accounted for over 500 known culture confirmed cases of diarrhea, 41 cases of hemolytic-uremic syndrome, and four deaths. Associated with a chain of Jack-in-the-Box restaurants, the cause of the outbreak was contaminated ground beef which was undercooked.

The frequency of this infection relative to other enteric bacterial infections is not well-appreciated because routine culture techniques are not adequate to identify it. Studies which have specifically sought to identify the organism, as well as the more common enteric pathogens, have suggested a national incidence of one-fifth that of Salmonellosis or Campylobacteriosis and one-half that of Shigella. But it is the primary infectious cause of bloody diarrhea.

Other reasons this infection is often overlooked are: it is usually not associated with fever; the enteric bleeding is sometimes so profuse that it is confused with non-infectious causes; and in about half the cases, there is no enteric bleeding at all.

Hemolytic-uremic syndrome is a serious complication of enterohemorrhagic E.coli, developing in about eight percent of cases. It serves as an indicator of these infections, since 75 to 90 percent of cases are associated with EHEC. Although most cases of EHEC are of serotype 0157:H7, several other serotypes of E.coli may also cause this syndrome, although only serotype 0157:H7 has been known to cause outbreaks.

It is very important to keep in mind that all cases of bloody diarrhea, or diarrhea associated with hemolytic-uremic syndrome, should be cultured specifically for EHEC, and that this infection should also be considered even in the absence of these findings. Sorbitol-MacConkey media is required to grow EHEC.

Dale Tavris, MD, MPH
Pennsylvania Department of Health

OBITUARIES

Sidney Beck, MD, *Bala Cynwyd*
Tufts Medical School, 1935; age 83, died September 13, 1993. Dr. Beck was a general surgeon.•

James E. Bowman, MD, *Medford Lakes, NJ*
Thomas Jefferson Medical College, 1927; age 90, died August 26, 1993. Dr. Bowman was a pediatrician.•

Joseph P. Chollak Sr., MD, *Dallas*
Georgetown University School of Medicine, 1939; age 79, died August 21, 1993. Dr. Chollak was a general practitioner.•

Aurelio G. Derenzo, MD, *Villanova*
Hahnemann University School of Medicine, 1933; age 82, died August 28, 1993. Dr. Derenzo was a general practitioner.•

Frederick S. Derr, MD, *Mifflinburg*
Thomas Jefferson Medical College, 1941; age 78, died August 20, 1993. Dr. Derr was a general practitioner.•

E. Wayne Egbert, MD, *Lansdale*
University of Pennsylvania School of Medicine, 1937; age 81, died August 28, 1993. Dr. Egbert was a radiologist.•

Frederick R. Franke, MD, *Pittsburgh*
University of Pittsburgh School of Medicine, 1943; age 74, died September 7, 1993. Dr. Franke specialized in cardiovascular diseases.•

John F. Giering, MD, *Kingston*
Thomas Jefferson Medical College, 1931; age 87, died August 23, 1993. Dr. Giering was an internist.•

William W. Klatchko, MD, *Annville*
Yale University School of Medicine, 1952; age 69, died August 21, 1993. Dr. Klatchko was a general surgeon.•

Paul A. Ladden, MD, *Philadelphia*
Thomas Jefferson Medical College, 1943; age 81, died September 2, 1993. Dr. Ladden was a general practitioner.•

Philip H. Minnich, MD, *York*
Thomas Jefferson Medical College, 1944; age 73, died August 8, 1993. Dr. Minnich was a general practitioner.•

Orlando P. Oliver, MD, *Derry*
Georgetown University School of Medicine, 1940; age 77, died September 3, 1993. Dr. Oliver was a general practitioner.•

Joseph A. Drapiewski, MD, *Nanticoke*
Harvard Medical School, 1927; age 90, died August 27, 1993. Dr. Drapiewski was a general practitioner.

Robert E. Erhard, MD, *Bristol*
Hahnemann University School of Medicine, 1943; age 75, died August 7, 1993. Dr. Erhard was a urologist.

Louis J. Fuhrmann, MD, *Bensalem*
Hahnemann University School of Medicine, 1928; age 91, died August 8, 1993. Dr. Fuhrmann was an obstetrician/gynecologist.

Philip B. Holland, MD, *North Versailles*
Harvard Medical School, 1946; age 70, died August 24, 1993. Dr. Holland was an orthopedic surgeon.

Joseph P. Hughes, MD, *Pinehurst*
Georgetown University School of Medicine, 1932; age 85, died August 14, 1993. Dr. Hughes was a family practitioner.

Hyun J. Kim, MD, *Malvern*
Yunsei University Medical School, Seoul, South Korea; age 50, died August 7, 1993. Dr. Kim was a pathologist.

Milton G. Tall, MD, *Pittsburgh*
University of Pittsburgh School of Medicine, 1953; age 72, died May 13, 1993. Dr. Tall was a pediatrician.

George C. Wolf, DO, *Lancaster*
Philadelphia College of Osteopathic Medicine, 1938; age 78, died June 28, 1993. Dr. Wolf was a nephrologist.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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Nutrition Should Be Preventive Medicine for Older Adults

Gwendolyn L. Schultz

Gordon Lee Jensen, MD, PhD, is an associate physician in the Department of Gastroenterology and Nutrition, and director of the Section of Nutrition Support at Geisinger Medical Center, Danville. He is a strong advocate of the Nutrition Screening Initiative, a national program designed to encourage health care professionals to focus more on nutrition, particularly in older persons.

Although it may seem nutrition issues have entered the public limelight in recent years, little attention has been focused on educating the public about the role of nutrition in preventive medicine. Appropriate nutritional education may be even more important for older adults.

Gordon Lee Jensen, MD, PhD, is dedicated to bridging the gap between nutrition and the elderly. "There really is a void there, despite that nutrition plays an intimate role in chronic disease as well as in recuperation from hospitalization, surgeries, and illnesses," he says. "We really need to increase awareness of nutritional concerns among health professionals."

Dr. Jensen devotes half his time to direct patient care at Geisinger Medical Center and its affiliated clinics, and half his time to teaching and research, primarily in Central and Eastern Pennsylvania. He says, "I'm in my dream position, which means I get to do everything that I love to do."

Nutrition and older adults

Dr. Jensen's research encompasses both outpatient and hospital-based studies, including a multi-year study of the nutritional outcomes of hospitalized Medicare patients. His appointment to the nutrition faculty at Penn State facilitates collaborative research through the Geriatric Nutrition Research Alliance.

The research has shown that older adults are at risk for malnutrition and associated complications. "If we go out into the community and look at the elderly, we find a significant number of free-living individuals at nutritional risk for a wide variety of reasons," he says. "Some have chronic disease processes, some are shut-ins, some are depressed, some are subject to polypharmacy, some are substance abuse cases, and some are elder abuse cases...If we look in hospitals or nursing facilities, the prevalence of malnutrition is even higher."

It is for these reasons that physicians should incorporate a routine nutrition screening and behavioral assessment into their daily patient evaluations, Dr. Jensen emphasizes. He has found that a large segment of society, particularly older persons, consider their physician to be their main resource for nutrition information and guidance. However, many physicians are not trained on issues surrounding nutrition.

Dr. Jensen says the topic has been overlooked and is given little attention in medical education. In fact, the number of medical schools that include nutrition in the curriculum has declined, even though there is increasing information about good nutritional health being a key factor in preventing many health problems.

Further, he feels that *proving* the benefits of good nutrition to the public, physicians, and the government is difficult. "I can show you data that indicates malnutrition is associated with increased [medical] complications, increased comorbidities, increased length of [hospital] stay, increased re-admissions over the subsequent year, and increased skilled nursing care. What we need to show is the opposite—that proper nutrition can positively impact on these outcomes."

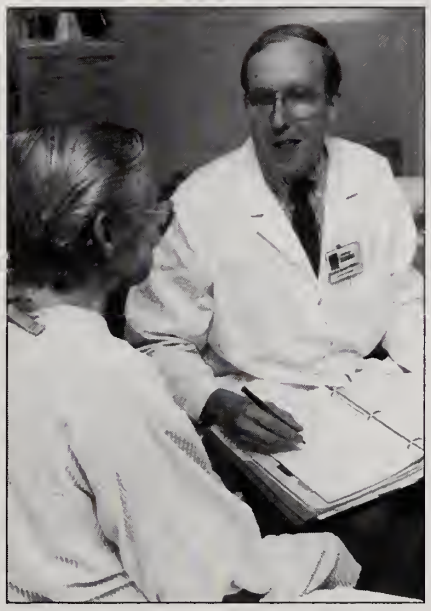
Recognizing the inconsistency between routine nutrition concerns in older persons and the lack of programs to address them, Dr. Jensen joined a team of health professionals dedicated to bringing the importance of nutrition in older persons to the forefront of medicine.

The Nutrition Screening Initiative

The Nutrition Screening Initiative is a national five-year collaborative effort by

Ms. Schultz is the assistant director of marketing and development for the Society's Educational and Scientific Trust. This article is one in a series sponsored by the Trust's endeavor to address public health needs, Keystones of Public Health.

health professionals to promote better nutrition screening and better nutritional care in America's health care system, specifically among older persons. The joint project of the American Dietetic Association, the American Academy of Family Physicians, and the National Council on Aging began in 1990, and is guided by a Blue Ribbon Advisory Group representing 30 key organizations and professionals from related fields.



Dr. Gordon Lee Jensen (right) discusses nutrition with a patient at Geisinger Medical Center, Danville.

The initiative brings together health professionals such as physicians, nurses, dietitians, and social workers who all have an interest in promoting better nutritional care. Older persons are a major focus of the initiative because they comprise a growing portion of the health care population and have the greatest need for useful information about nutrition.

The initiative advocates two patient screening levels. Level I is a simple screening which is appropriate for any setting, is not time consuming, and can be applied by those without advanced medical training. It reviews the overall status of the individual through height, weight, diet, living conditions, and functional evaluations.

Level I screening has two objectives: 1) to identify those individuals who need preventive interventions, such as home meal delivery or assistance with daily activities; and 2) to identify and refer individuals found at risk for further evaluation or the next level of screening—Level II.

Level II screening is an in-depth clinical evaluation of the individual which takes place in a physician's office or hospital setting and is administered by a physician or qualified professional. The purpose is to identify problems and to apply the proper medical and nutritional interventions.

With the current health system reform process under way and more people taking a closer look at preventive medicine, Dr. Jensen feels the timing is appropriate for the Nutrition Screening Initiative. He says, "There is probably not a physician involved in the care of older Pennsylvanians who does not appreciate that nutrition is a major concern in this population of patients."

He would like to see a nutrition program which includes equal patient care, teaching, and research components to serve nutrition concerns of the elderly. He hopes to demonstrate that nutrition screening and interventions improve outcomes, improve quality of life, and decrease health care complications and costs.

Dr. Jensen believes a regional model focused on the rural elderly of Central and Eastern Pennsylvania would have "far-reaching implications," and he stresses that "in the assessment of older patients, nutrition screening should be a routine part of every physician's practice."

"There is probably not a physician involved in the care of older Pennsylvanians who does not appreciate that nutrition is a major concern in this population of patients."

—Gordon Lee Jensen, MD, PhD

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Screening documents are available to guide physicians in their assessment of nutrition in older patients. For information, contact:

The Nutrition Screening Initiative
2626 Pennsylvania Avenue NW
Suite 301
Washington, DC 20037
(202) 625-1662

PHC4 Explores New Avenues in Physician-Specific Data

John A. Malcolm Jr., MD

Early December 1993 is the projected date for the Pennsylvania Health Care Cost Containment Council's (PHC4's) public release of the all-new, but similarly formatted second edition of "A Consumer Guide to Coronary Artery Bypass Graft (CABG) Surgery." The guide will feature the name of every surgeon in Pennsylvania who performed CABG surgery in 1991, as well as every hospital in which CABG surgery was performed.

Besides the data being all new, the list of risk-predictive factors for intraoperative and early post-operative mortality has been expanded and differently weighted in accordance with the research methodology included in the report's "Technical Notes." Comments submitted by the surgeons, surgical practice groups, and hospitals listed in the report are also separately included.

So what's the "big deal" about this new edition of physician-specific data since it only affects about 175 surgeons and 36 hospitals in Pennsylvania? The "big deal" is that it is the harbinger of things to come for more and more physicians, and it is *now* that all physicians should begin to think about data being gathered about their practices and how they will respond to such reports when they are released.

Some physicians will continue to scoff at the idea that their individual practices and treatment of patients will ever be publicly published information, but a disquieting bit of information may shake that view. While PHC4 is mandated by law to collect and publish physician-specific data, the council recognizes that it is essentially impossible to obtain uniform types of health care data about health care delivered in individual physicians' offices. Moreover, the council recognizes that managed care organizations (with rich databases on physician-specific utilization of services, payments, etc.) will deliver an increasingly larger share of outpatient health care. Thus, PHC4 has quietly begun talks with U.S. Healthcare to explore exchange of data.

The problem for physicians in many such managed care organizations is that they do not have a physician-elected/physician-directed, medical-staff-type organization which has bylaws and other protective measures that assure confidentiality, security, rights of self-review, and controlled access to data collected.

Pennsylvania physicians are not unique in having to deal with such issues in health care data—two-thirds of the states now have some form of state mandated health care data collection. Many of the key issues for physicians in any such data collected, analyzed, and released are detailed in the AMA Board of Trustees Reports W (A-92) and Q (I-92) which formed AMA policies 160.962 and 160.980 on health care data collection and the release of physician-specific data.

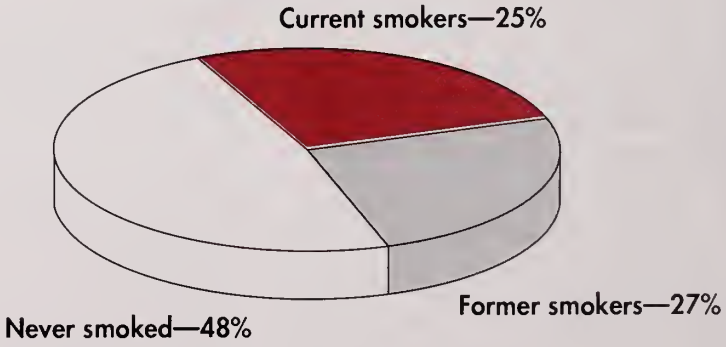
Yet, because Pennsylvania is one of the leaders in collection, analysis, and publication of health care data, its physicians must be among the health care leaders insuring that the data is accurate, consistent, complete, and relevant to the needs of patients, health care providers, health care purchasers, etc., and will not unfairly adversely affect patients or health care providers, or the access to and quality of care given.

What Pennsylvania physicians must do—with the help of the Society through its sections, councils, and task forces which deal with such issues—is to initiate or continue implementation of the AMA's health care data principles. We must also help physicians organize in managed care settings to protect their own as well as their patients' legitimate interests affected by future release of this type of health care data.

Dr. Malcolm, a pathologist from Lewisburg, is physician representative on the Pennsylvania Health Care Cost Containment Council.

Public Health Stats

Current Smokers, Former Smokers, and Persons Who Never Smoked Pennsylvania, 1991



Tobacco use remains one of the single most important avoidable causes of death in the nation; yet, 25 percent of Pennsylvanians still smoke. Remember: The Great American Smokeout, sponsored by the American Cancer Society, is November 18.

Source: "Health Risks of Pennsylvania Adults 1991," Pennsylvania Department of Health.

REPORT PIN NUMBER TO AVOID DENIALS

Editor's note: This is reprinted with permission from Medicare Report, *Pennsylvania Blue Shield, August 1993. Note that the original effective date of "on or after October 4, 1993," was changed by Blue Shield to "on or after October 18, 1993"; the change is reflected below.*

Effective for claims received on or after October 18, 1993, clinics, hospital departments, medical group practices, and associations must report a valid Medicare Provider Identification Number (PIN) of the individual physician who rendered each service reported on the claim(s). The carrier-assigned PIN is comprised of a two-character alpha prefix, followed by up to six numerics (e.g., AB123456).

Note: The Unique Physician Identification Number (UPIN) will *not* be accepted as a valid rendering physician number. The UPIN is different from the carrier-assigned PIN. Please pay particular attention to the distinction between the two when reporting the rendering physician number. UPINs are recognizable by a one-alpha/five-numeric format (e.g., A12345).

A valid rendering provider number is required for each line of service that is billed. If the rendering physician's individual PIN is not identified in the correct record/block on assigned claims, the service(s) will be denied. Unassigned claims will not be denied when the rendering physician number is not identified. However, [the carrier] will request this information from the billing physician if it is not present on unassigned claims.

EPO APPROVED FOR CHEMO-INDUCED ANEMIA

Effective for services on or after April 1, 1993, coverage for epoetin alfa (EPO) has been extended to include the treatment of chemotherapy-induced anemia in patients with non-myeloid malignancies.

EPO is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of two months. It is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding which should be managed appropriately.

Patients undergoing myelosuppressive chemotherapy who develop symptomatic anemia will be considered for EPO therapy with a hemoglobin of less that 10 grams or hematocrit less than 30 percent.

Complete billing procedures will be included in a future issue of *Medicare Report*.

PAYMENT FLOOR LOWERED FOR ELECTRONIC CLAIMS

According to the Omnibus Budget Reconciliation Act (OBRA) of 1993, electronic medical claims (EMCs) received on or after October 1, 1993, may be paid as soon as 13 days from the date of receipt. This is a reduction from the previous 14-day standard. Paper claims will continue to be paid no earlier than 27 days after the date of receipt.

Also, interest will be payable beginning on the thirty-first day after the date of receipt for those "clean" claims not processed by the carrier. According to Pennsylvania Blue Shield, this applies to all clean claims regardless of the assignment on the claim or the participation status of the physician or supplier.

Claims received before October 1, 1993, were processed under old guidelines: interest was payable on clean participating physician/supplier claims after 17 days for EMC and 27 days for paper, and interest was payable after 24 days for non-participating EMC providers and 27 days for paper claims.

MEDICARE OFFERING HOSPICE COVERAGE

Terminally ill beneficiaries with life expectancies of six months or less may choose Medicare-approved hospice coverage instead of standard Medicare coverage, according to Pennsylvania's Medicare carrier.

Pennsylvania Blue Shield has announced that hospice care is available for two 90-day periods and one 30-day period, replacing all other Medicare benefits except services of the patient's attending physician for palliative treatment of the terminal condition and services not related to the terminal condition, whether performed by a private or a hospice physician.

When a beneficiary has elected hospice coverage, claims seeking Part B reimbursement must be evaluated to determine when hospice care began, what the terminal illness is, if treatment was related to the terminal illness, if treatment was rendered by a hospice-employed physician or a private attending physician, and if treatment is curative or palliative. To expedite claims processing, physicians should report this information in block 24D of the HCFA 1500 (12-90) form. If the information is missing from the claim, payment may be delayed.

The following will not be reimbursed by Medicare Part B during the 210-day hospice period: services of the patient's attending physician for curative treatment of the terminal condition; services of non-attending physicians who treated the terminal condition; and durable medical equipment, supplies, independently practicing speech therapist, independently practicing physical therapist, diagnostic x-ray, or ambulance transportation claims related to the terminal condition.

The hospice is responsible for billing the appropriate Part A intermediary for eligible hospice services during the 210-day coverage period.

PremierBlue Update

The September issue of PENNSYLVANIA MEDICINE included an insert on changes Pennsylvania Blue Shield is making to its traditional business products, including the creation of a new network called PremierBlue. The section of the insert entitled "Rights and Responsibilities of PremierBlue Physicians" advised that PremierBlue physicians could *not* refer PremierBlue subscribers to an out-of-network physician—except in an emergency or with prior approval from Blue Shield.

The PremierBlue limitation on out-of-network referrals is found in paragraph B.14 of the preferred provider regulations applicable to PremierBlue physicians. However, Blue Shield recently advised the Society that it will not enforce that limitation for PremierBlue products. The Society has requested confirmation of this blanket pre-approval in a publication for PremierBlue physicians and in PremierBlue solicitation materials.

KePRO Restructured to Meet "Scope" Requirements

Donald E. Harrop, MD

In February, we looked at some of the important changes expected in the Fourth PRO Scope of Work. At that time, we were well aware of how important it would be for KePRO to be properly structured and pretty sure how our organizational chart should be revised to accommodate all the necessary changes. However, nothing was certain until contract negotiations concluded. Below is a brief description of KePRO's current organizational structure.

Though the reduction of total review volumes under the Fourth PRO Scope of Work necessitated the closing of two Keystone Peer Review Organization (KePRO) area offices and our Rural Review Office, and caused considerable changes in staffing requirements, the inception of the Health Care Quality Improvement Initiative created a need for some personnel with different skills than required under past contracts.

KePRO now has five major divisions: Administrative Services; Data; Internal Quality Improvement/Project Management; Review Operations; and Health Care Quality Improvement (HCQI).

Administrative Services includes accounting, human resources, and facilities management, and is responsible for educational services and staff training. The Communications Department handles provider/physician outreach coordination; produces publications and graphic materials; and manages our beneficiary outreach program, including our toll-free hotline and speakers bureau, and responding to beneficiary complaints.

Data is responsible for systems and programming, data integrity, data entry, generation and validation of reports for meeting HCFA contractual requirements, and management's internal monitoring activities. The division is also responsible for confidentiality of information and disclosure of that information which is not confidential.

Internal Quality Improvement (IQI)/Project Management was created to meet HCFA requirements based on total quality management (TQM). Although for several years KePRO has incorporated many TQM concepts into our routine activities, we have now formalized and expanded them into one division, whose responsibilities also include project management, internal quality monitoring and internal feedback, physician advisor credentialing, and external relations.

Review Operations is accountable for the conduct of all KePRO review activities—retrospective review of inpatient hospital, ambulatory surgery, HMOs, physician/nonphysician review and reviewer training, DRG validation and DRG re-reviews, reconsiderations, hearing and appeals, and the sanction process—as well as criteria development.

HCQI was created as a result of the new direction in which HCFA is steering the program. The major PRO emphasis is moving from punitive to educational and from individual case review to pattern analysis. This division analyzes data, identifies patterns of care, and provides educational feedback to hospital medical staffs and administration.

Providing staff support to the HCQI Steering Committee and study groups is also an important responsibility of the HCQI Division. The committee oversees the entire process of study design and development, including identification of each area of interest or concern, and appointment of groups to develop the hypotheses and design each study.

Although IQI/Project Management is one of the two new divisions, some of their responsibilities were merely shifted from departments which existed under the previous structure. On the other hand, most of the functions of HCQI are new, requiring employment of some new staff and different responsibilities for existing staff.

Indications to date are that KePRO has been appropriately restructured for accomplishing our mission.

Dr. Harrop is president of the Keystone Peer Review Organization.

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NOVEMBER 1993

November 3rd
New Horizons in Management of Antimicrobial Drug Allergy
Timothy J. Sullivan, MD
Professor of Medicine
Head, Allergy/Immunology Division
Emory University School of Medicine
Atlanta, GA

November 10th
Management of Thoracic Aortic Aneurysm
Leonard S. Dreifus, MD
Professor of Medicine
Director, Division of Cardiovascular Diseases
Hahnemann University

Stanley K. Brockman, MD
Professor and Chairman
Department of Cardiothoracic Surgery
Hahnemann University

Krishnaswamy Chandrasekaran, MD
Associate Professor of Medicine
Director, Cardiac Ultrasound
Division of Cardiovascular Diseases
Hahnemann University

November 17th
Nail Findings in Systemic Diseases
Richard K. Scher, MD
Professor of Clinical Dermatology
College of Physicians & Surgeons
Department of Dermatology
Columbia University
New York, NY

November 24th
No Grand Rounds — Holiday

Hahnemann University Medical Monograph Series (HUMMS)

"Premenstrual Syndrome"

"Managing the Patient with Heart Failure: Standard Therapy and Beyond:"

"Diagnosis and Medical Treatment of Depression"

"Cardiac Electrophysiology for the Practicing Physician"

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DECEMBER 1993

December 1st
Infectious Diarrhea: Recent Advances
John Molavi, MD
Associate Professor of Medicine
Director, Division of Infectious Diseases
Hahnemann University

December 8th
Hepatitis "C"—1994 (Acute or Chronic)
Gary Gitnick, MD
Professor of Medicine
Chief, Division of Digestive Diseases
UCLA Medical Center
Los Angeles, CA

December 15th
Antithrombin Therapy in Acute Myocardial Infarctions and Unstable Angina: The Role of Hirudin
James H. Chesebro, MD
Professor of Medicine
Cardiac Unit
Massachusetts General Hospital
Boston, MA

Continuation Warfarin and Aspirin in Valvular Heart Disease
Jack Hirsh, MD
Professor of Medicine
McMaster University
Director, Hamilton Civic Hospitals Research Center
Hamilton, Ontario, Canada

December 22nd
No Grand Rounds — Holiday

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

NOVEMBER 3, 1993
Advances in Allergy and Immunology for the Practicing Physician
Course Director:
David M. Lang, M.D.

DECEMBER 15, 1993
Thrombosis and Thromboembolism in Cardiovascular Disease
Course Director:
Marc Cohen, M.D.

JANUARY 19, 1994
Treatment of Hypertension
Course Director:
Allan B. Schwartz M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

Full Disclosure Statement: All faculty participating in continuing medical education programs sponsored by Hahnemann University are expected to disclose to the audience any real or apparent conflict(s) of interest related to the content of their presentation.

Statement of Accreditation: As an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME), Hahnemann University designates this continuing medical education activity as Category 1 of the Physician's Recognition Award of the American Medical Association. One credit hour may be claimed for each hour of participation by the individual physician.

Congress Tightens Limits on Self-Referrals Under Medicare and Medicaid

The Health Care Group

Congress recently passed legislation, commonly referred to as "Stark II," that expands the scope of the physician self-referral ban, bringing a number of new restrictions, but also providing increased flexibility. Previously limited to prohibiting referrals of Medicare patients to clinical laboratories with which a referring physician has a financial relationship, the law now states that, as of January 1, 1995, physicians are prohibited from referring Medicare/Medicaid patients in connection with the following additional ancillary services:

- physical therapy services;
- occupational therapy services;
- radiology or other diagnostic services;
- durable medical equipment;
- parenteral and enteral nutrients, equipment and supplies;
- prosthetics, orthotics, and prosthetic services;
- home health services;
- outpatient prescription drugs; and
- inpatient and outpatient hospital services.

Defining the terms

According to the law, a "financial relationship" is defined as either an ownership or investment interest in the entity (equity, debt, or other means, including investments held by physician indirectly), or a compensation arrangement between the physician (or an immediate family member) and the entity, which includes any arrangement involving direct or indirect remuneration in cash or in kind.

General exceptions to the rule

There are three general exceptions relating to *both* ownership and compensation arrangement prohibitions.

The first exception allows for referrals for physician services rendered or supervised by another physician in the same group practice as the referring physician.

The second, of particular interest, is an in-office ancillary exception, which allows for self-referrals for most ancillary health services, provided that the services are supervised by the group practice, provided in a centralized location, and billed by the group. For example, a multi-specialty group that offers physical therapy services centralized in one building not used for its medical practice is in full compliance with the law.

Consider another example of a wall-less group maintaining five different locations for their medical offices, each of which provides x-ray services. Under the law, the group does not have to centralize these services in one location. X-ray services, as well as other ancillary health services, can be provided in different locations, provided that each office offers medical services and ancillary services. In the case of clinical lab services only, services may be performed in another building used by the referring physician's group practice for the provision of "some or all" of the group's clinical lab services.

The third general exception exempts referrals for the designated health services if the physician/practice has a contract with an HMO or certain other types of pre-paid plans to provide care to plan enrollees.

Exceptions for ownership or investment interests

Several major exceptions to the ban on self-referrals pertain to a referring physician's ownership interest in a designated ancillary care provider. Under the *publicly traded investments exception,* physicians who own stock or bonds in a publicly traded company with stockholder equity greater than $75 million, on average, during the company's last three fiscal years or shares in a mutual fund with total assets exceeding $75 million, on average, during the company's last three fiscal years or shares in a mutual fund with total assets exceeding $75 (on average over three years) are permitted to make referrals to that company.

The *rural provider exemption* allows physician-investors in an ancillary service provider located in a designated rural area to self-refer as long as most of the ancillary service provider's patients are rural residents.

Under the *hospital ownership exception,* a physician holding an investment interest in a hospital may refer patients to the hospital for ancillary services provided the physician also has staff privileges at the facility. The new law also allows for increased flexibility in terms of ownership arrangements. In some circumstances, doctors are allowed to perform ancillary health services in a corporation apart from their medical corporation. However, physicians should be aware that there may be state laws which prohibit these arrangements.

Compensation arrangement exceptions

Other exceptions, flowing from physicians' compensation arrangements, are very similar to Medicare's safe harbor limitations. Three noteworthy stipulations include:

- *Rental of Office Space or Equipment:* Payments made to a lessor for office or equipment rental are not considered a compensation arrangement, as long as the duration of the written lease is for at least one year, and the terms of the lease are consistent with fair market value and not determined by the value of any referrals or other business generated between the parties.
- *Personal Service Arrangements:* Compensation paid to independent contractors is also allowed if various

provisions are met, the most important of which include: compensation is set in advance, does not exceed fair market value, and does not take into account the volume of referrals between the parties.

• *Hospital Recruitment Arrangements:* Under the physician recruitment exception, a hospital may pay a physician to relocate to its service area without triggering the self-referral ban, as long as the doctor is not required to refer to the hospital and the remuneration is not linked to referrals.

Revisiting remuneration issues

According to the new law, remuneration paid to physician-employees will not prohibit them from referring Medicare and Medicaid patients to their employers for designated ancillary health services, provided that salaries are at fair market value and not linked to volume or value of referrals; any productivity bonuses must be tied to services personally performed by the salaried doctor.

In light of this legislation, physicians should revise any income division protocols that are based on volume or value of referrals. It is important to note that a physician may be paid a share of the overall profits of the group, or a productivity bonus based on services personally performed or supervised; however, the share or bonus cannot be determined by the volume or value of referrals to ancillary services. Thus, a limitation on the method of compensation within the group is now explicitly delineated in the self-referral statute.

Sanctions for violations

The new law specifies that payments will not be made for ancillary health services provided in violation of the self-referral ban. In addition, the federal government will not reimburse states for the federal share of Medicaid coverage provided in violation of the ban.

Moreover, the law provides for civil money penalties of up to $15,000 per improper referral and for exclusion from the Medicare program for knowing violations of the statute's self-referral restrictions.

The contributing author, Nancy W. Miller, JD, is a consultant with The Health Care Group, a medical practice management consulting firm based in Plymouth Meeting.

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Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

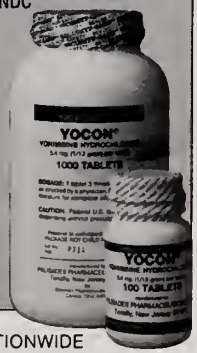
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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MEMBERS' CONCERNS VOICED AT PITTSBURGH TOWN MEETING

In September, more than 60 physicians and their spouses attended the third of three regional "town meetings" sponsored by the Pennsylvania Medical Society to give members an opportunity to voice their concerns to medicine's leaders on important health care issues. The meeting was held in Pittsburgh.

State Society leaders answering participants' questions included: John W. Lawrence, MD, chairman of the Board of Trustees; Victor F. Greco, MD, vice chairman of the board; Donald G. Ferguson, MD, 1992-93 president; Martin A. Murcek, MD, 1992-93 president elect; and Carol E. Rose, MD, thirteenth district trustee. Also, AMA Board Member Percy Wootton, MD, attended the session to offer national support and answer AMA-related questions.

Though much of the discussion focused on health system reform and the release of the Clinton plan on September 22, members also talked about Society communications, membership issues, representation of physicians, antitrust issues, and lobbying efforts.

The regional town meetings originated earlier this year at the direction of the Society's board. The Society is now evaluating the effectiveness of the meetings and whether to sponsor additional meetings next year.

GROUP PRACTICE STRATEGIES FOR REFORM DISCUSSED

The State Society and the American Group Practice Association (AGPA) gathered physicians and group practice administrators, on September 16 in Harrisburg, to discuss group practice strategies for health system reform legislation in Pennsylvania. The day-long event was part of the Society's ongoing group practice initiative.

Welcomes by 1992-93 State Society President Donald G. Ferguson, MD, and AGPA Board Member Kevin V. Carey, MD, Guthrie Clinic, Sayre, were followed by a panel discussion on the outlook of health system reform in the state. Panelists included state Representatives Michael Veon (D-Beaver) and Jere Stittmatter (R-Lancaster).

Speaking about fraud and abuse, and physician ownership and self-referral were: Dennis Reinaker, Esq., chief deputy attorney general of Pennsylvania; Rebecca Roberts, Esq., an attorney at the Washington, DC, law firm of Epstein, Becker and Green; Susan Weber, Esq., the State Society's assistant legal counsel; and Brent V. Miller, MSPA, AGPA's director of governmental relations.

Following lunch, Miller overviewed President Clinton's health system reform proposal, and David Myers, special assistant to Governor Casey, overviewed the governor's proposed Health Security Act. A second panel discussion, "Pennsylvania Physicians Preparing for Reform," was led by Walt Wilson, administrator of the Camp Hill group practice, Cowley Associates, and Stuart Heydt, MD, president of the Geisinger Medical Foundation. The day ended with a question-and-answer session.

This was the first joint project of the Society and AGPA. They will continue to work together and hope to sponsor a similar meeting next year.

COUNTY NEWS

TWO COUNTIES PARTICIPATE IN NATIONAL HEALTH STUDY

The National Center for Health Statistics is conducting a major study of the health and nutrition of U.S. children aged two months and older. Among the survey locations chosen for the third National Health and Nutrition Examination Survey (NHANES III) are Pennsylvania's Northampton and Delaware counties. The survey is part of the U.S. Public Health Service's continuing study of the nation's health.

Kevin Carey, MD (left), American Group Practice Association (AGPA) board member, discusses health system reform with state Representative Michael Veon (D-Beaver) at a gathering of physicians and group practice administrators in September. Participants at the meeting, sponsored by the Pennsylvania Medical Society and AGPA, discussed group practice strategies for reform in Pennsylvania.

The NHANES programs began in the early 1960s. For NHANES III, approximately 40,000 children nationwide—830 in Pennsylvania—were randomly selected to participate in the survey.

After the surveyors gathered demographic, socioeconomic, dietary, and health-related information, the children received medical and dental examinations, and physiological measurements were taken and lab tests administered by highly trained medical personnel.

The data collected will be used:

- to estimate the prevalence of major diseases, nutritional disorders, and potential risk factors;
- to set national standards for such measurements as height, weight, and blood pressure;
- to conduct epidemiological and health sciences research;
- to direct and design health programs and services; and
- to expand health knowledge for the nation.

For further information, call the National Center for Health Statistics at (301) 436-8500.

HMSS NEWS

AMA-HMSS ASSEMBLY TO FOCUS ON SYSTEM REFORM

The American Medical Association Hospital Medical Staff Section's interim assembly meeting will offer HMSS representatives the opportunity to learn about, and discuss with AMA leadership and staff, the details of President Clinton's health system reform proposals and the AMA's legislative strategy. The assembly will be held December 2-6, 1993, at the Hyatt Regency, New Orleans.

HMSS representatives will also learn about physician and physician/hospital organizations (POs and PHOs). Henry E. Golembesky, MD, director of Integrated Health Systems Practice of American Practices Management and former chief executive officer of UniMed America, will discuss and examine, from a physician's perspective, the advantages and disadvantages of the organizational structures being created in response to federal, state, and business health system reform

initiatives. He also will identify the key elements of successful POs and PHOs.

For information, call the AMA at (800) AMA-3211.

LACK OF MONEY, INSURANCE BLAMED FOR ACCESS WOES

Approximately 60 percent of Philadelphia's primary care physicians feel that a lack of money or insurance coverage is the primary barrier to receiving adequate health care in their community, according to a report released this summer by the Philadelphia Health Management Corporation (PHMC).

Based on a 1992 survey of Philadelphia's primary care physicians, "Philadelphia's Primary Care Physicians: Characteristics of Patients and Practices," examines how physicians' practices are organized and the characteristics of their patients.

In addition to citing ability to pay as a barrier, physicians indicated that patients do not place a high enough priority on obtaining primary care and lack knowledge of when health care problems require care.

Despite these perceptions, other survey results indicate that physician practice characteristics, such as office hours and waiting time, may create additional barriers, and method of payment may act as a barrier, especially for low-income patients.

Primary care physicians surveyed for the study included general and family practitioners, internists, pediatricians, obstetricians, gynecologists, cardiologists, and rheumatologists.

The report is the second released by PHMC on Philadelphia primary care physicians as part of its Community Health Data Base, which is funded primarily by the Pew Charitable Trusts and the United Way of Southeastern Pennsylvania.

NEW PRESIDENT APPOINTS COUNCILS, COMMISSIONS

State Society President Martin A. Murcek, MD, has appointed the following physicians as members and officers of the Society's councils, commissions, and committees for the 1993-94 term:

Council on Education and Science

Chair—Richard L. Decker, MD (Blair); Vice Chair—Richard D. Baltz, MD, (Dauphin); Gene L. Cary, MD (Dauphin); Charles J. Cattano, MD (Allegheny); John J. Dennehy, MD (Montour); Robert J. Fagioletti, MD (Washington); Joseph A.C. Girone, MD (Bucks); Joseph J. Kernich, MD (Jefferson); Daniel B. Kimball Jr., MD (Berks); Stanley P. Mayers Jr., MD (Centre); John H. Moyer, MD (Cambria); Nancy S. Nieland, MD (Allegheny); Harry P. Palkovitz, MD (Allegheny); R. Douglass Ross, MD (Philadelphia); Morgan T. Smith Jr., MD (Montgomery); Russell J. Stankiewicz, MD (Union); Bryce Templeton, MD (Philadelphia); Carol Lynn Trippitelli (Dauphin); David Turkewitz, MD (Montour).

1992-93 Pennsylvania Medical Society President Donald G. Ferguson, MD (at podium), thanked Acting Governor Mark S. Singel (left) for joining physicians in reminding grandparents of the importance of using child safety seats and seatbelts when transporting their grandchildren in motor vehicles. Dr. Ferguson made his remarks at a press conference promoting the Society's "Grandparents, Buckle Up the Ones You Love!" campaign. The event was held in September in conjunction with National Grandparents' Day and Baby Safety Awareness Month. Also pictured are participant Brian Meadath (with Singel), one of Pennsylvania's crash test dummies, and the "Care Bears." Others taking part in the activities included Department of Aging Secretary Linda M. Rhodes, Secretary of Transportation Howard Yerusalim, State Police Commissioner Glenn A. Walp, and AARP representative Jim Lange.

Commission on Bioethics

Chair—David Turkewitz, MD (Montour); Vice Chair—George D. Hanzel, MD (Cambria); Omar I. Bhutta, MD (Allegheny); J. Robert Burns, MD (Montour); Mary Jo Bonner, MD (Berks); Raymond A. Capone Jr., MD (Allegheny); James F. Crispen, MD (Dauphin); Thomas G. Gabuzda, MD (Philadelphia); Stephen D. Lockey III, MD (Lancaster); William M. McKinley, MD (Clarion); Russell J. Stankiewicz, MD (Union); Jennifer E. Trottman, MD (Montgomery); Theresa A. Walls, DO (Lancaster).

Commission on Environmental and Occupational Health

Chair—Nancy S. Nieland, MD (Allegheny); Vice Chair—Joseph Schwerha, MD (Allegheny); Daniel A. Hall, MD (Philadelphia); Samuel C. Slimmer Jr., MD (Schuylkill); Theodore F. Them, MD, PhD (Bradford); Louis Van de Beek, MD (Philadelphia).

Commission on Licensure and Practice of Health Care Professions

Chair—Robert J. Fagioletti, MD (Washington); Vice Chair—Richard T. Bell, MD (Berks); Sucha O. Asbell, MD (Philadelphia); Bradley J. Bradford, MD (Allegheny); Frederick B. Doerfler Jr., MD (Armstrong); Christopher W. Fellin, MD (Montour); Thomas F. Freenock Jr., MD (Delaware); William W. Lander, MD (Montgomery); Robert G. Sanford, MD (Dauphin).

Commission on Medical Education

Chair—Charles J. Cattano, MD (Allegheny); Vice Chair—Bradford K. Strock, MD (Dauphin); Robert C. Aber, MD (Dauphin); Paul W. Dishart, MD (Allegheny); Julian Katz, MD (Philadelphia); Joyann A. Kroser, MD (Philadelphia); Carmela F. deRivas, MD (Montgomery); Carol Lynn Trippitelli (Dauphin); Michael J. Warhol, MD (Philadelphia).

Commission on Public Health

Chair—John J. Dennehy, MD (Montour); Vice Chair—Lewis D. Polk, MD (Bucks); Elias Abrutyn, MD (Philadelphia); David M. Bishai, MD (Philadelphia); Judith A. Black, MD (Allegheny); Gilbert A. Friday Jr., MD

PHYSICIANS LEND HAND TO "DAY OF CARING"

Physicions were omong thousonds of Pennsylvonions lending o hand to the United Woy "Day of Coring," in which volunteers from businesses, lobor, ond government orgonizotions perform hond-on tosks ot locol humon service ogencies. The doy-long event kicks off United Woy's onnuol fundroising effort eoch yeor.

In the Pittsburgh orea, members of the Allegheny County Medicol Society put down their tools of medicine ond picked up the tools of lobor to point o Cerebrol Polsy Associotion site, ossist stroke survivors in physicol theropy, ond provide cleaning services ot o battered womon's shelter. In Douphin County, physicions offered immunizotions ond health exams to underprivileged children. Pictured, lending o hond, ore ACMS members John S. Oehrle, MD (left), and Bernord I. Cohen, MD (below).

(Allegheny); Lawrence S. Greenfield, MD (Montour); Edward J. Miller, MD (Carbon); Albert L. Pizzica, DO (Philadelphia); Roberta L. Schneider, MD (Montgomery); Morgan T. Smith Jr., MD (Montgomery).

Subcommittee on Continuing Medical Education

Chair—Robert S. Pyatt Jr., MD (Franklin); James L. Cosgrove, MD (Allegheny); Walter I. Hofman, MD (Montgomery); Brian W. Little, MD (Lehigh); David J. Shulkin, MD (Philadelphia); Frederick S. Sunderlin Jr., MD (Montour).

Council on Medical Practice

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HERSHEY TO CONTINUE ARTIFICIAL HEART WORK

Penn State's Milton S. Hershey Medical Center is one of only three institutions to be awarded a three-year, $5.4 million contract from the National Heart, Lung, and Blood Institute (NHLBI) to continue its work in developing a permanently implantable electric artificial heart.

The new contract comes on the heels of a five-and-a-half year, $5.8 million contract that ended in September.

At the end of the new three-year contract period, known as Phase I, NHLBI will embark on a second phase of support. Based on the progress made in the first phase, the medical center is eligible to receive funding for an additional four years, bringing the total award to $13.9 million over seven years.

The contract, which includes a subcontract with 3M/Sarns for approximately $8.1 million, is the largest research award the medical center has ever received.

Pennsylvania Allergy Education and Research Fund Established

The Pennsylvania Allergy Association has established the Pennsylvania Allergy Education and Research Fund (PAERF) to promote allergy and immunology research and education projects. Your tax-deductible gift to the fund will make a difference in enhancing allergy and immunology research. To contribute, make your checks payable to:

The Educational and Scientific Trust PAERF
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

The institution began developing artificial hearts and related devices in 1970 and is considered a world leader in the field. To date, two of its artifical hearts have been approved by the Food and Drug Administration for use in humans as a temporary bridge to a heart transplant.

AMA ACCEPTING ABSTRACTS FOR '94 HEALTH CONFERENCE

The International Conference on Physician Health, to be held September 16-20, 1994, in Ottawa, Ontario, is accepting abstracts addressing topics related to physician health, including AIDS, HIV, problems related to aging, mental illness, substance abuse, and physician disabilities and limitations, those caused by general medical conditions.

Possible topics for features include:

- presentation and treatment of health problems among physicians,
- the impact of disorders on physicians' families and practices,
- medical-legal issues facing hospital administrations and licensing boards, and
- material on health promotion and disease prevention.

Abstracts addressing related issues such as prevention, diagnosis, treatment, and rehabilitation are also welcome.

For additional information, contact Elaine M. Tejcek, AMA Department of Mental Health, 515 N. State St., Chicago, IL 60610; (312) 464-5073. Submission deadline is February 1, 1994.

EMPLOYMENT LAW MANUAL AVAILABLE TO MEMBERS

Employment Law: A Guide for Pennsylvania Physicians, a 68-page manual developed in cooperation with the law firm of Reed Smith Shaw & McClay, is now available to Society members. The manual addresses:

- wages and overtime;
- employment discrimination, including the Americans with Disabilities Act;
- workplace privacy; terminating employees;
- OSHA;
- Pennsylvania unemployment compensation law;
- employee benefit plan requirements and administration, including COBRA and ERISA responsibilities; and
- recordkeeping and notice requirements.

The manual is priced at $75 for nonmembers and $100 for non-physicians. The discounted fee for members is $45.

For more information or to order, contact the Department of Physician Services at (800) 228-7823.

Breast-Conservation Treatment

AT LEAST ONE-THIRD OF ALL BREAST CANCER PATIENTS COULD HAVE LUMPECTOMY FOLLOWED BY RADIATION THERAPY

The American Cancer Society, the American College of Surgeons and the American College of Radiology have agreed that women whose early breast cancer was detected by mammography are candidates for breast-saving treatment. According to new standards, women with small lumps, those with tumors as large as two inches, and even some women with positive nodes may be candidates for this treatment.

Stage for stage, patients treated in this manner have the same longevity and the same freedom from local recurrence as those treated with mastectomy.

acr

AMERICAN COLLEGE OF SURGEONS

AMERICAN CANCER SOCIETY

For copies of the standards please contact Keri Sperry, American College of Radiology, 1891 Preston White Drive, Reston, VA 22091.

NEWSMAKERS

Governor Robert Casey submitted the name of **Victor F. Greco, MD,** vice chairman of the Society's board, to serve on the Clinton Health Advisory Board. Dr. Greco is the only physician from Pennsylvania recommended for the panel.

Dr. D'Iorio

Norina M. D'Iorio, MD, Plains, was invited by U.S. Representative Paul Kanjorski to attend the September 22 joint session of Congress at which President Clinton unveiled his health system reform proposal. Dr. D'Iorio also attended a follow-up health care forum in Washington in October.

Susan Pan, 1992-93 president of the Pennsylvania Medical Society Alliance, has been appointed to Senator Michael O'Pake's health care advisory committee. Mrs. Pan and the other committee members will aid the senator in formulating decisions concerning health system reform.

Doris G. Bartuska, MD, professor of medicine and director of endocrinology and metabolism, Medical College of Pennsylvania, Philadelphia, received the Family Practice Residents at Harrisburg Hospital's "Best Noon Conference Award for 1993" for her conference, "Thyroid Review."

The American Jewish Committee presented **Leon S. Malmud, MD,** senior vice president for health sciences, Temple University, and chief executive officer of Temple University Hospital, Philadelphia, with the 1993 Human Relations Civic Achievement Award "for [his] commitment to the betterment of mankind."

Douglas R. Morgart, MD, Mountaintop, has been promoted to senior vice president of medical affairs for the Geisinger Clinic's Eastern Region.

Roland E. Miller, MD, Erie, was honored by the Hamot Health Foundation, Erie, for his dedication to primary care. Hospital officials have renamed Hamot's Family Medicine Center the Roland E. Miller, MD, Family Medicine Center and will create a foundation in his name.

William McMillan, MD, Pittsburgh, has been named vice president of medical affairs, St. Clair Hospital, Pittsburgh.

Robert E. Campbell, MD, Philadelphia, received the Gold Medal, the highest honor of the Radiological Society of North America, for his contributions to the profession of radiology.

Pierantonio Russo, MD, chief of pediatric cardiothoracic surgery and associate professor of surgery, Temple University School of Medicine, Philadelphia, led a medical team that traveled to Latvia last spring to treat 25 seriously ill children, many of whom had severe congenital heart conditions. Dr. Russo is now investigating the possibility of treating 50 Latvian children each year in the U.S.

Blood Magazine published an article co-authored by **John Sprandio, MD,** director of hematology/oncology, Delaware County Memorial Hospital, Drexel Hill, on examining the appearance of AIDS after HIV detection in people with hemophilia. Also at the hospital, **Stephen C. Silver, MD,** chief of colon and rectal surgery, has been elected president of the Pennsylvania Society of Colon and Rectal Surgeons.

Dr. Zervanos

Nikitas J. Zervanos, MD, director of family and community medicine, Lancaster General Hospital, received the 1993 Albert J. Finestone (MD) award for excellence in continuing medical education from Temple University School of Medicine, Philadelphia.

Alan L. Hillman, MD, Bala Cynwyd, has received the 1993 Young Investigator Award from the Association for Health Services Research for his significant contributions to health services and policy research early in his career.

Howard K. Rabinowitz, MD, professor and vice chairman of family medicine, Jefferson Medical College, Philadelphia, was chosen as a Robert Wood Johnson Health Policy Fellow.

Nicholas C. Pedano, DO, director of the general surgery residency program, Philadelphia College of Osteopathic Medicine, was awarded the Christian R. and Mary F. Lindback Award for Distinguished Teaching.

Gerald J. Marks, MD, director of colorectal surgery, Thomas Jefferson University Hospital, Philadelphia, has been bestowed an honorary membership in the American Society for Therapeutic Radiology and Oncology.

Robert L. Comis, MD, has been appointed director of clinical programs for the Jefferson Cancer Network and the Jefferson Cancer Center at Thomas Jefferson University, Philadelphia.

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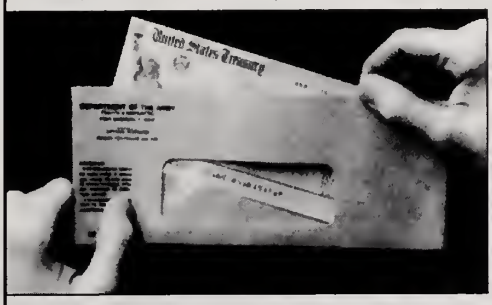

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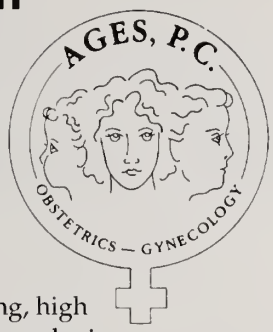

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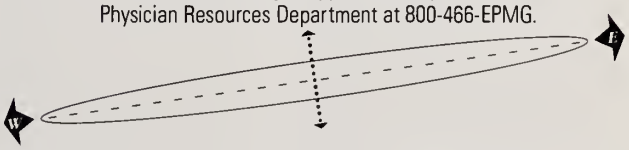

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Tough Choices

J. Robert Burns, MD

To reduce the overall costs of health care, managed care is being promoted as the future of the health care industry. Providers of health care are to become so efficient and restructured that they can set a reasonable cost for services to be purchased by the buyer or major business in a competitive market.

More to the point, if we fail to restructure the health care business—however painful that may be—if we do not become more efficient or are unable to realize the cost reductions expected through managed care, the buyers or big business will manage the care as well as the costs.

Most who have investigated the means of revamping our health care system suggest that too rapid implementation of reform would be disruptive. Yet, physicians are players because, like it or not, we will have to make any reform work.

We will soon see caps placed on the amount of money that we can spend without corresponding socially driven moral priorities to provide us direction on how to spend that health care dollar. Without meaningful tort reform, we cannot be expected to comply with such requests.

As physicians and health care institutions, we must restructure our health care delivery system and redefine what and who we are. We must become a lean professional business, always focusing on and fine tuning to the needs and best interests of our patients.

We must not assume that we always know what is in the best interests of our patients—we must listen carefully and respond meaningfully to the needs expressed by our patients, our communities, and our local regions. Our clinics and support systems must be driven primarily by the patient-physician interaction in a bottom-up hierarchical structure. Unless we are willing to come to the table together in good faith to redefine...indeed, to reinvent our system of health care—both locally and at the state and national level—we will no longer survive in the health care systems of the future.

"Once the public's expectations are diminished, then reduced health care delivery and rationing of health care is 'okay.' Until that time, it will be a gut-wrenching process."

There is considerable room within the arena of managed care practice to improve health care delivery, to emphasize preventive health care measures, to provide more uniformity of health care delivery across the system, and to reduce the cost of health care delivery. All of these things are undoubtedly important.

But quality is akin to a moving target, driven more by changing social forces than by the physician's notion of optimal care. If we, the providers of health care, can reduce costs by becoming as efficient as possible in a managed care environment, and in so doing maintain or even improve the quality of care, we all—physicians, patients, business, government—will be winners.

Some cynics have stated that any meaningful reform of the nation's health care system that would substantially reduce the overall cost of health care must inevitably result in higher cost to the individual and reduced services. It has also been suggested that real reform will not have occurred until the patient and the doctor are both prevented from doing what they both feel to be in the patient's best interest.

Once the public's expectations are diminished, then reduced health care delivery and rationing of health care is "okay." Until that time, it will be a gut-wrenching process.

The National Committee for Quality Healthcare listed a number of issues that need to be squarely faced by our society and by an enlightened Congress if we are to be successful. Among these tough choices are the following: Should change be incremented or systemic? How do we achieve a balance between expectations and resources? What are the relative roles of policy and education in driving the change in how we use health care? How do we reconcile individual choice and societal needs? Is health care a right or a responsibility? Who should have access to how much advanced technology?

Only by coming to grips with these and other very difficult issues will our society ever come to grips with the crippling overall cost of health care.

Dr. Burns is director of critical care medicine at Geisinger Medical Center, Danville.

Reference: 1. Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991;14:146-151.

PRAVACHOL® (Pravastatin Sodium Tablets)

CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

Pregnancy and lactation. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

WARNINGS

Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin end other drugs in this class. Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (<0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin end fibrates should generally be avoided.**

PRECAUTIONS

General: Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

Homozygous Familial Hypercholesterolemia. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

Renal Insufficiency. A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

Information for Patients: Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Drug Interactions: *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS: Skeletal Muscle.

Antipyrine: Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

Cholestyramine/Colestipol: Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

Warfarin: In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

Cimetidine: The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

Digoxin. In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

Gemfibrozil: In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* [1 hour prior to PRAVACHOL (pravastatin sodium)], *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered.

Other Drugs: During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

Endocrine Function: HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

CNS Toxicity: CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p<0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*, a forward mutation assay in L5178Y TK +/− mouse lymphoma cells, a chromosomal aberration test in hamster cells, and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

Pregnancy: Pregnancy Category X: See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL, it should be discontinued and the patient advised again as to the potential hazards to the fetus.

Nursing Mothers: A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

Pediatric Use: Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General**.)

ADVERSE REACTIONS

Pravastatin is generally well tolerated, adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy, this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events %		Events Attributed to Study Drug %	
Body System/Event	Pravastatin (N = 900)	Placebo (N = 411)	Pravastatin (N = 900)	Placebo (N = 411)
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic				
Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

Skeletal: myopathy, rhabdomyolysis.

Neurological: dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

Hypersensitivity Reactions: An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

Gastrointestinal: pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma, anorexia, vomiting.

Reproductive: gynecomastia, loss of libido, erectile dysfunction.

Eye: progression of cataracts (lens opacities), ophthalmoplegia.

Laboratory Test Abnormalities: Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

Concomitant Therapy: Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

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DECEMBER 1993

Medical Journalism 1992 First Prize

1993 House of Delegates Convenes: Debating the Future
—pages 14-29

Also in this issue:

Resolving the primary care shortage—page 28

Will our academic health centers be forgotten by reform?—page 59

Who do our patients trust to decide reform issues?—page 38

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Dr. Murcek

Dr. Ferguson

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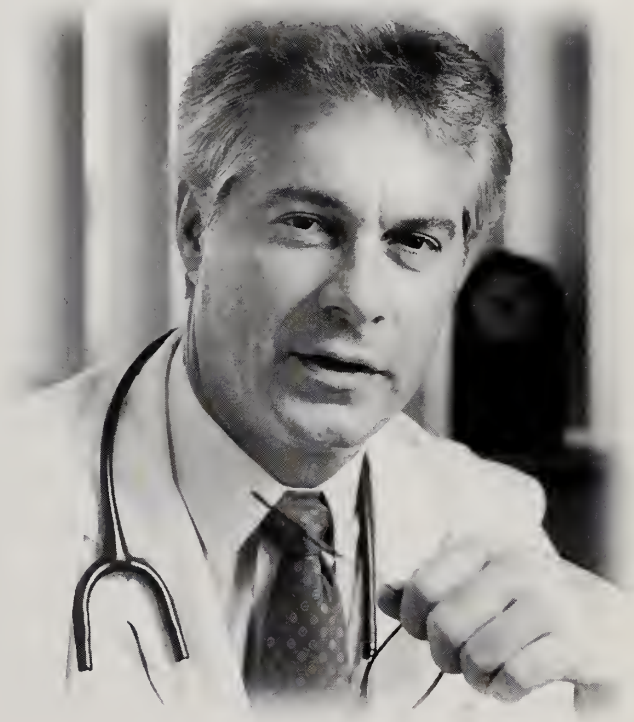
"Unfortunately,

he was already sitting in my examining room. This guy was a walking liability suit looking for a victim. He was angry, non-compliant. It was one of those rare, no-win cases and, well, I guess my number was up.



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HCFA MANDATES DENIAL OF MEDICARE SERVICES WITH INVALID CODES: The Health Care Financing Administration (HCFA) has mandated Pennsylvania Blue Shield to deny Medicare services associated with invalid ICD-9-CM diagnosis codes. "Invalid" codes are initially being defined as those that do not exist in the latest edition of the ICD-9-CM manual. In the past, HCFA required providers to report valid diagnosis codes for each service reported on the claim form. Blue Shield edited the validity of the codes submitted for the past several years. HCFA's new mandate is effective for assigned claims with service dates beginning January 1, 1994. Updated ICD-9-CM code manuals are available from the U.S. Government Printing Office, (202) 512-2303.

PSYCHOLOGISTS' ADMITTING BILL APPROVED IN COMMITTEE: The House Health and Welfare Committee on November 23 voted 13-10 to approve House Bill 877, which would give psychologists hospital privileges, including admitting privileges. The bill would require a physician with hospital privileges to be responsible for "medical evaluation and medical management of the patient"; psychologists would have authority for "all other aspects of care." The State Society and the Psychiatric Physicians of Pennsylvania oppose the bill since it would give psychologists broad, unspecified powers and require expensive duplicative care.

NEW IRS RULES AFFECT SOCIETY'S DUES: As a result of changes in federal tax laws, a portion of professional association dues not applicable to lobbying expenses may be considered deductible for federal income tax purposes as an ordinary and necessary expense. Dues are not deductible as charitable contributions; contributions to political action committees are not deductible. The percentage of non-deductible professional association dues (those associated with lobbying expenses) for the AMA, the State Society, and county medical societies are: AMA—23 percent non-deductible, State Society—20 percent, and Philadelphia and Allegheny County Medical Societies—one percent. County societies not listed fall under minimum lobbying activities and are excluded. Members will receive further notification with their 1994 dues statements.

TASK FORCE WORKING TO IDENTIFY CHANGING MEMBER NEEDS: The Pennsylvania Medical Society Task Force to Enhance Physician Involvement this fall has been studying the changing needs of Society members. The task force will use its findings from focus group, informal, and member studies to recommend new ways to better serve Society members. The first series of recommendations, expected to go to the board in January, may include such suggestions as a pilot program for regional support to unstaffed county medical societies and employing a Society representative to meet with members and prospective members.

SOCIETY PAST PRESIDENT PARTICIPATES ON REFORM PANEL: The Society's Immediate Past President, Donald G. Ferguson, MD, was one of seven panelists participating in a two-hour, call-in radio program on health system reform, broadcast live by 24 Pennsylvania radio stations on November 22. Dr. Ferguson emphasized the need for freedom of choice, for quality, and to preserve medical research in any reform plan. He also expressed concern about "health alliances." Other panelists included U.S. Senator Harris Wofford and representatives of the Clinton administration, the governor's office, small business, and the Blues.

PAYMENT UPDATE SEMINAR OFFERED IN FEBRUARY: The Society is sponsoring a series of intensive, one-day seminars in February to inform physicians and their office staffs of the major changes in the recently published 1994 Medicare fee schedule. "Physician Payment Updates for 1994" will be presented by Carol J. McClain, RN, BSN, who will discuss new relative values, revisions in key payment policies, new federal legislative amendments that will affect 1994 Part B payments, correct usage of CPT modifiers, and related issues. For dates, locations, and more information, call the Department of Meeting Services at (800) 228-7823.

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Cold Thoughts for A Holiday Season

John W. Mills, MD
Medical Editor

We are well into the 1993 holiday season as you read this issue of PENNSYLVANIA MEDICINE. The year has been memorable in many ways—even earth-shaking—but for our profession it will be remembered as the beginning of the end for some, and a new beginning for others. Things will never again be status quo for any one of us.

It's too bad that this season of the year is marred by the ever-more viscous exchange over the subject of health system reform. Debate is good—even heated debate—but I object to the name calling and degrading tactics we are now witnessing concerning issues most dear to us.

The words that really hit me below the belt appeared in *USA Today* on October 22 and are attributed to Representative Fortney "Pete" Stark of California: "Organized medicine makes a lot of noise on Capitol Hill; unfortunately, greed is a far stronger instinct than the Hippocratic Oath."

I've known a lot of physicians in my lifetime, and I can honestly say I've only known one greedy one. Yet, once again, our entire profession has been painted as evil and greedy.

Most of our patients know better, and that is where we have to concentrate our efforts. As we work to bring about needed change in our health care system, yes, we physicians will also benefit from less paperwork hassles, adequate antitrust and liability reforms, a standard insurance form such as HCFA 1500, and incentives toward a healthier lifestyle. Is it wrong to pursue these for our patients simply because we physicians might also benefit? Sure, we represent a special interest group—but the one which takes care of another "special interest group"—our patients. Talk to your patients—remember, they are the voters, and in the final analysis only they can affect change.

Speaking of special interest groups, I got a bit nauseated when the president and his wife appeared on television in Ambridge, Pennsylvania, to push their plan by donating the first copy to the local library. Mrs. Clinton then referred to those "special interest groups" that would try to derail their plan. What would the American Bar Association have to say if the president and Mrs. Clinton had "MD" behind their names and were trying to push a total revamping of the legal system—including a freeze on fees?

Representative Stark touched another raw nerve of mine when he suggested that doctors and hospitals be taxed to finance health reform. This would really add insult to injury. Billions of dollars of "free" health care have been rendered by physicians in this country since its inception, and that's still going on. The Pennsylvania Medical Society did a survey in 1990 to test this issue in our membership. Data suggest that practicing physicians in Pennsylvania alone provide more than $830 million in free or discounted care each year. If Mr. Stark thinks organized medicine makes a lot of noise on Capitol Hill now, he'll be deafened by the noisy unity the AMA will mount if he pursues this one. You'll need more than ear plugs, sir!

Perhaps I'm overly sensitive this month, but I'm uneasy about seeing the future of health care in the U.S. controlled by a few powerful men in Congress, some of whose actions are under serious questions by Congress itself. I refer to Senator Packwood's alleged sexual escapades and those named in his diary, as well as Representative Dan Rostenkowsky's alleged involvement in the House post office scandal and staff payroll irregularities.

It's a sobering thought during this season of "goodwill toward men" as we await the unknown; just what will Congress—heavily dominated by some of questionably integrity—do with a health care plan formulated by the hand-picked "500" and pushed enthusiastically by two members of the ABA?

What's even more sobering is that both the German and Canadian health care systems, held high as models of managed care since their inception, are now in deep financial trouble.

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And Who Are the Bad Guys Now?

Martin A. Murcek, MD

We're the bad guys?!? Hillary Clinton's health system reform task force finally sent its "details" to Capitol Hill, and the first detail is the fact that the supposed $91 billion "savings" is now only $60 billion. The second detail is that Medicare savings will now be only $189 billion, not $234 billion. The third detail is that the plan will start to phase-in in 1998, not 1997 as originally proposed.

A detail not listed in the 1,342-page document is the fact that public opposition to the plan has doubled since it was first announced to a joint session of Congress, and the nation, in September. Doctors are apparently not the only ones who have serious doubts about this particular health system reform plan.

A government press release read at a recent AMA meeting whined about the AMA's "disappointing" adversarial outlook on the Clintons' health care system reform mess. An outright lie included in the government-produced news item was the assertion that the American Society of Internal Medicine backs the Clintons' plan. Unfortunately, from the socialized medicine fan club's point of view, the national president of ASIM stood up at the meeting to say that his organization *never* said any such thing!

As the reform proposal is debated, the nation's legislative bodies will fracture into myriad committees and subcommittees that will set the details of the plan. What this explosion of committees represents is a frantic search by our legislators for that most-desired piece of political capital: plausible deniability. They want to come out of the committee process able to tell their constituents that they are not to blame for any of the bad choices or undesirable fallout lodged in the plan.

Our representatives are becoming aware of what medical practitioners already know: The Clintons' "cure" is worse by far than the disease. The months of wrangling won't be about trying to rehabilitate the plan into a workable compromise—though we'll hear about Republicans and Democrats "crossing the aisle" until that phrase loses all meaning—it will be about saying, "I didn't want to vote for *this* provision, but I had to accept it to get *this other* provision included."

The strategy to get the plan passed is simple: Present a moving target by keeping the final form of the proposals in flux as long as possible. This strategy can be beaten by an equally direct tactic: Identify what is unacceptable to doctors and patients alike, and keep hammering away at our legislators to remove the onerous provisions from whatever package emerges from the House-Senate conference committee.

We are not in favor of yet another layer of bureaucracy siphoning away resources that should be spent on patients. We do not support the concept of committees made up of non-physicians determining what services will be available to our patients. We also are not in favor of any health plan paying for dubious, pseudoscientific "tests" and "treatments" such as so-called "environmental" medicine and "holistic" health services.

We *are* in favor of universal access to reasonably priced quality health care; patient choice of physician; portability of insurance for those who change jobs; and meaningful tort reform.

The backers of the Clinton plan will offer as many "goodies" as possible, trying to make their scheme attractive in a "something for everybody" way. Many politicians at both the state and national levels are staking their political futures on "doing something—anything—*now*," regardless of whether the changes are sensible or not.

Every physician, including those who are not members of their respective state societies, specialty societies, or the AMA, must begin immediately to let patients know that their choices are about to be severely curtailed, and at great cost.

Make no mistake, this plan is about money only. It isn't about maintaining—let alone improving—the quality of medical care in America. It is up to us to make sure our patients understand this, because they will suffer the most.

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December 1st
Infectious Diarrhea: Recent Advances
John Molavi, MD
Associate Professor of Medicine
Director, Division of Infectious Diseases
Hahnemann University

December 8th
Hepatitis "C"—1994 (Acute or Chronic)
Gary Gitnick, MD
Professor of Medicine
Chief, Division of Digestive Diseases
UCLA Medical Center
Los Angeles, CA

December 15th
Antithrombin Therapy in Acute Myocardial Infarctions and Unstable Angina: The Role of Hirudin
James H. Chesebro, MD
Professor of Medicine
Cardiac Unit
Massachusetts General Hospital
Boston, MA

Continuation Warfarin and Aspirin in Valvular Heart Disease
Jack Hirsh, MD
Professor of Medicine
McMaster University
Director Hamilon Civic Hospitals
Research Center
Hamilton, Ontario, Canada

December 22nd
No Grand Rounds — Holiday

December 29th
No Grand Rounds — Holiday

JANUARY 1994

January 5th
Silent and Noisy Myocardial Ischemia
William W. Parmley, M.D.
Professor of Medicine
Chief, Division of Cardiology
Moffit/Long Hospital
San Francisco, CA

January 12th
Genetics of Cancer
Kenneth Blank, Ph.D.
Professor of Pathology
Department of Pathology
Hahnemann University

January 19th
JNC-V: Point and Counterpoint
Henry R. Black, M.D.
Roberts Professor and Chairman,
Department of Preventive Medicine
Rush-Presbyterian-St. Luke's
Medical Center
Chicago, IL

January 26th
Phospholipid Antibodies
Ann Parke, M.B.B.S.
Associate Professor of Medicine,
Division of Rheumatology
University of Connecticut Health
Center
Farmington, CT

FEBRUARY 1994

February 2nd
Cardiac Pearls
Proctor W. Harvey, M.D.
Professor of Medicine
Georgetown University School of Medicine
Washington, DC

February 9th
Clinical Pathological Conference
Brian H. Fillipo, M.D.
Assistant Professor of Medicine
Director, Medical Residency Program,
Department of Medicine
Hahnemann University

Anthony Clay, D.O.
Chief Medical Resident
Department of Medicine
Hahnemann University

Jeffrey Hamilton, M.D.
Chief Medical Resident
Department of Medicine
Hahnemann University

Eliza Mandel, M.D.
Chief Medical Resident
Department of Medicine
Hahnemann University

February 16th
Pathogenesis, Immunity and Treatment of HIV Infection
Martin S. Hirsch, M.D.
Professor of Medicine
Infectious Disease Unit
Massachusetts General Hospital
Boston, MA

Bruce Walker, M.D.
Associate Professor of Medicine
Harvard Medical School
Infectious Disease Unit
Massachusetts General Hospital
Boston, MA

February 23rd
The Granulomatous Vasculitides
Gary S. Hoffman, M.D.
Chairman, Department of Rheumatic and
Immunologic Diseases
Cleveland Clinic Foundation
Cleveland, OH

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DECEMBER 15, 1993
Thrombosis and Thromboembolism in Cardiovascular Disease
Course Director:
Marc Cohen, M.D.

JANUARY 19, 1994
Treatment of Hypertension
Course Director:
Allan B. Schwartz, M.D.

FEBRUARY 16, 1994
Treatment of HIV and Sexually Transmitted Diseases
Course Director:
John Molavi, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair of Medicine, Director, Continuing Medical Education for the Department of Medicine

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CLARIFYING SS BENEFITS AFTER RETIREMENT AGE

The article, "Retirement: Getting It Right the First Time," in the October 1993 issue, contains good advice, but my eyes caught one paragraph which might concern physicians who reached 65 but would like to continue working.

The article states that if you agreed to accept Social Security payments and keep working, your SS benefits may be reduced or even eliminated, depending on the amount you earn. This is correct for people between 65 and 70. However, once you reach age 70 and continue practicing, there is not only no cut, but there may be an increase in your SS benefits depending on your income.

If a physician enjoys his or her work and is healthy, he or she might want to wait to accept SS payments until he or she reaches 70. When determining monthly benefits, the SS office will give credit for the five years that no benefits were paid, plus all SS contributions since age 65 (even those made after age 70) are taken into account annually when determining next year's benefits. The third paragraph of #9 seems to imply that credits are given for the years from 65 to 70 only.

Hiltrud Lu
Lancaster

Editor's note: Mrs. Lu is indeed correct, according to a Social Security Administration representative. The author appreciates her attention to detail and thanks her for clarification of this point.

AROUND AND ABOUT

Editor's note: The following was originally submitted for publication in the newsletter of the Pennsylvania Society of Gastroenterologists.

The time has come for colorectal cancer preventive health care coverage! While it is not currently in the Clinton plan, we will push for it through congressional modification. It has been adopted as part of the AMA Standard Benefit Package, and that package has been adopted for support by the American Society of Internal Medicine (ASIM). These two organizations are the most powerful medical lobbying groups "inside the beltway." The AMA Standard Benefit Package was also adopted by the Pennsylvania Medical Society and hopefully will be used to try to influence state legislators with our own state health care reform. However, it would be wise for us to continue to mention the need for this with each contact with local politicians! Write a letter today!

We all were pleased with the change in the planned reductions in the practice expense part of the relative value scale. Our national societies have served us well. As health system reform moves forward, we must have an even stronger voice. If you are not already a member, please join the Pennsylvania Medical Society and AMA, as well as your specialty societies. They all work for you. I know, I am there.

William H. Mahood, MD
Flourtown

"TOUTED" SAVINGS, BENEFITS OF PEER REVIEW QUESTIONED

In the October issue of PENNSYLVANIA MEDICINE, Dr. Donald Harrop, [president of the Keystone Peer Review Organization,] revealed the data I have been trying to find for several years: that PROs save between $11.80 and $22.60 per review. He touts this as a savings to Medicare of over $116 million.

Has anyone considered that the cost to doctors and hospitals of providing required data for review is *at least* $22.60 per case and probably is substantially more? These costs are passed on to others, thus PROs are a net cost to the system.

Has there been any other benefit of PROs? Have any substandard physicians been removed from practice? By contrast, how many competent and caring physicians have been persecuted by reviewers who have no personal interest in the case?

The emperor admits he has no clothes.

John J. Messmer, MD
Palmyra

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Panel Discussion	*Kathleen E. Magness M.D.*	*Howard M. Rosner, D.O.*
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LEADERS, CONGRESSMEN CONVENE AT REFORM FORUM

The Pennsylvania Medical Society was one of several state health- and business-related organizations represented at a Congressional forum in Washington, DC, on October 20. Nineteen congressional members made appearances at the forum—the first of its kind for Pennsylvanians to discuss health system reform in Washington.

Judy Feder, PhD, principal deputy assistant secretary for planning and evaluation, U.S. Department of Health and Human Services, discussed President Clinton's health system reform proposal, and John Tighe of the governor's office overviewed the Casey plan. Responses from members of the Pennsylvania delegation varied:

• Senator Wofford discussed criteria to consider when reviewing health system reform proposals. Among his suggestions were: Does the plan guarantee coverage for all? Does it insure a comprehensive benefits package? Does it preserve patients' choice of health care plans and doctors? Does it cut red tape?

• Representative William F. Clinger Jr. (R-5th) said, as a representative of the most rural constituency in the state, he will be looking at any plan as to how it will affect rural areas.

• Representative James Greenwood (R-8th) cited several concerns about employer mandates, global budgets, and individual responsibility vs. government involvement.

• Representative Marjorie Margolis-Mezvinsky (D-13th) expressed fraud concerns, and cited the need for tort reform and a single claims reporting form.

• Representative Paul McHale (D-15th) voiced concerns about access to care for children. He has endorsed the bill introduced by Jim Cooper (D-TN) which proposes managed competition, but that does not include an employer mandate; he said his endorsement of the president's bill depends on whether it is "economically realistic."

• Representative George W. Gekas (R-17th) cited a survey of his constituents in which 80 percent oppose any single-payer system, and 80 percent said they were satisfied with their health care plans. His conclusion: Any reform must address cost concerns without revolutionizing care for the satisfied 80 percent.

• Representative Tom Ridge (R-21st) said, "We have to be careful not to radically alter a system that provides quality and coverage to 92 percent of the population, and not give a 'pink slip' to those who provide that coverage."

• Representative Robert Walker (R-16th) supported portability, "some level of tort reform," and 100 percent deductibility for the self-employed. He also cited a need to stop pre-existing condition exclusions.

The forum was hosted by Congressmen John Murtha (D-12th) and Curt Weldon (R-7th).

Results of November Election

Senate 2nd District (Philadelphia): William Stinson (D) has apparently won the contested match-up with Bruce Marks (R) in this Pennsylvania district, though a court challenge is still probable; each candidate had received 50 percent of the vote. With Stinson's victory, the Democratic Party retains control of the Senate.

House 143rd District (Bucks): Joseph Conti (R) won this seat with 60 percent of the vote. He replaces David Heckler (R) who moved to the state Senate in June.

House 200th District (Philadelphia): Luann Washington (D) won this seat with 72 percent of the vote. She replaces Gordon Linton (D) who was appointed by President Clinton to head the Federal Transportation Administration.

TRIPLICATE PRESCRIPTION BILL STRONGLY OPPOSED

State Representative Mike Veon (D-Beaver) in October introduced a triplicate prescription bill that is strongly opposed by the State Society.

House Bill 2100, which would amend the Controlled Substance, Drug, Device and Cosmetic Act of 1972, calls for a three-part prescription form for Schedule II, III, and IV drugs. The physician would keep one copy, the pharmacist would get the original, and the other copy would be forwarded to the state Department of Health. Supporters believe such a system would tighten tracking of these controlled substances.

However, the Society opposes the bill, citing "unnecessary paperwork" and also noting that a similar tracking attempt failed in New York. Instead it would suggest use of a computerized tracking system.

In other legislative news, Senator John Peterson (R-Venango) has introduced a bill seeking to increase the number of primary care providers in the commonwealth. Proposed are tuition breaks for primary care physicians, loan forgiveness, and expanding the scope of other health professionals. The Society has serious questions about the bill, which would increase provider licensing fees to raise $2.9 million to fund the proposed measures.

SOCIETY HOSTS SENATE HEARING ON REFORM

The Pennsylvania Medical Society on October 14 hosted a public hearing of the Senate Health and Welfare Committee at its headquarters in Harrisburg. Led by Senator Hardy Williams (D-Philadelphia), the committee heard testimony on two health system reform issues: peer review and medical ethics.

Donald E. Harrop, MD, president of the Keystone Peer Review Organization, overviewed the PRO's peer review activities. James F. Crispen, MD, co-chair of the Society's Commission on Bioethics, headed a medical ethics panel.

Senator Williams is the sponsor of the governor's five-bill health system reform package. He is holding a series of public hearings throughout the state to discuss aspects of reform.

FOUR PHYSICIANS NEWLY ELECTED TO PAMPAC BOARD

The Society's Board of Trustees in October newly elected four physicians to serve on the board of PAMPAC, the Society's political action committee.

In the First District, Karl R. Meyers, MD, replaces Wallace G. McCune, MD. In the Third District, Carmen A. Brutico Jr., MD, replaces F. Dennis Dawgert, MD. In the Fifth District, Richard D. Baltz, MD, replaces Lewis T. Patterson, MD. In the Eight District, David F. Dieteman, MD, replaces A. Craig Brown, MD.

In each case, the incumbents were ineligible for reelection because they had served the maximum of five consecutive terms on the board.

In related news, R. William Alexander, MD, Reading, was reappointed in October to a third term on the Board of Directors of the American Medical Political Action Committee (AMPAC). Dr. Alexander is past president of the Society and a past PAMPAC chairman.

WHERE ARE STATE & NATIONAL HEALTH CARE REFORMS HEADING?

Don't duck your political rights. Join PAMPAC.

This advertisement is intended for Pennsylvania Medical Society members and alliance members. PAMPAC is a separate segregated fund established by the Pennsylvania Medical Society. Voluntary political contributions by individuals to PAMPAC should be written on personal checks; corporate contributions can be used only for administrative purposes. Contributions are not limited to the suggested amount. Neither PAMPAC nor its AMA affiliate, AMPAC, will favor or disadvantage anyone based upon the amounts of, or the failure to make, PAC contributions. Voluntary political contributions are subject to the limitations of FEC Regulations, Section 110.1, 110.2 and 110.5 (Federal regulations require this notice). A portion of your contribution will be forwarded to AMPAC to support candidates in Federal elections. Contributions to PAMPAC and AMPAC are not deductible as charitable contributions for Federal Income tax purposes.

Today's Issues: Professionalism, Reform

Martin A. Murcek, MD

This is an excerpt from Dr. Murcek's inaugural address presented on October 22 to the Society's House of Delegates at its annual meeting.

Now may very well be the best time to be a medical practitioner. That assertion may seem to fly in the face of the unprecedented assault our profession is currently weathering. But if we accept the fact that changes must be made, medicine will emerge improved and strengthened...If we passively allow politicians, businessmen, and social engineers to steer the process, everyone will lose. We, as dedicated professionals, simply cannot allow that to happen.

"If we passively allow politicians, businessmen, and social engineers to steer the process, everyone will lose."

Before we look at what's wrong, however, let's review what's right with medicine in America today. We owe ourselves that perspective, and it's crucial to moving forward with the changes that must be made. Improvement in longevity and quality of life is the single biggest success story in medicine today. Scientific advances of enormous value occur almost daily in our field...the fruit of efforts for which no politician, bureaucrat, administrator, or policy-concocting academic can legitimately take credit.

Today's doctor has at his or her disposal high-tech tools in an almost embarrassing abundance, perhaps an over-abundance. Some have been seduced by technology and mistakenly substituted it for the physicians' oldest and most powerful healing tools—the heart and the mind. Some of the most negative perceptions of medicine harbored by the public today are the result of this error...Regrettably, we have not committed ourselves sufficiently to correcting the misuses, and even abuses, that have fostered such unfavorable views. That is going to have to change, and fast!

What needs to be changed or improved? Lots of things, including many items receiving play in the media and in political circles right now. Access to care, better communication between doctor and patient, more emphasis on basic care and preventive care, and increased sensitivity to ethical matters are all issues that deserve more attention and more effort from us.

All these things take a back seat to costs, however, in the public debate about health care, and while we certainly aren't the sole culprits in the health care cost equation, we aren't powerless to influence the economics of medicine either. Sure, we can't dictate to hospital administrators how much nurses, technicians, clerks, and administrators themselves are paid, but we can't abdicate our responsibility to be heard on these issues either.

I am not advocating a hidebound adversarial relationship between physicians and those interests just mentioned. That's been tried, and it's still being tried; it never worked, and it will never work. What the medical profession must do on these issues is lead by example. We can only constitute a good example if we adhere rigorously to the tenets that govern professionalism itself.

Maintaining professionalism

What is professionalism? Summed up, [professionalism] can be characterized as hard work, long hours, realistic expectations about compensation, unflinching self-criticism, and never "cutting yourself slack" when you should actually be "taking a gut-check."

Being professional does mean being generous with your time when dealing with patients, [but] it does not mean taking a vow of poverty.

On the other hand, cranking through as many patients as possible, without regard to their legitimate needs, in the name of one's own perceived needs, is a complete travesty. So is the atrocious practice of acting as an expert "gun-for-hire" in the courts. Without the trust and respect of the public we serve, our efforts are all for

Dr. Murcek, a Greensburg allergist, is the Society's 144th president.

naught. We all have a responsibility to contribute unselfishly. It's a tradition in medicine.

Dealing with reform

As details of the [Clinton] administration's health system reform proposals come out, it becomes apparent that our exclusion from the task force's debates will have a detrimental effect on patients' access to the best possible care. One of the points being discussed is a plan to limit the number of specialists allowed to train in this country. While it is not yet clear how this will be accomplished, it bodes ill, as any limitation of a physician's options to further his or her training cannot possibly benefit anyone that I can think of. Sadly, the task force members seem to feel that medical specialties were invented for the sole purpose of jacking up the cost of care.

If we don't make our voices heard, we will all be contributors to whatever damage is done by the reformers' mindless obsession with money. President Clinton has declared that people should not expect to "get something for nothing," but he has been ominously silent on the matter of the public's expectations of "more for less." We are going to be stuck with that problem, so we might as well get on with the task of identifying how it will be done.

The coming changes will inevitably result in some practitioners consciously scaling back—in effect, "doing less for less." This has the potential to make "caveat emptor," or "let the patient beware," the unfortunate new definition of the doctor-patient relationship. We cannot allow such a tragedy to occur. Whatever the results of the reform of the health care system, we must retain our patients' trust by doing what is right for them.

The best estimates available indicate that two-thirds of all physicians in the nation provide free care to the indigent. Under the proposed health system reforms, there will be no indigents—at least with respect to health care access. We will, however, see increased numbers of patients whose health problems are caused by, or exacerbated by, the consequences of substandard socio-economic conditions: poor nutrition, inadequate hygiene, exposure to toxins such as lead, etc. Let's all make sure we share our experience in these matters. It's the professional thing to do.

Presently, hearings on the proposed health care system overhaul are being held in Washington, DC. What are the essential components of a successful health care system? Consider these items: access to basic medical care for all; real cost control; continuing quality; reasonable limits on professional liability; reduction of time-wasting administrative hassles; retention of physician and patient autonomy; improvements in the effective and efficient delivery of long-term care; emphasis upon primary care; improvement in efforts at disease prevention; and avoidance of "opinion-poll-of-the-week" micro-management that precludes stability.

There should be no doubt that without real, meaningful improvements in the system, there will be a catastrophic "moment of truth"—possibly within two years. Should such a disaster occur, we can all count on unsatisfactory, Draconian measures, including socialized medicine of the worst sort, cannibalization of teaching and research budgets, rationing of care, and a tragic decline or even cessation in the advancement of medical science. Everyone likes to comfort themselves by saying, "That's a worst-case scenario; it really won't ever come to that." Don't you believe it.

We have patients who trust us and depend upon us to do what is best for them. Many of them are as apprehensive as we are about having outside "solutions" imposed on the care that keeps them healthy and alive. These patients will be interested in our recommendations and will act to remove politicians who pose a danger to continued access to the care they have come to expect.

In the coming year

It has been the custom of the incoming president to outline in his inaugural speech one or more recommendations for initiatives to be undertaken by the Society. It is my observation that the unfinished business of the Society will occupy not only my tenure, but that of the presidents who will follow me in the coming years. I therefore have decided against burdening the Society with any additional new projects or endeavors that speak only to my personal wishes. Instead, I will continue to permit the Society's highly trained and skilled staff—the most physician-friendly medical society staff I have had the good fortune to work with—to pursue the many excellent initiatives already undertaken.

We don't have a huge war-chest to combat all the misinformation that will be spread. What we do have is the trust and respect of our patients. It is with them that we must plant the seeds for acceptance only of changes that are in the best interest of quality health care and rejection of the changes that benefit only politicians, political parties, and bureaucrats. ○

"We don't have a huge war-chest to combat all the mis-information that will be spread. What we do have is the trust and respect of our patients."

A Plea for Stewardship

Donald G. Ferguson, MD

This is an excerpt from Dr. Ferguson's exaugural address presented on October 22 to the Society's House of Delegates at its annual meeting.

Our health system is changing, and there's nothing wrong with that. Change is important, as well as inevitable. We wanted better health care for all the people of Pennsylvania. We wanted universal childhood immunizations and qualified medical examiners. We wanted better health education and healthier lifestyles, and an end to child abuse and family violence, and alcohol, tobacco, and drug addiction.

We want to take care of people—that's what we're all about. And, we want to be free to take care of patients as we know best—that's what our organizations are all about. Will we be allowed to take care of patients as we should? That's why we're here today. It's up to us whether we will survive as a profession, what forms of practice and patient care will survive into the next century.

Can we do it alone? *Of course not!* We need all the help we can get. We need the Pennsylvania Medical Society, our county medical societies, and our specialty and sub-specialty societies, working together and pulling together, and above all speaking together, if doctors are to continue to be free to practice together, or individually, in groups or separately, as we choose.

And, we need the AMA. Why? Because without it—without a single voice, a single organization speaking for all of medicine—the profession we have known will be gone. If you don't like the AMA, let's call it something else. If you don't like what it does, *change it.* You can! You can change and strengthen the Pennsylvania Medical Society, and you can change and strenghthen the AMA, as your representative, as your voice, and as a vigorous, vocal advocate for you and for your patients. Speak out! Write a letter, author a resolution, run for delegate.

The medical staff of my own hospital was near revolt a couple of years ago over an inequity in the peer review process mandated by the Health Care Financing Administration. One of our physicians had received a 25-point citation for a procedural violation that was clearly not his fault. A patient, properly admitted to the hospital, properly treated, and properly discharged when his acute cardiovascular episode was over, was readmitted with a new episode within 30 days of discharge. An automatic major citation was issued because of a HCFA regulation, which was clearly wrong, but which could not be altered—not through the efforts of the physician, not through the efforts of the medical staff, and not through the efforts of the state's peer review organization. Clearly wrong, but unchangeable.

Right? Wrong!

At the next medical staff meeting, I was able to say that, as a direct result of the earlier staff meeting, the issue had been taken up by the Pennsylvania Medical Society. Furthermore, through our AMA delegation, the force of the American Medical Association was brought to bear—and the regulation had been changed! That's democracy in action! And that's the AMA in action!

We couldn't do it as individuals—not even as an organized medical staff or a county or state medical society. But the AMA could—and did!

We need all the help we can get. And, working together, we can do it! That's the message: *Working together, we can do it!*

Enhancing member involvement

I am happy to report that much activity has taken place in the past year, particularly in our Department of Membership and the closely related activities of our new Task Force to Enhance Physician Involvement, authorized by the 1992 House of Delegates, acting on a presidential recommendation.

Subcommittees are working with categories of membership which have, until now, been under-represented in our Society. Dues restructuring has been proposed and approved by this House. We have met with the executive directors of our county

Dr. Ferguson, a Pittsburgh radiologist, is immediate past president of the Society.

medical societies to ask for further input. I am delighted with our progress.

Are we perfect yet? Far from it! We still need more input from you, to tell us what we should be doing for you and for our patients. We ask your help in this.

Urging child abuse protections

I would urge upon this House your favorable consideration and adoption of the report of the Joint Task Force on Child Abuse, which recommends updating and improving the Pennsylvania laws for the reporting of suspected child abuse, and for the protection, in law, of such mandated reporters from retaliation and legal harassment. We thought we had a good child abuse law in Pennsylvania, but it proved to have holes in it—big holes! Those whose clear duty it is to protect our children from physical, psychological, and sexual battery have been harassed, threatened, and, in some cases, driven close to bankruptcy by actions in the civil courts, with the result that some are intimidated, and many more are hesitant to report suspected child abuse.

The latest collaboration to come out of this process is the inception of another joint task force with the Pennsylvania Bar Association, to work on the increasing threat of drug-resistant tuberculosis in our nation; to recommend precautions that make sense, such as increasing the rate of recirculation of air in aircraft, so that live tubercle bacilli are not in the air you breathe on a long flight. I urge that this task force be supported.

Reaching out

With this as a background, and with this demonstration that the medical and legal professions can work together on programs that are clearly for the benefit of the people, further demonstration projects should be considered, with the Pennsylvania Bar Association and with other organizations willing to work with us for the common good—the AARP, community service clubs, and, yes, the government.

We have been asked by senior legislators in the state to look into ways of overseeing the medical care delivered to inmates in the state penal system. This is an area in which the health of the public is clearly at issue; prisoners are clearly at particular risk of developing AIDS, drug-resistant tuberculosis, and other conditions which are a public health hazard. I have spoken with the president of the bar association, who has agreed to present this project to his electorate for the formation of a new joint task force.

The report of the Joint Task Force on Child Abuse is a good, comprehensive one, and I urge its support. But it has been three years in the making, while children have continued to be abused, and doctors and health care workers have been afraid to act as positively as they might, for fear of legal and personal reprisal.

Our health care system has some of the same problems. Representative Newt Gingrich, speaking at the AMA's recent political action symposium in Washington, spoke of the consensus items contained in President Clinton's address on health system reform—things that everyone agrees ought to be done, and which could be passed quickly, but which also could be held hostage—his words—while a larger package is being worked on, a larger legislative program to be voted up or down as a single unit.

It should be evident to everyone that a child should not be picked up by the hair and thrown across a room—but it happens. It should be evident to everyone that health insurance ought to cover pre-existing conditions, that an insurance policy shouldn't be allowed to offer all the medical coverage in the world, except for the coverage that you know you really need for the disease or condition you already have. They call this "exclusion for pre-existing conditions" and it's wrong. You know it's wrong, but it's there, and it shouldn't be.

"Do what's right, and we'll do all right."

Looking to the future

What does the future hold? None of us know, but we do know right from wrong and good from bad. This isn't politics, it's mostly common sense. Good people may differ sincerely, even over vital things.

When we know that a political proposal is bad for patients, it's our duty to speak out, to tell the politicians and legislators that it's bad and why it's bad and what the consequences will be—and, if necessary, to tell the world.

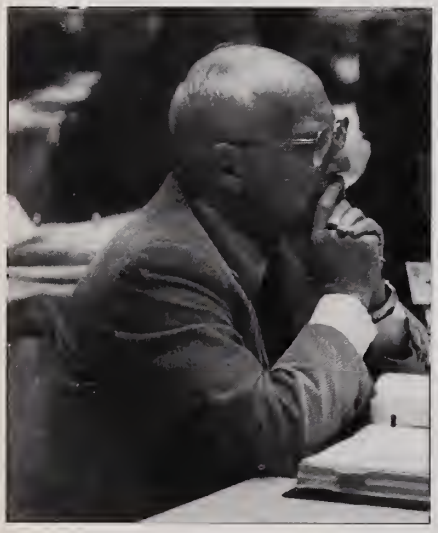
Do that, do what's right, and we'll do all right. We can face the future and face our patients with confidence and with pride.

Thanks for a wonderful year.

Delegates Proact to Future Environment of Medicine

Maria T. Montesano
Assistant Managing Editor

No one will deny that times are changing rapidly for the medical profession. The words "health system reform" and "managed care" have been echoed time and time again in the past year—in private meetings and in public hearings, in this publication and in the international press. Reform proposals have been suggested by a multitude of special interest groups nationwide, and most recently, the president released his 1,342-page legislation to reform the health system.



David Miller, MD, Clorion County, o former trustee of the Stote Society, wos omong 276 members of the House of Delegotes who gothered in Hershey in October to discuss issues of importance to physicians ond their potients.

In an effort to help their colleagues through the changing times still to come, 276 members of the Society's House of Delegates gathered at their annual meeting in Hershey in October to debate and support initiatives related to reform and managed care. As a starting point, the delegates adopted one resolution, initiated by the York County Medical Society, which authorizes the Society to use whatever resources are necessary to address all issues concerning health system reform and managed care on behalf of members.

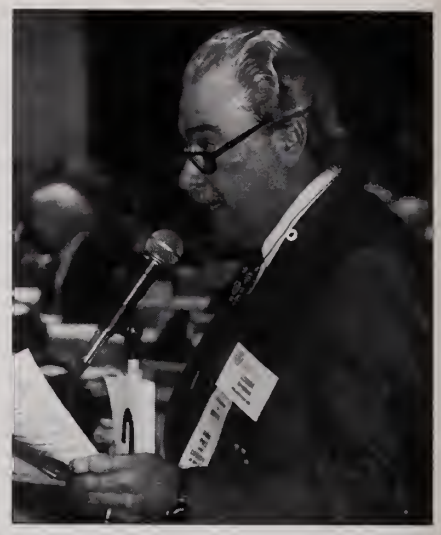
The resolution acknowledges efficient use of Society resources this past year and reaffirms that reform will remain a priority in 1994. Throughout the meeting, major new Society projects were moved forward with a united resolve among the delegates to help the Society to come quickly and effectively to members' aid as reform and managed care develop in Pennsylvania.

The delegates also acted on resolutions and reports related to other Society priorities, including public health, self-referral, and membership. Prior to voting in the House, delegates attend a series of hearings of the Society's seven "reference committees," where advocates and opponents of each report and resolution debate their views. The reference committees serve as forums for debate and are organized by topic: bylaws, education and science, facilities/peer review, legislation/regulation/professional liability, medical economics, membership/reports of officers, and public health.

This year the delegates adopted 74 reports and resolutions; the remainder were either referred for further study, not adopted, or filed.

Health system reform/managed care

The Society's fast-track development of managed care services and support for physicians was the top order of House business.



Roymond Lodise, MD, Philodelphio County, offers support for o resolution he introduced, which questions the disproportionateness ond legolity of cost-shifting to private-pay potients ond uncontrocted insurers by hospitols. The resolution wos odopted by the House.

This summer, the Society's Board of Trustees approved a proposal of the Task Force on Managed Care to contract with KPMG Peat Marwick to develop a physician-initiated managed care strategy for the Society; the recommendations of that study were discussed by the House during the annual meeting. Topping the list of five specific actions the Society will pursue is the development of a management service organization (MSO), which

What Is An MSO?

A management service organization (MSO) provides specific services to physician networks and physician groups. Some services, such as business consultation, could be individually tailored for a physician network or group; others would combine the purchasing power of several physician networks or groups.

For example, while one physician network or group would not receive a substantial discount when purchasing actuarial services to evaluate a capitation rate, an organization of networks and groups could purchase the services more economically.

Besides technical business consulting, several other services are also being considered for inclusion in the Pennsylvania Medical Society's MSO, including clinical protocol development, outcomes measurements, utilization review, actuarial services, strategic planning, financial management, management information systems consultation, and billing/collection.

will initially focus on providing technical assistance for the establishment of physician networks and physician groups. This will be done by establishing a consulting company within the MSO.

Other services being studied for inclusion are clinical protocol development, management consulting, outcomes measurements, utilization review, actuarial services, strategic planning, financial management, management information systems consultation, billing/collection, and group purchasing. Recognizing the growing managed care environment, Society members participating in Peat Marwick's study expressed strong support for these services.

The Society will also attempt to expand primary care case management to the Medicaid population, develop a pilot Medicare case risk contract in a selected region, and continue to monitor the market for possible development of a statewide individual practice association (IPA). Another Society initiative will be to build partnerships with state specialty medical societies to implement these recommendations.

A special meeting was held December 1 for all specialty societies to discuss the results of the Peat Marwick study. Attendees were expected to identify partnership opportunities that exist among their societies and the State Society.

To help house some of these initiatives, the delegates authorized the board to establish a subsidiary for major non-dues-revenue-generating activities. Its purpose will be to provide physician services and other programs to members. The concept of creating a subsidiary to provide physician services has been discussed by the House in the past. In 1983, the delegates approved a report that established the Council on Medical Practice and directed it to develop services that would provide physicians with the resources to respond in a competitive environment. The report also recommended developing, if needed, a subsidiary to provide these services.

In the 10 years since that action, the council has focused its efforts on providing products and services to the Society's membership. Among its current efforts are sponsored insurance plans, publications, endorsed services, and a seminar program offering 50 seminars each year. Yet, with the rapid changes in medical practice and anticipated changes through health system reform, the Society must be prepared to undertake new business ventures and further expand its member services. The Board of Trustees will determine exactly when the subsidiary will be created and what other services will be offered.

The Society's Board of Trustees, at its meeting following the last session of the House, approved the appointment of a five-member steering committee to advise implementation of the MSO's consulting activity and to consider the structure and bylaws for the new for-profit subsidiary. A report of the steering committee is expected early next year.

"The eyes of our patients ore upon us at this criticol time," Joseph Pointer, MD, president of the AMA, told Pennsylvania delegotes ot their onnuol meeting. Dr. Pointer's October 23 speech to the House focused on leadership ond the importance of "putting the potient first."

Monitoring Medicaid managed care

Another reform-related effort the Society will pursue as a result of House action is to endorse the Lancaster Community Health Plan Pilot Project as a model for Medicaid managed care in Pennsylvania.

Currently, efforts to deal with Medicaid-eligible patients include three pilot programs: 1) the "Lancaster Plan," as described below, for Lancaster County; 2) expansion of Philadelphia's Health Insurance Organization (HIO), an HMO-type program for the six Philadelphia-area counties; and 3) the Family Care Network, similar to the Lancaster Plan, for Pennsylvanians up to age 21 in the remaining 60 counties. Though the Society believes all three programs can address Pennsylvania's access to care problem, it prefers the Lancaster Plan since it is community driven and led through the efforts of the local medical society.

Anne Woods, MD, York County, voiced o strong interest in public health issues ot the onnuol meeting. Here, she testifies before the Society's Reference Committee on Educotion ond Science.

The plan is essentially an "inclusive" fee-for-service network: Physicians are not blocked from joining the network up front, but if their performance is not acceptable once they are in the network, they will not be permitted to continue participation. The plan will build initially on existing Medicaid providers by paying a case management fee of $3 per person per month to enroll primary care providers. This is in addition to existing fee-for-service reimbursement under the Medical Assistance fee schedule. Processes to develop private insurance alternative programs for the plan are also being pursued.

A waiver from the Health Care Financing Administration (HCFA) for the Lancaster Plan is expected to be approved next month, with implementation of the program to begin in February. County societies interested in setting up their own networks may call the Society's Department of Regulatory Affairs and Specialty Legislation at (800) 228-7823 or (717) 558-7750 for more information.

Another resolution directs the Society to petition HCFA for a single statewide charge class for determination of payment for Medicare services.

Public health priorities renewed

Public health issues also remain a priority for state physicians, as apparent in House actions and in the Society's priorities for 1994 (see page 21). Three important issues—childhood immunization, AIDS and HIV infection, and tobacco use—received particular attention from the delegates.

• *Immunization:* The House voted to urge the state secretary of health to issue regulations to require that children be immunized prior to entry into group care arrangements such as preschool, child daycare facilities, school, and camp. The Society will also urge the secretary to establish a mandate directing parents to immunize their children in a complete and timely manner.

The Society was a prime sponsor of state legislation this year requiring insurance companies to pay for all immunizations recommended by the U.S. Public Health Service Centers for Disease Control and Prevention Advisory Committee on Immunization Practices.

• *HIV/AIDS:* The House reaffirmed its position that AIDS and HIV infection should be perceived as infectious diseases and that cases of HIV infection should be reported to the state Department of Health. Current regulations require the reporting of AIDS, but not HIV infection.

• *Smoking:* The Society reaffirmed its support for a ban on tobacco advertising and stated its support for a federal law removing the tax-deductible status of tobacco advertising. Throughout the past year, the Society has been involved in several anti-tobacco efforts, including a partnership in the state Department of Health's Youth Against Tobacco campaign which encourages teenagers not to use tobacco products, membership in the Coalition for a Tobacco-Free Pennsylvania, and through its program recognizing pharmacies that do not sell tobacco products.

The House also adopted a resolution to urge the AMA to establish a committee on alternative health methods to gather, interpret, and disseminate accurate information on the subject, and approved a report of the Society's 1992-93 public health initiatives regarding drug-resistant tuberculosis, costs for pharmaceuticals, state funding for commonwealth medical schools, pesticide-herbicide toxicity instruction, living wills, family violence, and the management of HIV-infected medical students.

PHYSICIAN INTEGRATION TOPIC OF FORUM

More than 450 physicians and their spouses attended "Taking Control of Managed Care—Physician Integration," a two-hour forum held in conjunction with this year's House meeting.

John J. Gannon (at left, on left), partner-in-charge of the National Health Care Management Consulting Practice for KPMG Peat Marwick, opened the session with a discussion of the Society's study of managed care services for members. Gannon, principal consultant for the study, explained the evolution of managed care and talked about the methods, findings, and recommendations of the study to date. (For details, see pages 18-19.)

Douglas M. Soderberg, MD, (above, center) a member of the Board of Governors of the Criterion Health Care Network in Minnesota, talked about one approach to managed care: clinics without walls. Dr. Soderberg, currently involved in establishing such a clinic in the Minneapolis-St. Paul area, discussed his experiences within the changing health care environment. He listed a number of environmental trends in the past three years and reassured attendees that they can "control" change. Most important, he said, was to "carefully look at all the options."

James G. Pitcavage, MD, (above, right) Sewickley, chair of the Society's Hospital Medical Staff Section, has been involved in a physician hospital organization (PHO) since 1980. In his presentation, he explained that physician concerns, hospital concerns, and environmental factors all led to the integrated system in his region. He also discussed what to keep in mind when setting up a PHO.

A 40-minute question-and-answer session concluded the forum; Donald G. Ferguson, MD (at right), 1992-93 president of the State Society, moderated.

AMA's self-referral policy endorsed

Following the lead of the Society's Judicial Council and Board of Trustees, the House of Delegates endorsed the AMA Council on Ethical and Judicial Affairs' opinion on self-referral. The opinion was endorsed by the Judicial Council in March and the board in May.

The policy states that physicians should not refer patients to off-site facilities in which the physicians have an investment interest unless: 1) they do not directly provide care or services in the facility; or 2) there is a demonstrated community need for the facility, and alternative financing is not available.

The policy also permits self-referral when the facility is an extension of the physicians' practices. Therefore, physicians may refer patients to outside laboratories or other outside facilities which they own that form an integral part of their practices.

The prohibition on self-referral is directed at passive investments and referrals done purely for profit.

The new Society policy goes beyond current Pennsylvania law. The law only requires physicians to disclose their financial interests to patients when self-referring, but the Society also encourages physicians to give patients a list of other facilities, inform them that they have the option to use one of the other facilities, and assure them that they

will not be treated differently by the physician if they decide to use one of the other facilities.

Membership incentives created

The Society's Council on Membership has been busy this year studying a topic of major importance to the Society's existence: recruitment and retention of members. As reported in "Policy Briefs" this summer, the council—with strong support of the board—has developed a plan of action to test different dues-restructuring options. The House adopted the plan, which includes three specific recommendations.

As a first step, the Society will conduct a pilot recruitment incentive project with the Philadelphia County Medical Society. As proposed, for each additional member increase from the previous year, 50 percent of the additional dues income will be returned to county society members in the form of reduced dues; the money returned to members would compound annually, for a maximum of five years. The Society hopes to test the program at all three levels of the federation of medicine—county, state, and AMA.

The two other recommendations call for the Society to implement a two-percent discount to renewing physicians who remit dues within the first 30 days of billing, and to establish a reduced dues category (20 percent off) for physicians earning less than $60,000 adjusted gross practice income. Since both actions require bylaws changes—and to allow county societies to prepare for these programs—they will not be implemented until 1995.

Also approved for implementation in 1995 were: 1) electronic fund transfer payment options for full dues payment and quarterly dues

Delegates at the Society's annual meeting considered 149 resolutions and reports on such issues as access to care, childhood immunizations, health system reform, HIV/AIDS, and Medicare/Medicaid.

payments; 2) a one-time only, 10 percent discount to all active dues-paying *new* members who pay within 30 days of being billed; and 3) a five-year graduated dues rate for physicians in their first five years of practice. Eligible physicians would pay 20 percent of full dues in the first year of practice, 40 percent the second year, 60 percent the third year, 80 percent the fourth year, and full dues the fifth year.

Further, the House approved two recommendations related to group practice membership, another priority of the council. The first directs the board to implement pilot programs in 1994 on dues restructuring with selected group practices. The programs will study the feasibility of establishing an institutional membership category. A related written survey was sent in November to group practice administrators. Results, expected by the end of the year, will be used to develop selected programs to test in early 1994, and the board will report its findings and any recommendations back to the House next year.

The second recommendation from the board directs the Society to establish an affiliate membership for group practice administrators. The board says group practice administrators need to be informed about the activities of the Society; the board also believes the administrators are often responsible for decisions on paying physicians' dues. This recommendation, if adopted by the House next year, would require a bylaws change.

Other House actions relating to membership seek to improve services and communication to members through a study of unification and by developing a computer communications network. The unification study will explore ways to strengthen ties with the AMA; results will be presented to the House next

Lynn Montgomery, MD, Philadelphia County, enjoys one of the "lighter" moments during the proceedings of the Society's House of Delegates.

year. The computer networks would allow remote communications between Society officers and members, and allow remote access to certain Society databases. The Society's Young Physician Section may be involved in a pilot test of the network, already under development.

In other action, the House of Delegates:

- approved for study in 1995 a resolution directing the Society to change its bylaws so that billing for continued membership be the month the member joins the Society;

BOARD SETS '94 PRIORITIES, RE-ELECTS LEADERS

The Board of Trustees at its October 21 meeting approved the following Society priorities for 1994: health system reform/managed care, liability tort reform, membership, physician services development, public health, and third-party reimbursement. Priorities are determined each year as guidance for the Pennsylvania Medical Society's overall activities, but by no means limit the range of issues addressed by the Society.

At a reorganizational meeting following the last session of the 1993 House of Delegates on October 24, the board re-elected the following leaders: John W. Lawrence, MD, chair; Victor F. Greco, MD, vice chair; and Ferdinand L. Soisson Jr., MD, secretary. Dr. Lawrence, Second District, and Dr. Greco, Twelfth District, return as chair and vice chair, respectively, for their second terms; Dr. Soisson, Eleventh District, returns as secretary for his fifth term.

• adopted a bylaws change to create a new dues category for newly licensed physicians;

• increased the number of delegates from the Young Physicians Section from one to four voting delegates; and

• changed the House quorum requirement from 75 delegates to 40 percent of total seated delegates.

SECTIONS MEET TO DISCUSS 1993 HOUSE RESOLUTIONS

Each year prior to the annual meeting, the Society's sections meet to review and discuss House business and resolutions for consideration by the delegates, to elect new officers, and to conduct other business. Educational seminars are often part of the agenda as well.

Hospital Medical Staff Section

A total of 69 representatives attended the Hospital Medical Staff Section (HMSS) meeting on October 21 to discuss such issues as credentialing protocol for new procedures, screening mammograms, standardized forms for insurance company credentialing, and HMOs. Five resolutions were considered by the section; four were adopted.

The HMSS voted to support two House resolutions. The first, calling for the Society to encourage Pennsylvania hospitals to establish hospital ethics committees and develop guidelines for establishing these committees, was adopted by the House. The second, calling for the Society to adopt the policy that voting members of a medical executive committee be elected by members of the medical staff, was referred by the House to the board.

Also, the section adopted a resolution calling for the Society to amend its *Model Medical Staff Bylaws* to prohibit proxy voting prior to medical staff meetings and to submit a similar resolution to the AMA; it was adopted by the House. The final resolution adopted by the section addressed HMSS's resolution structure.

The meeting concluded with a four-hour seminar, "Medical Staff Credentialing in Today's Health Care Environment."

Newly elected officers and members of the HMSS Governing Council are: Francis S. Kleckner, MD, delegate; Jitendra M. Desai, MD, alternate delegate; and John A. Malcolm Jr., MD, member-at-large.

Young Physician Section

Thirty-five young physicians attended the Seventh Assembly of the Society's Young Physician Section (YPS), also held October 21 in Hershey. The section discussed three resolutions which were subsequently adopted by the House.

Two of the resolutions seek to improve services and communication to members. The first calls for the YPS to support the State Society's study of unification to explore ways to strengthen ties with the AMA; the second calls for the Society to develop a computer communications network. The YPS may be involved in a pilot test of the communications network, initially using fax systems. Another approved resolution submitted by the YPS directs the Society to work with the Pennsylvania Medicaid program to ensure that the HCFA 1500 will be accepted without use of the 22-page crosswalk by the April 1994 deadline.

In other action of interest to the section, the House voted to increase the number of YPS delegates in the House from one to four, and to offer a revised graduated dues rate for physicians in their first five years of practice.

Also on the YPS assembly agenda, Richard Corlin, MD, vice speaker of the AMA House of Delegates, led an educational program on how health system reform will affect young physicians. John E. Devenney, MD, chair of the Society's Task Force on Development of a Managed Care Network, and James R. Regan, MD, Society trustee and chair of the Task Force on Health System Reform and Access, also spoke on the subject. The Society's managed care initiatives were overviewed, and the Society's reform plan was compared to the governor's plan.

Newly elected officers and members of the YPS Governing Council are: Arthur V. Stein, MD, chairman; Mary J. Hudak, MD, secretary; Chris W. Fellin, MD, alternate delegate; John R. Martell Jr., MD, trustee representative; and Martin D. Trichtinger, MD, and Rand J. Cuthbertson, MD, members-at-large. Robert M. McNamara was re-elected YPS vice chair.

Resident Physician Section

A dozen resident physicians gathered on October 22 for the section's annual meeting.

Kicking off the evening agenda was Robert Porter, PhD, a Harrisburg health care consultant, who presented, "Practice Alternatives for Young Physicians: Free Choice or Hobson's Choice." Residents then moved to the business section of their meeting, where they reviewed annual business meeting materials.

Jennifer E. Trottman, MD, was re-elected Resident Physician Section (RPS) chair. Newly elected officers and members of the RPS Governing Council are: Stuart Gitlow, MD, vice chair; Bradley D. Stein, MD, secretary; Joyann A. Kroser, MD, trustee representative; and Lara A. Hardesty, MD, member-at-large.

Medical Student Section

Sixteen students attended the annual Medical Student Section (MSS) assembly, held on October 21. Highlighting the agenda this year was an educational program on drug abuse and physicians.

Penelope Ziegler, MD, medical director for the Physicians' Health Programs of the Society's Educational and Scientific Trust, presented the program, talking with students about managing stress in their lives. She also discussed how no one intends to become addicted to drugs and/or alcohol, and how physicians think they can manage taking controlled substances because they think they understand the pharmacology of them. She said that's "the trap" for physicians. Her presentation was well-received by the section.

The MSS also newly elected the following officers and members of its Governing Council: Randy Wood,

ANNUAL MEETING STATS

The following county medical socities reported 100 percent delegate attendance at the Society's annual meeting: Beaver, Berks, Blair, Cambria, Centre, Chester, Clearfield, Clinton, Crawford, Dauphin, Huntingdon, Indiana, Lancaster, Lawrence, Mifflin/Juniata, Monroe, Montgomery, Montour, Northampton, Northumberland, Philadelphia, Susquehanna, Union, Westmoreland, York.

Medical College of Pennsylvania, chair; Kenneth Anderson, University of Pittsburgh, vice chair; John Paletta, University of Pittsburgh, alternate delegate; and Stacy Krisher, University of Pittsburgh, trustee representative. New members-at-large include: Raja Patel, Hahnemann University; Kasia Sudol, Penn State; and Lori Snyder, Thomas Jefferson University.

In House action of interest to the section, an approved bylaws change will provide medical students with the option of paying Society dues either once a year or at a one-time payment for a four-year membership.

Medical School Section

Discussion during the annual meeting of the Society's Medical School Section centered on education and science resolutions before the House. Eight members of the section attended the two-hour, October 21 meeting.

The section also reviewed selected legislative, medical economics, and public health issues, and re-elected Klaus Bron, MD, as chair of its governing council, and Doris G. Bartuska, MD, as vice chair.

PMSA CHANGES NAME, ELECTS NEW PRESIDENT

The Pennsylvania Medical Society Auxiliary's House of Delegates—during its annual meeting held in conjunction with the Society's October House meeting in Hershey—voted to change its name to the Pennsylvania Medical Society Alliance (PMSA) and adopted a new tagline: "Physicians' spouses dedicated to the health of America." The action follows similar moves by its parent organization, the American Medical Association Alliance.

Mrs. Miller

Also at the meeting, Judy Miller was installed as the 70th president of PMSA. The widow of Robert Miller, MD, she is a member of the Montgomery County Medical Society Auxiliary. She has held several positions on the county and state levels, and has served as a delegate to the AMA Alliance for three years. In 1994, she will chair the Pennsylvania Delegation to the AMA Alliance.

In other news, PMSA adopted "gender-neutral" language, revisions to its mission and the composition of its Membership Committee, and priorities for 1993-94, including legislation, membership, and public health projects.

Election Results

The State Society House of Delegates elected the following new officers and delegates during its October 1993 meeting:

President: Martin A. Murcek, MD, Westmoreland County

President Elect: John H. Hobart, MD, Northampton County

Speaker of the House: Howard A. Richter, MD, Delaware County

Vice President:
Jonathan E. Rhoads Jr., MD
York County

Vice Speaker of the House:
Donald H. Smith, MD
Northampton County

New Trustees:
- John R. Martell Jr., MD, Young Physician Section
- Joyann A. Kroser, MD, Resident Physician Section
- Stacy L. Krisher, Medical Student Section

Delegates to the AMA:
- Donald C. Brown, MD, Westmoreland County
- Ronald J. Clearfield, MD, Westmoreland County
- James L. Cristol, MD, Philadelphia County
- Donald G. Ferguson, MD, Allegheny County
- George R. Fisher III, MD, Philadelphia County
- Robert L. Lasher, MD, Erie County
- William H. Mahood, MD, Montgomery County
- Robert N. Moyers, MD, Crawford County
- Lewis T. Patterson, MD, Dauphin County
- Michael J. Prendergast, MD, York County
- Robert D. Reinecke, MD, Philadelphia County
- Jonathan E. Rhoads Jr., MD, York County

Alternate Delegates to the AMA:
- Richard T. Bell, MD, Berks County
- David L. Cohen, MD, York County
- William S. Frankl, MD, Philadelphia County
- Mary J. Hudak, MD, York County
- William W. Lander, MD, Montgomery County
- John D. Lane, MD, Bucks County
- John W. Lehman, MD, Beaver County
- Leland F. Patterson, MD, Dauphin County
- James G. Pitcavage, MD, Allegheny County
- Carol E. Rose, MD, Allegheny County
- Stephen L. Schwartz, MD, Philadelphia County

AMA Delegate, Resident:
Jennifer E. Trottman, MD

AMA Delegate, Student:
John D. Paletta

Committee to Nominate Delegates and Alternates to the AMA:
- John E. Devenney, MD, Montgomery County
- Wallace G. McCune, MD, Philadelphia County

Judicial Council:
- Henry H. Fetterman, MD, Lehigh County
- Jonathan E. Rhoads Sr., MD, Philadelphia County

This is an overview of actions from the October 22-24 annual meeting in Hershey.

Education and Science

93-13: Malpractice Insurance for Retired Physicians. Calls for the Society to seek a change in the current Board of Medicine and CAT Fund policies that require retired physicians to carry malpractice insurance, even if they write prescriptions only for themselves. Referred to the board for further study.

93-14: Autopsy Examinations. Calls for the Society to request the Pennsylvania Funeral Directors Association members to drop a surcharge for preparation of remains solely because a post-mortem examination has been performed, and for the Society to develop public education materials on the importance of these examinations. *Adopted.*

93-16: Licensing of Physicians Engaged in the Practice of Utilization Review. Calls for the Society to seek legislation or regulation requiring physicians engaged in utilization review to be licensed to practice medicine in the commonwealth. *Adopted.*

93-19: Further Cult Education. Calls for the Society to work with the American Family Foundation to offer public education on the subject to physicians. *Adopted.*

93-20: Laboratory Studies as Screening Tools for Patients in Long-Term Care Facilities. Calls for the Society to work with the Department of Health to adopt appropriate requirements for such studies. Referred to the board for further study.

93-35: Commission on Office Laboratory Accreditation (COLA). Calls for the Society to endorse COLA's program for office labs, encourage the Department of Health to grant COLA deeming authority, and encourage physicians to seek accreditation through COLA rather than federal certification. *Adopted.*

93-38: CME Credits. Calls for the Society to support, through active lobbying and other efforts, the state Board of Osteopathic Medicine in its decision to recognized both AOA- and ACCME-approved credits. *Adopted as amended.*

93-60: Uniform Licensing Requirements for Allopathic and Foreign Medical Graduates. Calls for the Society to strongly and actively encourage these requirements when the current licensure law sunsets. Referred to the board for further study.

93-61: Uniform Licensing Requirements for Allopathic and Osteopathic Physicians. Calls for the Society to strongly and actively encourage these requirements when the current licensure law sunsets. Referred to the board for further study.

93-69: Discriminating Against Foreign Residents in Training. Calls for the Society to urge the state medical board to end this practice with regard to obtaining an unrestricted license. Withdrawn.

93-75: Drug Labeling. Calls for the Society to strongly support passage of a bill that requires the name of a substituted medication to be included in parentheses on dispensed medication labels when the drug the physician prescribes is substituted. *Adopted as amended.*

Facilities/Peer Review

93-1: Assignment of Patient Diagnosis. Calls for the Society to petition HCFA to change requirements relating to a "principal diagnosis," require physicians to indicate a "final medical diagnosis," and require hospital coding personnel to use both medical information and final diagnosis as a basis for reimbursement. Not adopted.

93-26: Corporate Medical Practice. Calls for the Society to adopt the policy, "A physician who is an employee of a medical practice which is owned by another entity (such as a hospital) should identify that fact professionally," and to ask the AMA to do the same. *Adopted.*

93-36: Fee Splitting/Medical Ethics. Calls for Society adoption of the policy that financial reward for not referring a patient is unethical, and for submission of this policy to the AMA for its Principles of Medical Ethics. *Adopted as amended.*

93-46: Physician Oversight. Calls for the Society to work to assure physician-level contact with a practitioner of any intended rejection of medical necessity by an insurer, prior to initiation of an appeals process. *Substitute resolution adopted.*

93-63: Pennsylvania Health Care Cost Containment Council. Calls for reaffirming direction to the board to continue a reasoned and critical opposition to the council. *Substitute resolution adopted.*

93-66: Hospital Ethics Committee. Calls for the Society to encourage each hospital within the state to establish an ethics committee or assure access to such a committee; refers the matter to the board for study and report back to the House with recommendations. *Adopted.*

93-68: Medical Staff Self-Governance. Calls for an individual who personally or through an employer holds a contractual obligation with a hospital, its parent corporation, or any subsidiary, to be ineligible for membership on a hospital medical staff executive committee unless elected by the staff in its entirety, or by a department in an open-nomination election. Referred to the board for further study.

93-71: Economic Credentialing. Calls for the Society to oppose such credentialing. *Adopted as amended.*

93-82: Proxy Voting. Calls for the Society to amend its *Model Medical Staff Bylaws* to include a statement that proxy voting prior to a meeting of the medical staff must not be permitted under any circumstances. *Adopted.*

Legislation/Regulation/ Professional Liability

93-3: PAMPAC Membership. Calls for adoption of membership in PAMPAC as a priority for all members, and strongly encourages all House delegates, alternate delegates, council chairs and members, State Society board members and officers, all county officers, and all others in leadership positions, to become PAMPAC members. *Adopted.*

93-5: **Referendum Institution.** Calls for the Society to permit membership referendums on legislative matters that have or may have deleterious consequences for physicians. Not adopted.

93-8: **Tort Reform.** Calls for the Society to continue high priority efforts in this area, including introduction of legislation. *Adopted.*

93-11: **Physician Lobbyists.** Calls for the Society to hire full- or part-time physicians to serve as lobbyists before state and federal legislative bodies. Not adopted.

93-18: **Health System Reform.** Calls for the component societies to contact their state legislators, advise them of the Lancaster Community Health Plan, and solicit their support for this model in the health system reform legislative debate. *Substitute resolution adopted.*

93-40: **Providing Charges and Fees Prior to Health Care Services.** Calls for the Society to ask the AMA to seek legislation directing providers to make available average charges and fees prior to services. Referred to the board for further study.

93-52: **Political Action Committees.** Calls for organized medicine to reassess the goals of political action programs, assess the position of membership, allow contributing members to indicate preferences for allocation of their contributions, and provide clear financial accountability of these committees. Not adopted.

93-65: **Equal Compensation to All Physicians from Insurance Plans.** Calls for the Society to work for legislation mandating equal reimbursement to both participating and non-participating physicians in all health insurance plans. Not adopted.

93-77: **Strict Product Liability.** Calls for the Society to adopt a policy which would protect physicians from the application of strict liability when the physician has utilized a device manufactured by a third party. Referred to the board for further study.

93-79: **Reimbursement to Physician Providers for Department of Public Welfare Patients.** Calls for the Society to encourage Congress and the state legislature to allow a full tax credit for physician services rendered to the DPW health care system at 130 percent of the Medicare level in lieu of the present direct monetary reimbursement system. Not accepted as business of the House.

Medical Economics

93-10: **Budget Neutral Conversion to RBRVS.** Calls for the Society to review, and possibly support, a class action lawsuit against HCFA by the Americans for Responsible Reform. *Adopted as amended.*

93-15: **Medicare Statewide Charge Class.** Calls for the Society to petition HCFA for a single statewide charge class for Medicare. *Adopted.*

93-17: **Medicaid Managed Care.** Calls for the Society to endorse a primary care management system on a regional basis utilizing the Lancaster Community Health Plan pilot project as a model, and to facilitate implementation of a regionalized care network to ultimately privatize the Medicaid system. *Adopted as amended.*

93-21: **Tax-Exemption of Health Care Expenses.** Calls for the Society to pursue a policy of equal tax exemptions for all health care expenses, to propose this policy to the AMA, and to seek implementing legislation. *Adopted.*

93-23: **Physician Qualification for Insurer Programs.** Calls for rejected applicants to be informed if/when economic criteria have been applied, and offering them the opportunity to satisfy these criteria. *Adopted.*

93-28: **Release of Practice-Specific Information.** Calls for the Society and the AMA to encourage third-party payers to release practice-specific data to physicians to allow for practice adaptation, and to release aggregate data to organized medical groups for educational and related purposes. *Adopted as amended.*

93-29: **Physician Reimbursement Via RBRVS Conversion Factor.** Calls for the Society to ask the AMA to restudy ways reimbursement under the Clinton plan could be subject to market forces, and to study whether physician reimbursement for government-insured patients should be readjusted based on certain data. Not adopted.

93-30: **Primary and Consultative Care.** Calls for the Society to ask the AMA to evaluate the role of internists and for both organizations to promulgate policies to recognize internists' services in primary and consultative care. *Adopted as amended.*

93-31: **Divestiture of Insurers.** Calls for the Society and the AMA to adopt the position that any entity providing insurance benefits must be prohibited from owning physician medical practices. Referred to the board for further study.

93-32: **Pennsylvania Blue Shield.** Calls for the Society to ensure that Blue Shield complies with a resolution requiring an emergency meeting of incorporators prior to implementation of PremierBlue, and, if this fails, to study mechanisms to seek a recall of the Blue Shield Board of Trustees. Referred to the Society's board for further study.

93-34: **Medicare and Blue Shield Codes.** Calls for the Society to publicly expose inappropriate and inaccurate positions taken by Blue Shield on coding, and to provide ombudsman support for any provider who may be sanctioned as a result of these positions. *Adopted.*

93-39: **HCFA Oversight of Carriers.** Calls for the Society and the AMA to encourage direct communication links between specialty societies and HCFA, and to represent physicians' interests at the Medicare Carrier Medical Directors meetings. *Adopted as amended.*

93-43: Unbundling and Discounting. Calls for the Society to ask the most appropriate agency to investigate the disproportionality and legality of cost-shifting to self-pay patients and uncontracted insurers. *Adopted as amended.*

93-45: "Hold Harmless Clause" and Third-Party Payers. Calls for the Society to alert physicians to review contracts, to recommend legal consultation, and for the Society to seek removal of such clauses from managed care contracts. *Combined (93-45 and 93-62), amended, substitute resolution adopted.*

93-62: "Hold Harmless" Clause and Third-Party Contracts. Calls for the Society to develop legislation to prohibit such clauses in third-party payer contracts in Pennsylvania. *Combined (93-45 and 93-62), amended, substitute resolution adopted.*

93-49: Second Opinions. Calls for the Society to oppose all second opinion programs based on anything other than medical necessity or patient request, and for insurance carriers to be responsible for second opinion payments when medical necessity exists. *Adopted.*

93-50: Inappropriate Use of the Hsaio RBRVS by Third-Party Payers. Calls for the Society to attempt to influence third-party payers to use this system properly, to notify members of attempts to undermine appropriate use of the RBRVS, and to ask the AMA to pursue similar policies. *Adopted as amended.*

93-53: Any Willing Provider. Calls for the Society to include in its health system reform proposal the concept that any willing provider/supplier be permitted to participate in various networks or alliances if they meet basic quality assurance criteria. *Adopted.*

93-59: Psychiatric Insurance Benefit Carve-Outs. Calls for the Society to take all appropriate steps to reverse the exclusionary arrangements related to psychiatric treatment in the new Personal Choice product of Independence Blue Cross and Pennsylvania Blue Shield. *Adopted.*

93-67: Opposition to Non-Physician-Directed For-Profit Entities Providing Health Care. Calls for the Society and the AMA to work for legislation prohibiting non-physician, non-hospital, and non-HMO for-profit entities from acquiring medical records and assets to operate practices for investors and shareholders. Refers the matter to the board for study and to report back to the House with recommendations, and calls for a similar resolution to the AMA. Referred to the board for further study.

93-73: Income Tax Deductions for Non-Compensated Charitable Medical Services. Calls for the Society to encourage Congress and the legislature to allow deductions for non-compensated charitable medical services at 100 percent of the Medicare fee schedule. Not adopted.

93-76: HMO Accessibility. Calls for the Society to strongly support change in the state's HMO laws and regulations to allow non-admitting physicians to join HMOs as providers of health care. *Adopted.*

93-80: Disappointment with Preliminary Health Care Plan. Calls for the Society to adopt a statement outlining aspects of the Clinton health reform plan with which the author is disappointed. Referred to the board for further study.

93-84: Standard Claims Processing Form. Calls for the Society to ensure that the Pennsylvania Medicaid program begin to accept the HCFA 1500 form without use of the 22-page crosswalk by their April 1994 deadline. *Adopted.*

Membership/Reports of Officers

93-2: Unification. Calls for the Society to study both the positive and negative effects of unification with the AMA and report back to the House at its 1994 annual meeting. *Adopted as amended.*

93-7: Communication on House Actions. Calls for the Society to implement a plan to personally notify authors of the on-going status of their resolutions. *Adopted.*

93-12: Dues Reduction for Primary Care Physicians. Calls for Pennsylvania to remain a unified state with the AMA, with a 10 percent reduction in dues for primary care physicians. Not adopted.

93-25: Maximizing Integration of the Policies Adopted by Organized Medicine. Calls for the Interspecialty Section to routinely compare its subspecialty policies with those of the Society, and attempt to minimize differences or to identify conflicting/contrasting policies. *Adopted as amended.*

93-41: Publishing Board of Trustee Minutes. Calls for a bylaws amendment that the minutes of all meetings of the board be published and made available to members upon request. Not adopted.

93-42: Barring Certain Individuals from Holding Positions as Chairs. Calls for the board to study whether those chairing committees should also hold administrative appointments related directly to the charge of those bodies. Not adopted.

93-44: Society Dues Freeze. Calls for no dues increase in 1994, with the board establishing funding priorities within revenue expectations and providing prior information to the House of Delegates. *Adopted.*

93-47: Financial Accountability. Calls for the Society to ask the AMA to study the effect of dues levels on membership, and that organized medicine at all levels exhibit clear financial accountability to membership. Not adopted.

93-48: Telecommunications. Calls for the Society to take necessary steps to initiate telecommunications with member societies. Not adopted.

93-51: Starting Dates of Membership. Calls for the Society to begin each member's year of membership during the month of original enrollment, and to schedule billing accordingly. *Adopted.*

93-55: Time Schedule for House of Delegates. Calls for the speaker of the House to appoint a committee to recommend changes in the format of the annual meeting to reduce its length from three days to two. Not adopted.

93-56: Time Schedule for the AMA House of Delegates. Calls for the Society to recommend that the AMA revise its schedule so the annual meeting does not exceed four days, and the interim meeting does not exceed three days. Not adopted.

93-57: Attendance at AMA Meetings by Alternate Delegates. Calls for the House to endorse the concept of reducing the requirements of alternate delegates to attend both AMA meetings, giving discretion to the Board of Trustees and AMA delegation. Referred to the board for further study.

93-58: Fiscal Impact. Calls for each statement of fiscal impact of a resolution to include some explanation as to how the figure was derived. *Adopted.*

93-64: Electronic Mail. Calls for the Society to develop a communications network via computer for electronic mail and access to certain databases. *Adopted.*

93-70: Physician Freedom of Choice. Calls for the Society to consider a bylaws change that would allow physicians to separately select membership in the State Society, their county medical society, and the AMA. *Adopted as amended Resolution 93-2 in lieu of this resolution.*

93-78: Preservation of a Private Medical Practice Option in the United States of America. Calls for the board to consider suspending all but essential member services and devote the available funds to a campaign to educate the public and legislators about the ramifications and cost of the Clinton health plan. *Substitute resolution adopted.*

93-81: Opposition to AMA Policy on Nondiscrimination for Sexual Orientation. Calls for the Society not to adopt the new AMA membership stance regarding "nondiscrimination on the basis of sexual orientation" for membership, and for the Pennsylvania delegation to the AMA to sponsor a resolution for the AMA to repeal, remove, or revise the new policy. Not adopted as business of the House.

93-83: Increased Communications. Calls for the Society to develop a communications network via computer for electronic mail and access to certain databases. *Adopted Resolution 93-64 in lieu of this resolution.*

Public Health

93-4: Childhood Vaccinations. Calls for the Society to strongly encourage the state legislature to propose specific, stringent vaccination requirements as a prerequisite for school admission. *Substitute resolution adopted as amended.*

93-6: Alternative Medicine. Calls for the Society to urge the AMA to establish a committee on "alternative" health methods to gather, interpret, and disseminate accurate information on the subject, and includes detailed recommendations regarding the functioning of such a committee. *Adopted as amended.*

93-9: Medicare Catastrophic Coverage Act of 1988. Directs the Society's AMA delegation to present a resolution at the AMA's 1993 interim meeting calling for an amendment to the law that would qualify patients for medically necessary nursing home care, even if they have declined hospitalization in an advance directive. Referred to the board for further study.

93-22: HIV Reporting. Calls for the Society to reaffirm the view that AIDS should be perceived as an infectious disease, and to seek its reporting as a public health disorder by public health authorities. *Adopted as amended.*

93-24: Alternative Medicine. Calls for the Society to work with the National Institutes of Health to define "alternative medicine" and other "allied health care services," and seek ways to establish the scientific validity of their claims. Not adopted.

93-27: Society Magazine Program. Calls for the program not to include magazines that carry tobacco advertisements. *Adopted.*

93-33: Tobacco Advertising's Tax Deductibility. Calls for the Society to support elimination of this tax deductibility, and to ask the AMA to adopt the same policy. *Substitute resolution adopted.*

93-37: Board of Trustees Report on Resolution 92-49, Tobacco and Smoking. Calls for the Society to favor health insurance coverage and reimbursement for smoking cessation efforts, annual publication of a list of pharmacies that have voluntarily banned the sale of tobacco, and for the AMA delegation to seek review of anti-tobacco campaigns in California and Massachusetts for a possible national campaign. *Adopted.*

93-54: Tobacco: Labeling and Warnings. Calls for the Society to support elimination of this tax deductibility. Not adopted.

93-72: Reclassification of Tobacco as a Schedule IV Controlled Prescription Drug. Calls for the Society to encourage the FDA to make such a reclassification. Referred to the board for further study.

93-74: Mandatory HIV Antibody Testing for all Premarital Patients. Calls for the Society to press for legislation to this effect. Not adopted.

House Proceedings Available to Members

A bylaws change approved by the House at its annual meeting calls for the State Society to publish a summary of the House proceedings in the December issue of PENNSYLVANIA MEDICINE, *rather than print the entire official proceedings in the January issues, as done in the past. The move, recommended by the Society's Publication Committee, follows evaluation of magazine finances.*

Delegates and county medical societies will receive copies of the full proceedings. Members who would like a copy should contact their county societies.

Resolving the Primary Care Physician Shortage

Pennsylvania Medical Society Commission on Licensure and Practice of the Health Care Professions

The State Society's Commission on Licensure and Practice of the Health Care Professions has been working this year to develop long term solutions to the primary care physician shortage. This summary of the commission's 93-page report overviews the primary care shortage, its causes, and current efforts to resolve the shortage, and recommends long-term solutions.

A 93-page discussion draft of the Society's "Recommendations to Resolve the Primary Care Physician Shortage" is available to members. In addition to their comments, we are soliciting comments from all parties interested in resolving the shortage, including other providers, legislators, regulators, medical school leaders, health care insurers, consumer groups, and most importantly, your patients. Please direct any written comments to the Society's Division of Communications and Public Affairs.

The commission is charged with monitoring state licensure of physicians and non-physicians, laws and regulations affecting the practice of medicine, and physician distribution issues.

Primary care physicians are family physicians, general practitioners, general internists, general pediatricians, as well as some obstetrician-gynecologists. These physicians are an integral component of a rational and efficient health delivery system. Yet, we have a chronic shortage of primary care physicians—nationwide and in Pennsylvania—especially in rural and inner-city areas.

Primary care is more than a type of service; it is comprehensive patient care, distinguished by both its focus and the training of the physicians who provide this care. Primary care physicians provide a "medical home" and comprehensive medical services for their patients over a span of years or a lifetime.

A distinction must be made between primary care physicians and primary care services. Vital primary care services are performed by virtually all physicians. However, non-primary care physicians would need to be retrained as generalists to practice comprehensive patient care.

While some primary care services also are offered by "physician-extenders"—such as nurse-practitioners, midwives, and physician assistants—these limited-license non-physicians cannot provide the comprehensive care offered by a primary care physician.

The shortage

There is little agreement on how to measure whether there is an appropriate supply of primary care physicians. However, regardless of the measurement used, the prevailing opinion is that a significant shortage exists, especially in rural and inner-city, low-income areas.

In Pennsylvania, only 36 percent of all active physicians are primary care physicians. This percentage is slightly above the national average of 33 percent, but considerably lower that the 50 percent espoused as a national goal by several authorities. Although both the Pennsylvania Medical Society and the AMA acknowledge the primary care shortage problem, neither supports primary care quotas as an effective means to resolve it.

The federal government designates the most critical shortage areas as Health Professional Shortage Areas (HPSAs) when the ratio of primary care physicians to population is greater than 1:3,500, or 1:3,000 in certain circumstances. There are over 50 such HPSAs currently designated in Pennsylvania. We believe many other areas in the state are also severely underserved. These shortages affect both access and continuity of care for a significant number of Pennsylvanians.

Causes of the shortage

There are many reasons why physicians do not choose careers in primary care and why primary care physicians do not choose to practice in underserved areas. These are often referred to as the "three Ls":

There appears to be a 1) *lack of prestige* associated with primary care. This is demonstrated by the presence of too few primary care role models or mentors and insufficient exposure to primary care in medical school, as well as related educational impediments.

Primary care physicians in underserved areas receive 2) *lower pay* for 3) *longer hours*. This is aggravated by excessive educational debt and quality-of-life issues such as the additional hassles of primary care paperwork and reimbursement problems, regulatory overkill, professional isolation, cultural deprivation, and limited educational and employment opportunities. →

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"The [State] Society maintains that organized medicine must play a participatory role in the solutions and not just advise what the government and others should do."

Efforts to resolve the shortage

Federal government programs designed to increase access to primary care physicians in underserved areas include: scholarships and loan forgiveness; National Health Service Corps placements; waiving J-1 visa requirements for certain international medical graduates; bonus payments to physicians rendering Medicare services in designated shortage areas; enhanced Medicare and Medicaid reimbursement to a practice that qualifies as a rural health clinic; and funding for community and migrant health centers. The federal government also provides medical education subsidies to medical school departments of family practice and certain primary care residency training programs.

While these programs are a step in the right direction, several of them are severely underfunded or are inadequate to attract physicians to locate in underserved areas.

A number of *state initiatives* have been implemented to alleviate the shortage of primary care physicians and to improve access to primary care in underserved areas.

The governor is committed to developing and maintaining Pennsylvania's capacity to designate HPSAs within the state. The state Department of Health plans to assess all Pennsylvania counties and large cities, and to target critical need areas within the state. The legislature has created a loan forgiveness program for primary care physicians and other primary health care professionals who locate in medically underserved areas, with more than $800,000 in state and matching federal funds already committed.

The Robert Wood Johnson Foundation has awarded the Department of Health a planning grant to develop programs to increase primary care practitioners in shortage areas, with the opportunity to compete for further funding. The foundation also awarded incentive grants to Penn State's College of Medicine, Hershey, and Hahnemann University Hospital, Philadelphia, to create innovative programs to increase the number of graduates who enter primary care. The state committed matching funds, and the governor has recommended similar grants for other schools.

The governor has also targeted $400,000 in state funds to enhance communications between physicians in underserved areas and their colleagues in teaching facilities through the Rural Health Telecommunications Network.

The commonwealth, working with Penn State's College of Medicine and other educational institutions, has proposed funding three area health education centers to provide educational experiences in underserved areas for medical students, residents, and other health care trainees, and to support the continuing education needs of health care professionals in rural communities.

A proposed state challenge-grant program would offer local communities funds to combine with their own resources to establish primary care systems to meet local needs, such as establishing a mobile health clinic, purchasing equipment, developing a primary care center, or subsidizing the location of a primary care practitioner in a high-need area.

The Department of Health also plans to establish a clearinghouse to match communities in need with health professionals looking for practice locations.

State Society efforts

The Pennsylvania Medical Society maintains that organized medicine must play a participatory role in the solutions and not just advise what the government and others should do. Existing Society programs to address the primary care physician shortage include:

- low-interest student loan programs through The Educational and Scientific Trust—the Allied Health Student Loan Program and the Medical Student Loan Program are supported by the Pennsylvania Medical Society Alliance, county medical societies and their alliances, and other friends of medicine who make annual contributions to the Trust to help continue the loan programs;
- annual analysis of Medicaid paid claims and other data to identify access and other problems;
- the Lancaster Community Health Plan—a joint effort by the State Society and the Lancaster City and County Medical Society to provide all Medicaid recipients with access to a primary care "medical home" that would also serve as a gatekeeper for other services;
- coordination with the AMA to integrate physician placement services and locum tenens coverage of physicians in underserved areas who need time off for continuing medical education; and
- sharing data from the Society's Masterfile, a comprehensive listing of all physicians licensed, practicing, and/or residing in Pennsylvania, to assist the Department of Health and others seeking to identify underserved areas.

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Long-term solutions

To resolve the primary care shortage, the State Society recommends the following "concrete and measurable actions" from the institutions and individuals who are able to make a difference in the long term:

Medical schools should develop policies and programs that demonstrate a commitment to primary care.

Residency programs should enrich and expand exposure to primary care.

State and federal governments should:

- provide financial resources supporting primary care training to medical students and medical schools;
- reform the Medicare and Medicaid systems;
- guarantee coverage of a basic benefit package that includes preventive primary care service;
- create stronger incentives for physicians to locate practices in underserved areas, and develop stronger supports to help keep them there;
- evaluate the real impact of regulations, including regulatory "overkill" and administrative and procedural hassles, and take action as necessary; and
- link rural physicians with other physicians through the wide range of existing technologies.

The Pennsylvania Medical Society should:

- continue support for the Lancaster Community Health Plan and provide technical assistance to county societies interested in implementing similar pilot projects;
- continue to aid the identification of Pennsylvania's underserved areas by supplementing the Society's Physician Masterfile and making this information available to the Department of Health and other parties involved in the designation of shortage areas;
- educate county medical societies regarding the shortage area designation process, and encourage them to become more active and productive in the identification of underserved areas within their counties;
- investigate how the AMA's placement service could be enhanced to better link practice opportunities located in shortage areas and physicians looking for positions in those areas, and to expand availability of locum tenens coverage to allow physicians in underserved areas to attend continuing medical education programs;
- continue to participate as an active member of the Department of Health's Robert Wood Johnson "Practice Sights" Initiative Steering Committee;
- encourage and support with utmost vigor legislative and regulatory initiatives necessary to implement the state and federal actions recommended in this paper;
- support initiatives for greater availability and utilization of physician-extenders, provided adequate safeguards are in place to assure quality through appropriate supervision by physicians;
- study how the Society can assist primary care physicians in rural areas to minimize their isolation and the "hassle factor" by forming groups or other practice links with other physicians;
- study the merits of targeting students committed to pursuing careers in primary care for medical education loans provided by the Society's Trust; and
- explore the merits of a project to update Pennsylvania's urban shortage areas.

In conclusion, long-term solutions to the primary care physician shortage require simultaneous actions on many fronts. The State Society advocates that the institutions and individuals involved in the shortage debate should be partners in those solutions.

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What is GEC/PA and How Can It Help the Physicians of Pennsylvania?

Albert J. Finestone, MD

Pennsylvania has among the highest percentage of elderly in the U.S., and it is anticipated that growth in this population will continue. However, the commonwealth only has 422 physicians certified in geriatrics, clearly not sufficient to provide medical care for our rapidly growing elderly population.

Health professionals generally are not trained to deal with the unique problems of geriatric patients. This brief article will inform the physicians of our state about a new resource to help address this need.

The Geriatric Education Center of Pennsylvania (GEC/PA) has as its primary mission the training of practitioners in the health professions in the fundamentals of effective and appropriate geriatric care. GEC/PA—a consortium representing the combined efforts of the University of Pittsburgh, Penn State, and Temple University—is partially funded by the Bureau of Health Professions of the U.S. Public Health Service and is the only federally funded program in Pennsylvania with this mission.

The center is organizationally housed within the School of Medicine at the University of Pittsburgh and operates as a consortium with Penn State and Temple. Each of the three universities will serve as a training base for programming to be offered in their portion of the state.

The director of the GEC/PA is Richard Schulz, PhD, professor of psychiatry and epidemiology, and director of gerontology at the University of Pittsburgh. Warner K. Schaie, PhD, Evan Pugh professor of human development and psychology and director of Penn State's Gerontology Center, is co-director. They are both nationally known gerontologists. A geriatrician, I serve as the other co-director.†

The new training program of the GEC/PA will be focused primarily on health care practitioners and the provision of essential educational programs in formats and locations that will be more readily accessible to practitioners working in rural and urban areas of the state.

Briefly, our objectives are to provide discipline-specific training statewide in nine health care disciplines: medicine, nursing, pharmacy, occupational therapy, physical therapy, speech/language pathology, audiology, dentistry, and mental health. In addition, we will implement specialized interdisciplinary training programs on minority health care (ethnogeriatrics), ethical issues in geriatric care, and multi-disciplinary assessment.

Continuing education services will be provided through co-sponsorships with state and national professional organizations, Pennsylvania universities and colleges, and health care institutions. GEC/PA will also produce, acquire, and disseminate current information on geriatric education programs and curriculum materials, as well as provide technical assistance and consultation to geriatric service providers, and academic and in-service educators.

In addition, through collaborative relationships, GEC/PA will have the support of state Veterans Administration Medical Centers, professional societies, community health and mental health centers, and relevant government agencies.

Pennsylvania physicians are encouraged to contact GEC/PA (see box at left) for information about their educational needs in addressing the care of their elderly patients.

†Gerontology is the study of aging; geriatrics is a branch of medicine that deals with the problems and diseases of old age and aging people.

Dr. Finestone is co-director of GEC/PA, and professor of medicine and director of the Institute on Aging, Temple University School of Medicine, Philadelphia.

GEC/PA Consortium Members

University of Pittsburgh
121 University Place
Pittsburgh, PA 15260
(412) 624-9190

Penn State
S-210 Henderson Building
University Park, PA 16802-6505
(814) 863-7903

Temple University
Institute on Aging
1601 North Broad Street
Philadelphia, PA 19122
(215) 204-6834

Additional Resources

Food Facts for Older Adults, a 68-page consumer-oriented booklet prepared by the U.S. Department of Agriculture and the National Institute on Aging, offers facts, tips, guidelines, recipes, and resources addressing the special dietary needs and concerns of the elderly. Copies are $4 and may be purchased from the Superintendent of Documents, Consumer Information Center, Department 150z, Pueblo, CO 81009. A 25 percent discount is offered for orders of 100 or more.

Vitamins: A Basic Primer is a handy, fact-filled wall chart covering vitamin facts, sources, functions, deficiency symptoms, and processing tips, among other important information. The chart is free and may be ordered by writing to: Thad Jackson, PhD, Editor, WORLDVIEW, Nestlé Information Services, 1133 Connecticut Avenue NW, Suite 310, Washington, DC 20036.

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

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Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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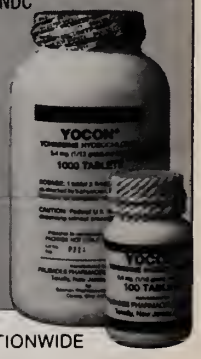

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PennDOT Reporting Regulations: An Ethical Duty, Not An Option

Maureen Hoepfer

Dr. Kessler

Laibe Kessler, MD, a neurosurgeon in private practice in Pittsburgh, is also chief emeritus and professor at Allegheny General Hospital and the Medical College of Pennsylvania. Dr. Kessler has served on the Pennsylvania Department of Transportation's Medical Advisory Board since 1986 and played an important role in recent efforts to refine the state's regulations governing physician reporting of driver qualifications.

The Pennsylvania Motor Vehicle Code requires physicians to report to the Pennsylvania Department of Transportation (PennDOT) the identity of patients diagnosed as having a condition that could impair the person's ability to drive. On average, PennDOT receives more than 10,000 reports a year. Last May, the department sent an information packet explaining and updating the physician reporting requirements to 43,000 physicians and optometrists in the state. Because of this, PennDOT expects the reports to more than double (at least 25,000) in 1993.

Laibe Kessler, MD, believes that although most Pennsylvania physicians dislike the PennDOT reporting requirements, they have an ethical, as well as legal, duty to follow them. "There seems to be a general feeling among physicians that they should not act as policemen. And they interpret the reporting requirements as asking them to do just that," he explains. "But more physicians like myself are becoming aware that reporting a patient's medical condition to PennDOT is a practical and ethical thing to do from the point of view of protecting the public. We can't worry about the inconvenience of one patient if that patient may end up killing a family of four with two young children sitting in the back seat."

Duty to report

The Pittsburgh neurosurgeon says it is difficult to pinpoint the percentage of traffic accidents in which the cause was attributable to one of the state's "reportable conditions." Accident reports indicate the technical reasons for the accident, e.g., high speed, slippery road, he says. "It's often pretty hard to say for sure if a person had a medically induced accident after the fact."

PennDOT must look to physicians to report a patient's medical condition, Dr. Kessler says, because most people will not report a condition that will take away a livelihood—in this case, their driving privileges. "It's rare when a patient will say, 'I knew I was having a seizure and couldn't control the car' or 'I'm not capable of driving right now.' Today there is enormous social and economic pressure on people to drive," he explains. "Some other states have had statutory requirements for self-reporting, but research indicates an 86 percent rate of noncompliance. If we believe there are people who shouldn't be driving, then there's only one way to really enforce it—and that's through the doctors."

Confidentiality

Many physicians object to PennDOT's reporting requirements because they believe the regulations threaten the doctor-patient relationship, a relationship built on confidentiality. However, Dr. Kessler contends there are circumstances under which a physician's obligation to maintain patient confidentiality must give way to a duty to protect other persons from harm.

"I personally believe that reporting a driving impairment sometimes strengthens the doctor-patient relationship," he says. "It's important that patients know that you are interested in their welfare, as well as the welfare of society in general. I don't think patients expect us to favor them at any cost." Dr. Kessler adds that families are often grateful when a physician reports a patient to PennDOT. "They really don't want to see their loved one—their mother, their dad, or their child—drive when there is significant risk."

Reports submitted to PennDOT are confidential and used only to determine

Ms. Hoepfer is a marketing specialist for the Society's Educational and Scientific Trust. This article is one in a series sponsored by the Trust's endeavor to address public health needs, Keystones of Public Health.

whether an individual is qualified to drive, Dr. Kessler emphasizes. The department will not release information about the source or content of a report, even when the inquiry comes from a patient.

PennDOT's "duty to report" sometimes conflicts with confidentiality provisions contained in other state and federal laws, the Pittsburgh neurosurgeon notes. For example, federal and state drug laws include stringent confidentiality provisions which protect the identity of substance abuse patients. In addition, Pennsylvania's Mental Health Procedures Act includes strict confidentiality provisions which would prohibit the disclosures that the Vehicle Code requires.

PennDOT's Medical Advisory Board has asked the state's Office of General Counsel to review the issue and rule on which statute should take precedence when reporting. If a physician encounters a conflict between the PennDOT reporting requirements and the confidentiality provisions of other laws, Dr. Kessler recommends consulting with legal counsel or refer the matter in John Doe form to PennDOT.

Liability concerns

Because of today's litigious environment, reporting driving impairment has become more than an ethical necessity. It has also become a legal necessity, Dr. Kessler claims. "Because we have a reporting requirement, if a physician does not report a medical condition that affects his or her patient's driving, there is a very real possibility that the physician could be held liable for negligence if an accident caused by the patient resulted in death, injury, or property loss. I personally researched lawsuits for negligence served to doctors for not reporting in cases involving bodily harm. And what was shocking to me was not that this was happening, but that it was happening so frequently."

If a physician does report a patient to PennDOT, he or she is immune from any civil or criminal liability under Pennsylvania law, according to Dr. Kessler. However, the law does not prohibit patients from filing suits, nor does it indemnify physicians for legal costs associated with defending against a suit.

PennDOT's Medical Advisory Board

Dr. Kessler has served on PennDOT's Medical Advisory Board since 1986. The board was established under statute more than 25 years ago and is responsible for formulating the physical and mental criteria for the licensing of drivers. The board is composed of 13 members, eight of whom are physicians. Under law, a licensed neurologist, cardiologist, internist, general practitioner, ophthalmologist, psychiatrist, orthopedic surgeon, and optometrist must sit on the board. "The board has final say on what medical standards are used by PennDOT," the neurosurgeon says.

The group meets twice a year to discuss problems and issues related to the medical standards for driving. Dr. Kessler says the board recently approved regulatory changes which shorten the length of driving restrictions and increase the waivers allowed. For example, patients can apply for a waiver from certain vision and seizure requirements (not previously allowed), and seizure-free limitations have been reduced to six months. "The purpose of the board, and I think we've all accepted the responsibility, is to protect the driving privileges of as many people as possible, within the confines of the law and safety. We'd like to say as physicians that no one should be prevented from driving unless it's absolutely necessary."

He says that physician reporting of driving impairments has increased significantly in recent years. "Physicians are usually practical in their approach to life and work. We report child abuse and certain communicable diseases because they have simply become part of our experience. Although it's not a disease entity in the usual sense, injury and death by motor vehicle is a societal disease and it is preventable."

"I think more and more physicians are realizing that it's their responsibility to report their patients with medical conditions that impair driving." he adds. "When you look at it realistically, a physician doesn't take away a patient's license. PennDOT does. But more importantly, physicians need to realize that by reporting that illness, you could be saving your patient's life." ✪

"Death by motor vehicle is a societal disease and it is preventable."

—Laibe Kessler, MD

How To Report

The Pennsylvania Motor Vehicle Code requires that physicians promptly report to the Pennsylvania Department of Transportation (PennDOT) the identity of any person over 15 years of age diagnosed as having a condition that could impair a driver's ability to drive. The report must be made in writing and be submitted to PennDOT within 10 days after the physician's contact with the patient.

Reports can be made by letter or by using PennDOT's Initial Reporting Form, which can be obtained from the department. When reporting, you should include the patient's full name, address, and date of birth. Also describe the condition and any specific information about the condition which will help the department make a licensing decision. Send your letter or the reporting form to: Bureau of Driver Licensing, Driver Qualification Section, Pennsylvania Department of Transportation, P.O. Box 68682, Harrisburg, PA 17106-8682.

Physicians who have questions or need more information about PennDOT's reporting requirements or the Medical Advisory Board should call Anne Petrucci Titler at (717) 783-6246.

Our Patients Trust Us to Help Decide Limits of Care

Pennsylvania Medical Society
Commission on Bioethics

What does Pennsylvania's public think about access to care? Health system reform? Prescription drugs? Terminal illness? This article summarizes a recently released State Society public opinion poll which asked those questions and others regarding health care issues.

"Most are at least somewhat confident that they have enough money or health insurance to pay for a major illness."

Surveys of the American public conducted in recent years show that a large majority of Americans are personally satisfied with the health care they receive, although equally large numbers are in favor of basic changes to the health system. Why?

Past surveys conducted by the State Society and the AMA have shown that Pennsylvanians' attitudes mirror those of the country as a whole about these health reform issues. But a recent survey conducted by the Pennsylvania Medical Society has shown that Pennsylvanians' opinions differ from the national norm in that they are more cautious than the average American about some health care reform proposals.

This caution probably arises from two sources: 1) Pennsylvanians' general satisfaction with their own medical care, and 2) their preference for a system focused on individual and personal relationships, as opposed to institutional relationships. This is most evident in the responses to questions where physicians would make decisions that limit care—when physicians make these decisions with their patients they will probably enjoy public support.

These results suggest that Pennsylvanians support health system reform in principle, while often being against those steps which might be necessary to implement reform and reduce costs. Not surprisingly, Pennsylvanians support health policies that increase their own sense of security and meet a strongly felt social responsibility for the sick, but brace at the possible limitations that some health care reformers suggest are needed. Our survey results indicate that physicians can expect the public's support for those reforms that place prime responsibility for decision making in the hands of patients and their physicians.

The commission studies questions of advanced directives, moral conflicts, quality of life, and termination of care, and serves as liaison to institutional ethics committees. It was responsible for developing the original questions for this survey.

Testing public opinion

To provide a more specific line of questioning, this year the Society's Commission on Bioethics of the Council on Education and Science helped draft questions for an independently commissioned statewide survey relating specifically to health system reform and medical ethics. After further refinement, the questions were translated into a telephone survey of a random sampling of 617 Pennsylvania residents. The survey was conducted between September 25 and 28, 1993, by professional interviewers at the Center for Politics and Public Affairs at Millersville University.

In addition to a public announcement of the results to Harrisburg and regional media in mid-November, the Society will use the survey results to frame public communications efforts and as background for our state and national health system reform activities.

Pennsylvanians: independent minded

The Society's survey confirmed that most Pennsylvanians (86 percent) have health care coverage, and most (75 percent) are at least somewhat confident they have enough money or health insurance to pay for a major illness (see pie chart, next page). Still, a sizable number of Pennsylvanians lack health insurance or the confidence to pay for a major illness. Reflecting this, about one in seven Pennsylvanians (14 percent) failed to visit a doctor since January because they could not afford it.

The direction of public opinion in Pennsylvania is relatively clear on a number of health system reform and bioethical issues. At least two in three Pennsylvanians felt strongly that:

- Insurance companies should not be able to deny coverage to people with genetic structure that predisposes them to a disease or those with pre-existing conditions,

and they should also not be allowed to test the genetic structure of the applicants.

• People should be able to purchase supplemental health care insurance beyond any basic benefits package, and be able to choose among a number of selected benefits packages.

• Neither the perceived value of a patient to society nor the patient's age should be considered when deciding whether to make a medical service available, and illegal drugs users, people practicing unsafe sex, and alcohol abusers should pay extra for health insurance.

• Drug companies should not be allowed to continue setting the prices of prescription drugs.

Regarding other health reform topics, however, opinion is less well defined:

• A little more than half (57 percent) believe that if you choose a brand-name drug over a generic drug, you should not pay the difference out-of-pocket.

• Less than half (48 percent) believe that insurance companies should not have access to medical records to review the appropriateness of treatment and quality of care.

• More than half (57 percent) believe that the pre-existing mental and physical limitations of a patient should not be considered when deciding to make a medical service available; nearly the same number (52 percent) feel that the anticipated quality of a patient's life after a service is performed should be considered when deciding to make a medical service available.

• Nearly 60 percent said that people who smoke should pay more for their health insurance.

Access to health care

Cost rather than distance seems to be the greatest deterrent to access to care among respondents. While one in seven respondents has failed to visit a doctor since January because they could not afford it, few respondents said that they failed to visit a doctor because the nearest doctor was too far away (2 percent). Since January, respondents had visited a physician an average of 2.86 times.

Health system reform

Nearly three-quarters of all respondents believe people should be able to customize their own benefits package, and nearly nine in 10 believe that it should be possible for individuals to purchase supplemental insurance above any set benefit package. These views are consistent among all demographic subgroups.

Prescription drugs

Most respondents (70 percent) feel drug companies should not be allowed to set their own prices for prescription drugs, although there are differences between demographic groups. Men are twice as likely as women to believe that drug companies should be allowed to set their own prices.

Nearly half of all respondents choose a generic drug when filling a prescription. Only two in five respondents feel that someone who purchases a brand-name drug instead of a generic drug when filling a prescription should be required to pay the difference in price out of their own pocket.

Terminal illness

Nearly two-thirds of the sample, and more males than females, agree that a doctor should be legally permitted to help end the life of a terminally ill patient. Respondents are more closely split as to whether a doctor should be permitted to help end the life of a patient who suffers from a chronic disease, if death is not imminent.

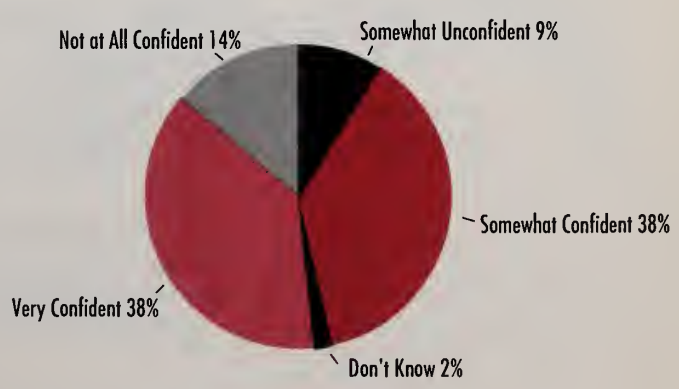
Few (25 percent) think that a patient's age should be considered when making a medical service available. Fewer still (17 percent) believe that a patient's perceived value to society should be considered; the youngest and the oldest citizens are more likely to believe this.

Three in five respondents have heard or read about Pennsylvania's living will statute, although only one in five had actually completed a living will. More than half of those who have not completed a living will would like to do so. Respondents are fairly evenly divided as to whether health insurance companies should be permitted to offer lower premiums to people who complete living wills.

"Our survey results indicate that physicians can expect the public's support for those reforms that place prime responsibility for decision making in the hands of patients and their physicians."

Paying for Health Care

Most Pennsylvanians are at least somewhat confident they have enough money or health insurance to pay for a major illness, according to the Pennsylvania Medical Society's 1993 Health Care Issues Survey.



HCFA REVISES MEDICARE ROUTINE PHYSICALS POLICY

The Health Care Financing Administration (HCFA) has revised Medicare payment policy for routine physical exams when performed at the same time as medically necessary, covered evaluation and management (E/M) services. Although Medicare does not cover routine physical exams, physicians were generally able to bill their patients at their regular fees for these services until May 1992.

HCFA revised its policy so physicians could not divide the visit or consultation into covered and noncovered portions. Accordingly, if a symptom or medical condition was followed up on during the annual exam, the physician was to report the visit with the appropriate level of E/M code. Since such a visit was considered a covered E/M service, the limiting charge applied, and the physician could not bill the patient separately for the noncovered E/M services.

Variation in carrier interpretation of the HCFA guidelines allowed some physicians to report a higher level code appropriate for the overall encounter, while others were limited to reporting codes appropriate for the covered services only.

The newly revised HCFA policy for services rendered on or after October 30, 1993, allows physicians to bill the patient for the noncovered portion of the exam, i.e., routine physical, provided as part of a covered E/M service. Preventive medicine service codes (99381-99397) should be used to report the noncovered routine physicals.

The physician's charge to the patient for the noncovered portion of the E/M service is the difference between the physician's usual fee for a routine physical exam and his/her usual fee (not the Medicare allowed amount) for the covered visit. Physicians may continue to bill patients their usual fee for noncovered procedures associated with the physical such as routine x-rays.

Payment is the lesser of the physician's actual charge or the Medicare-approved amount, if the physician accepts assignment. If assignment is not accepted, payment is the lesser of the physician's actual charge or his/her limiting charge.

HCFA's rationale for the revised policy is that the covered visit services are considered to be provided in lieu of a part of the routine physical exam that is of equal value to the visit.

No statutory authority exists to preclude physicians from billing patients for the noncovered portion of E/M services. However, physicians are not required to notify patients in advance that the physical exam is a noncovered service—the basis of noncoverage is a specific statutory exclusion rather than medical necessity.

BLUE SHIELD ADVISES OF MEDICARE CHANGES

Two recent changes in the Medicare program may affect Medicare payments to physicians, according to Pennsylvania Blue Shield.

The first change affects organ and disease panels and their component tests (see table below). Effective for claims processed September 27, 1993, or later, when component tests are billed along with panels for the same beneficiary, provider, and date of service, the panel test will be considered for payment and the component tests will be denied.

The carrier has said that if its records indicate that a component of a panel test has been paid, and it receives a claim for the panel test for the same beneficiary, provider, and date of service, it will process the panel code for payment and seek recovery of the fee paid for the component test.

The EOMB message for the denied component test will read: "Medicare does not pay for this individual test because it is part of the total charge for the test group."

Also, in response to provider concerns with tracking payment for claims after their original procedure code is changed, effective for claims processed on or after October 2, 1993, the provider vouchers or remittance notices will include both the submitted procedure code and the allowed procedure code.

The allowed code may be identified by the modifier, "CC"; the submitted procedure code will be identified as "Orig Proc" and will be shown directly beneath the allowed code on the voucher. Blue Shield emphasizes that these changes will only occur when a code has been changed from the originally submitted code.

Direct any questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

Organ and Disease Panels with Individual Components Shown

(R) 80055 Obstetric Panel must include:
- Hematocrit, hemogram, automated, and manual differential WBC count (CBC) (85022) *OR*
- Hematocrit, hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025)
- Hepatitis B surface antigen (HBsAg) (86287)
- Antibody, rubella (86762)
- Syphilis test, qualitative (e.g., VDRL, RPR, ART) (86592)
- Antibody screen, RBC, each serum technique (86850)

(R) 80059 Hepatitis Panel must include:
- Hepatitis B surface antigen (HBsAg) (86287)
- Hepatitis B surface antibody (HBsAb) (86291)
- Hepatitis B core antibody (HBcAb), IgG and IgM (86289)
- Hepatitis A antibody (HAAb), IgG and IgM (86296)
- Hepatitis C antibody (86302)

(R) 80061 Lipid Panel must include:
- Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718)
- Cholesterol, serum, total (82465)
- Triglycerides (84478)

(R) 80072 Arthritis Panel must include:
- Uric acid, blood, chemical (84550)
- Sedimentation rate, erthrocyte, non-automated (85651)
- Fluorescent antibody, screen, each antibody (86255)
- Rheumatoid factor, qualitative (86430)

(R) 80090 TORCH Antibody Panel must include:
- Antibody, cytomegalovirus (CMV) (86644)
- Herpes simplex, nonspecific type test (86694)
- Antibody, rubella (86762)
- Antibody, toxoplasma (86777)

(A) 80091 Thyroid Panel must include:
- Thyroxine, total (84436)
- Triiodothyronine (T-3), resin uptake (84479)

(A) 80092 Thyroid Panel must include:
- thyroxine, total (84436)
- triiodothyronine (T-3), resin uptake (84479)
- with thyroid stimulating hormone (TSH) (84443)

Key (R) = revision (A) = addition

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American Medical Association Salutes the Champions of the Profession: 1993 Physician Outreach Programs

Members provide the dedication and strength the AMA needs to be the voice of organized medicine. This year, the members listed below helped recruit their nonmember colleagues into the AMA. The work they have done, and the time they have spent speaking and meeting with colleagues, have been instrumental in increasing AMA membership, and in strengthening AMA's voice. We're proud to recognize these champions of the profession for their efforts during the 1993 Physician Outreach Programs.

House of Delegates
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Richard T. Bell, MD
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George Buerger, MD
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Betty L. Cottle, MD
J. L. Funkhouser, MD
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William H. Mahood, MD
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Kulin N. Oza, MD
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PMSLIC's New Coverage for Retired Physicians: We Do All Count

Joseph N. Aceto, MD

The Pennsylvania Medical Society Liability Insurance Company now offers medical liability insurance coverage for retired member physicians who write prescriptions for themselves or their immediate families. Though the coverage was just approved by the Insurance Department in August of this year, it was in the making for more than 10 years. This is a background.

It was late August 1982 when I placed a call to the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), my professional liability insurance carrier, thinking to myself that certainly they had dealt with similar situations before. They would have an answer for me.

My arthritis had started about 10 years earlier, inexorably progressing from one knee to multiple other joints and the entire spine. At first, these occurrences did not greatly impair my ability to practice radiology, including the wearing of the heavy lead apron during fluoroscopy. By mid-1981, however, what had started as vague discomfort in my left hip two years before had become immobilizing pain, and for a year I was relegated to part-time interpretation of radiographs. It was clear that total hip replacement would be necessary.

At that time, the procedure was followed by months of rehabilitation. I could not be sure when I could resume practicing. It was clearly a time of reevaluation of my career and the family budget. Among many considerations was the question of the cost of professional liability insurance, particularly during the indefinite time before I could practice again, if ever I did.

The call to PMSLIC seemed to be the logical thing to do.

But the situation proved to be far from simple. The law stated that in order to maintain a license to practice medicine, a physician had to have professional liability insurance coverage. I carefully explained that starting in September, I would no longer be practicing, but I certainly wished to comply with the law. Was there a category of coverage for physicians who were inactive, or retired, with an appropriate rate? They were sorry, but there simply was no such category. The least expensive category of coverage would cost over $700 per year, plus the Medical Professional Liability Catastrophe Loss Fund (CAT Fund) surcharge.

So, there was my dilemma: Pay a considerable amount for a degree of coverage that, under my circumstances, would be essentially useless—or give up my license.

I am sure that I am not alone in this, but to me the license to practice medicine isn't just a card and a plaque to hang on the wall. It literally is the symbol of the purpose of all the dreams, the work, and the sacrifices that it took to achieve it. Call it ego, pride, whatever; too much had gone into attaining it to give it up!

I found it hard to believe that situations similar to mine had not been dealt with before, and I was determined to find out more about it. As I recall, it required about 12 telephone calls to various offices—the licensing board, other officials of PMSLIC, and the offices of the State Society—until, finally, I reached Harry J. Stefchak, Esq., chief counsel of the CAT Fund at that time.

I outlined the dilemma I was facing and further explained that, although I was a diagnostic radiologist for a number of years, I had been in the practice of general medicine and pulmonary diseases prior to becoming a radiologist. I did not feel that it was inappropriate to occasionally write prescriptions for myself and my immediate family. It was usually after previous consultation with my clinical colleagues, and often as follow-up to previous medical evaluation by them. It served to save a great deal of time and trouble.

Now I would not be practicing radiology at all, but I wished to retain the right to write prescriptions for myself when appropriate and as allowed by my license. Was there indeed no way to obtain professional liability coverage at a lesser cost?

After consultation with the State Society and with Kenneth Brody, Esq., coun-

"I am sure that I am not alone in this, but to me the license to practice medicine isn't just a card and a plaque to hang on the wall."

Dr. Aceto, a retired radiologist, lives in Drexel Hill.

sel of the State Board of Medical Education and Licensure, Mr. Stefchak responded in September 1982 with a forthright letter stating that, although writing prescriptions was the practice of medicine, writing them for myself did not appear to represent any liability exposure, and that, under these circumstances, I did not have to secure professional liability insurance or CAT Fund coverage.

At that time, I thought that the decision related to me alone. I was pleasantly surprised to learn that there were commonwealth officials who would thoughtfully respond to the concerns of an individual citizen, and I was satisfied that I was complying with the law.

Some years later, I noted that in the application for license renewal there was a block to be checked if the physician was retired and no longer active in writing prescriptions other than for himself or herself. There must have been others in the same boat, I thought to myself, and enough requests had reached officialdom to affect policy.

The matter seemed to rest there for more than 10 years. But then, earlier this year, a short article appeared in my county medical society bulletin indicating that the CAT Fund position had changed. The CAT Fund was now requiring retired physicians writing prescriptions for themselves to have professional liability insurance. Members were invited to call Theodore G. Otto III, Esq., secretary and general counsel for PMSLIC, for further information, which I did.

Mr. Otto said that, indeed, the CAT Fund policy which had been extant for more than a decade had changed. To my surprise and pleasure, he also informed me that the PMSLIC's Board of Directors had already authorized applying to the insurance commissioner for approval of a special category of coverage for inactive and retired physicians.

The physician-members of the PMSLIC board, sensitive to the feelings of retired physicians and perhaps visualizing themselves in the same situation some years hence, wanted to make it possible to retain our licenses at a reasonable cost.

Now, the law was clear: To retain a medical license, a physician must carry malpractice insurance coverage. The PMSLIC board realized that attempting a legislative change was not a practical solution—retired physicians represent a small constituency to busy legislators, and such an attempt had died in legislative committee only a few years earlier. It would be better to create a specific category of coverage, at a reasonable cost, rather than rely on an exception to the law by virtue of the degree of potential liability risk.

After analyzing actuarial information, PMSLIC's board concluded that the risk of liability of non-active or retired physicians writing prescriptions for themselves and for members of their immediate families represented little more than the administrative costs of the coverage for that group. In comparison, even with maximum discounting, the previous lowest rate that PMSLIC offered in the Philadelphia area was $1,300.

In July 1993, PMSLIC filed a request for approval of the new category, to provide "occurrence-based coverage for non-active/retired physicians writing prescriptions exclusively for themselves or their immediate family for an annual rate of $200." Approval by the Pennsylvania Insurance Department was obtained in late August.

Since the CAT Fund surcharge of 91 percent of the premium would be added, it might be useful to ask PMSLIC and the State Society to approach the officials of the fund to study the risk factors represented by this new category of covered physicians. The surcharge is based on a fixed percentage of the basic premium for all insured, but I suspect that, for this new category, actuarially, a reduction of the percentage of the basic premium could be rationalized.

Nonetheless, in my opinion, even with the current surcharge, the entire matter is now on solid ground. Is it worth the $382 that it will cost? Each of us in this category must decide for ourselves. For me the answer is a resounding "yes!"

And one more thing. To the physician-directors of PMSLIC, my heartfelt thanks. I don't want to be unfair to the commercial insurance companies who sell professional liability insurance, but somehow, I cannot envision their boards showing the same degree of consideration and empathy that PMSLIC's did.

This entire matter brings home the ultimate value of being members of our organizations—the county and state medical societies and the AMA—no matter in what small way we may participate.

Society's Board Continues Studying the Issue

The Society's House of Delegates in October referred to the Board of Trustees a resolution calling for the Society to reverse current Board of Medicine and CAT Fund policies that require retired physicians to carry malpractice insurance, even if they write prescriptions only for themselves.

The board will determine whether this is a legislative or regulatory problem; investigate the appropriateness of retired physicians prescribing either for themselves of their family, and the ramifications in each case; and determine if supporting an amendment to current regulations would be appropriate.

After attention by the board, the issue will be reported back to the House at its October 1994 meeting.

For More Information

Retired physicians who are members of the Pennsylvania Medical Society are eligible for the new medical liability insurance coverage offered by PMSLIC. For more information, call PMSLIC's Department of Policy Holder Services or Department of Marketing at (800) 445-1212 or (717) 558-7500.

An Overview of Other Changes to KePRO's Functions

Donald E. Harrop, MD

This article continues ongoing discussion of the changes in the PRO program under the Fourth Scope of Work and the resulting changes at the Keystone Peer Review Organization.

From the standpoint of practicing physicians, there are two very important, welcome changes in the peer review organization program under the Fourth Scope of Work, which began April 1, 1993.

One is the elimination of the assignment of points for confirmed quality problems. Although records of problems continue to be stored in the Keystone Peer Review Organization (KePRO) data system for possible future reference when a confirmed quality problem is identified, points are no longer assigned and usually no immediate interventions are taken.

Of course, a confirmed gross and flagrant violation could still cause initiation of a sanction recommendation, but lesser problems, such as lack of adequate documentation in a medical record, will only result in a letter to the physician or provider. Because we are now required to analyze profiles of physicians and providers on a quarterly basis, a pattern of confirmed quality problems, even minor ones, will result in notification to the physician and to hospital administration.

The second change is the elimination of intensified review. In previous contracts, KePRO was required to review during the following quarter 100 percent of the records of a physician or hospital when there were three or more admission denials during a quarter, or confirmed quality problems with a score of 15 or higher in a quarter. Increased review activity under the new contract is known as focused review which has much different methodologies and objectives than intensified review.

Focused review may be used, for example, to determine why a provider has had unusually good or bad outcomes compared to others, or to estimate the extent or cause of quality, utilization, or coding concerns. It is usually the result of identification of variations in our pattern analysis activities. Focused review will often collect only specific information related to the variation issue and may not involve a "full menu" KePRO review.

Although the Health Care Financing Administration (HCFA) began selecting cases for review on December 1, 1992, (during our four-month extension) in lieu of KePRO selecting cases from the data tapes supplied by the Fiscal Intermediaries, there were some additional differences in the selection process when the new contract started on April 1.

The most radical departure from the traditional types of case selection was the beneficiary-based sample. HCFA now selects a five percent national random sample of cases, which are beneficiary specific, and which are expected to represent approximately five percent of all Medicare hospital discharges and ambulatory surgery care episodes. KePRO reviews all episodes of care provided to patients in this sample, but only in settings subject to PRO review.

KePRO now does its own sample selection of cases for focused review, and continues to select specific cases of hospital-issued notices of noncoverage and for external referrals. These referrals may be at the request of Fiscal Intermediaries, the Part B Carrier, the patient or the patient representative, or HCFA.

As you can see, the thrust of the program has definitely turned toward education, as HCFA has advertised. We consider this to be a great opportunity to do our part in improving what we think is already the finest quality health care. What is important for all of us to keep in mind, however, is that there is always room for improvement.

"As you can see, the thrust of the program has definitely been turned toward education, as HCFA has advertised."

Dr. Harrop is president of the Keystone Peer Review Organization.

FIFTY-YEAR AWARD RECIPIENTS

The following members of the Pennsylvania Medical Society were honored by their county medical societies during 1993 for 50 years of service to the practice of medicine:

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John H. Light, MD

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S. Marjorie Hosfeld, MD
Norman D. Mackenzie, MD
George R. Wade, MD

CLINTON
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John L. Brown, MD

COLUMBIA
Philip M. Irey Jr., MD
Fred W. Reese, MD

CRAWFORD
John H. Bailey Jr., MD
James W. Martin, MD

CUMBERLAND
John B. Sabol, MD

DAUPHIN
Donald C. Conrad, MD
John K. Kitzmiller, MD
John H. Moyer, MD
Charles J. Rife, MD

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→

Lee H. McCormick, MD, the Society's hospital medical staff trustee, has received the 1993 National Association Medical Staff Services (NAMSS) Leadership Award for his commitment to the organizational goals of the hospital and its medical staff, and his leadership benefiting both.

Mark S. Friedlander, MD, York, has been appointed by the AMA's Board of Trustees to the AMA Advisory Committee on International Medical Graduates (IMGs).

The Philadelphia County Medical Society (PCMS) Auxiliary this year installed its first male president, **Anthony J. Bartuska**, Philadelphia. Mr. Bartuska is the husband of **Doris Bartuska, MD**, a past president of PCMS. He has been a member of the auxiliary since he retired from the Aerospace Division of RCA/GE in 1991.

Joseph A. Giordano, MD, a member of the State Society's Council on Governmental Relations, spoke at the 50th annual meeting of the Association of American Physicians and Surgeons, held in October in San Antonio, Texas. He discussed the impact of state and federal laws and regulations on Pennsylvania physicians since 1990. Also, Dr. Giordano was interviewed by *The Vindicator,* Youngstown, and *The Herald,* Sharon, immediately following President Clinton's September 22 health system reform presentation to Congress.

Thomas R. Czarnecki, DO, has been named as the Pennsylvania Osteopathic Medical Association representative to the Pennsylvania Medical Society Drug Utilization and Review Policy Committee.

Among the 276 delegates at the Society's annual House meeting in October were mother and daughter, Drs. Lila and Joyann Kroser. Lila Kroser, MD, is a general practitioner in Philadelphia. Joyann Kroser, MD, a resident immunologist in Philadelphia, was elected resident trustee of the Society's board.

The University of Pittsburgh Medical Center has appointed **Joel S. Greenberger, MD,** as chair of its Department of Radiation Oncology. Dr. Greenberger has also been appointed professor of radiation oncology, University of Pittsburgh School of Medicine.

William A. Buchheit, MD, professor and chairman, Department of Neurosurgery, Temple University School of Medicine, Philadelphia, will serve as the new president of the American Academy of Neurological Surgery.

Dr. Ticzon

Andres R. Ticzon, MD, chief of cardiology, St. Francis Medical Center, Pittsburgh, received the Laureate Award from the American College of Physicians (ACP). The Laureate Award honors fellows of ACP who have demonstrated a commitment to excellence in medical care, education, or research, and in service to their community, their chapter, and the ACP.

Helen F. Krause, MD, Pittsburgh, has received the American Academy of Otolaryngology-Head and Neck Surgery's prestigious Honor Award.

Harris R. Clearfield, MD, Philadelphia, was elected president of the Pennsylvania Society of Gastroenterology.

Peter Gabriel, MD, Uniontown, was named a fellow of the American College of Radiology.

Heidi Wittels, MD, Mount Airy, has been appointed medical director of physical medicine and rehabilitation, Philadelphia Geriatric Center.

Corazon G. Gemil, MD, chief of staff, Chester County Hospital, West Chester, has been honored in the Salute to Chester County Women of Achievement.

William N. Kelley, MD, CEO, University of Pennsylvania Medical Center, and dean of the School of Medicine, Philadelphia, has received the sixth annual National Medical Research award from the National Health Council.

The Pennsylvania State Board of Osteopathic Medicine has re-elected the following: **Morris Fishman, DO**, chairman; **Dennis M. Guest, DO**, vice chairman; and **Silvia Ferretti, DO**, secretary.

Steven D. Douglas, MD, section chief of immunology and director of the clinical immunology laboratory, Children's Hospital of Philadelphia, and professor of pediatrics and microbiology, University of Pennsylvania School of Medicine, Philadelphia, was appointed editor in chief of a new medical journal, *Clinical and Diagnostic Laboratory Immunology*

D.T. Watson Rehabilitation Hospital, Sewickley, has named **Tibor Ketzan, MD**, a physical medicine and rehabilitation specialist, president of the medical staff.

Fifty-Year Award Recipients
Continued from page 45

Herman D. Rudnick, MD
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Joseph Sataloff, MD
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ELECTRONIC SERVICES

It's Not All Bad News: What the New Tax Law Means for Physicians

The Health Care Group

The new federal tax law—the 1993 Revenue Reconciliation Act—is likely to affect most Americans only slightly. However, it is likely to have a much greater impact on doctors and their practices. The new law will create federal revenues by modifying the basic rate structure on individual income taxes.

Essentially, actual rates will rise on high incomes, and temporary limitations on itemized deductions and standard exemptions will become permanent. This will effectively increase the amount of income that will be subjected to those rates—or, in other words, create even higher "effective" tax rates on certain levels of income.

Provisions for individual taxpayers

Higher tax rates: Essentially, two new tax rates have been created, retroactively for all of 1993. A new 36 percent marginal tax rate applies to "taxable income" in excess of $140,000 for married joint filers and surviving spouses; $137,000 for heads of households; $115,000 for singles; or $70,000 for married filing separately.

A new 39.6 percent marginal tax rate applies to "taxable income" in excess of $250,000 for all filers and $125,000 for married filing separately. "Taxable income" is the portion of gross income subject to taxes, after personal exemptions and itemized and other deductions.

As a guideline, married couples filing jointly generally will not owe more income tax until their total incomes reach $180,000 ($150,000 for a single filer). A couple earning $230,000 will likely owe about $4,000 more income tax. Long-term capital gains taxes will continue at 28 percent.

There is no need to increase your withholding or quarterly estimated payments this year. Any increase in your tax liability for 1993 as a result of the new law may be paid in three equal installments on April 15 of 1994, 1995, and 1996, without interest. Further, estimated tax penalties are waived to the extent an underpayment was created or increased by the new law. However, you should consider adjusting your withholding and estimated payment levels beginning January 1, 1994.

Limits on itemized deductions: The limitation on certain itemized deductions for high-income taxpayers—for 1993, those with adjusted gross incomes (AGIs) over $108,450 ($54,225 for married filing separately)—which was to expire in 1996 has been made permanent. Taxpayers with AGIs over the threshold amounts are required to reduce the amount of allowable itemized deductions by three percent of the excess of AGI over the threshold amount, thus increasing taxable income.

Note that the limitation does not apply to medical expenses and investment interest, and may never serve to reduce allowable deductions by more than 80 percent. This can mean an increase of as much as 1.2 percent to a marginal tax rate, meaning effective rates of higher than 36 percent and 39.6 percent.

Personal exemptions: The phase-out of personal exemptions for high-income taxpayers—for 1993, those with adjusted gross incomes over $162,700 ($78,950 for married filing separately and $105,250 for singles)—which was to expire in 1997 has been made permanent. Under the phase-out, the amount of each personal exemption is reduced by two percent for each $2,500, or fraction thereof, by which a taxpayer's AGI exceeds the threshold amount for 1993 increasing taxable income.

Every exemption that gets phased-out adds about .075 percent to a marginal tax rate.

Charitable contributions: Beginning January 1, 1994, no deduction is allowed for any charitable contribution of $250 or more unless it is substantiated by a written acknowledgment from the donee organization, i.e., on or before the earlier of the due date of the taxpayer's return or the date it is filed. Substantiation is not require if the donee organization files a return with the IRS containing the kind of information required in the taxpayer's substantiation: if cash—the amount; if property—the description, a good faith valuation, and whether goods or services were exchanged.

Business meals and entertainment: The deductible portion of business meal costs and entertainment expenses has been reduced from 80 percent to 50 percent, beginning in 1994.

Club dues: Beginning in 1994, no deduction is permitted for club dues for membership in a club organized for business, pleasure, recreation, or any other social purpose. This applies to most types of clubs, including business, social, athletic, luncheon, sporting, airline, and hotel clubs. *Note: The deduction for national, state, or local medical society dues is unaffected by this change.*

Travel expenses for spouse or dependents: Beginning in 1994, deductions are allowed only for employees and not for a spouse, dependent, or other individual accompanying a taxpayer on a business trip.

New moving expense limits: Beginning in 1994, certain moving expenses are no longer deductible, including costs relating to the sale of an old residence and the purchase of a new one, and meal costs incurred while traveling and living in temporary quarters near a new job, among others.

On the positive side, employer reimbursements of moving expenses will be excluded from an employee's gross income, and what moving deductions are still available are changed to above the line (allowed in determining gross income). Thus, payment or reimbursement of moving expenses can still be an attractive benefit to offer a prospective associate physician.

Withholding on supplemental wages: The flat percentage rate of withholding on supplemental wages is increased from 20 percent to 28 percent, retroactive to January 1, 1993. Be sure to adjust your withholding.

Estimated payment safe harbors: Presently, individuals satisfy estimated tax obligations if they pay 90 percent of their eventual tax liability during the year. Alternately, most people are still eligible for a safe harbor by paying 100 percent of their previous year's tax liability. However, as of next year, for "high-income" taxpayers—those with adjusted gross income in excess of $150,000 ($75,000 for married individuals filing separately)—the safe harbor will be available by paying 110 percent of the previous year's liability.

Because estimates of year-end tax liability are difficult, the safe harbor is the preferred method for basing estimated payment levels. Therefore, many doctors previously eligible for the 100 percent safe harbor will not need to pay an additional 10 percent in estimated payments to avoid underpayment penalties.

Retirement deferral limits: This provision may be the most significant under the new law. Present limits on the amount of a taxpayer's compensation that can be used to determine his annual contribution under a qualified retirement plan ($235,840) is reduced to $150,000 in January 1994. This limit will be adjusted for cost-of-living increases in increments of $10,000.

The law now lowers the maximum allowable contribution from $30,000 to $22,500, and may also force practice owners who have been contributing less than the new maximum to contribute more for their staff employees if they want to maintain their own current contribution levels.

For example, consider a physician who maintains a 10 percent profit-sharing plan in her practice. Assume that she earns $235,000 and has $23,500 contributed for her in 1993, and that staff employees, earning $80,000 combined, have $8,000 contributed. Of the $31,500 contributed, the physician received nearly 75 percent.

Beginning next year, she would only be entitled to a $15,000 contribution or 65 percent of the total contribution ($23,000). To maintain her contribution, the percentage would need to be raised to 15 percent. The physician would then be entitled to $22,500 (the maximum); however, her staff would be entitled to $12,000 (15 percent x $80,000). Therefore, to maintain the doctor's contribution—actually $1,000 less—her cost is $4,000.

While this may seem harsh, before making any rash decisions regarding your plans, consult with your tax advisors. The benefit of long-term deferral may be significant enough, under certain circumstances, to be worth the cost.

Gifts of appreciated property: The new law repeals the alternative minimum tax (AMT) preference for charitable contributions of appreciated property. The repeal generally is effective for contributions made after June 30, 1992. The alternative minimum tax rules were devised to ensure that at least a minimum amount of income tax is paid by high-income taxpayers who may reap large tax savings by making generous use of certain tax deductions such as from charitable contributions.

The AMT functions as a recapture mechanism, reclaiming some of the tax breaks primarily available to high-income taxpayers, and is an attempt to maintain tax equity. In the case of gifts of appreciable property, the appreciated value was considered a "preference item" and added back to a taxpayer's taxable income. You can now claim a deduction at full fair-market value for all contributions of property except property such as inventory, other ordinary income property, short-term capital gain property, and certain gifts to private foundation taxpayers. Taxpayers who have made post-June 30, 1992, gifts of property and were imposed an AMT can obtain a refund for that part of their tax attributable to the AMT preference.

As a result, contributions of property to charitable organizations may again become an effective way to reduce your income tax liability—although there are other potential limitations not discussed here. Consider this particularly if you're winding down your practice toward retirement. It may be more beneficial to donate equipment or other practice property to a hospital than to dispose of it cheaply to a friend or colleague.

Next month, we will offer planning strategies for physicians to consider in adjusting to the new tax law.

The contributing author, Mark A. Abruzzo, JD, is an attorney with The Health Care Group, a medical practice management consulting firm based in Plymouth Meeting.

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'94 SPRING ASSEMBLY TO BE HELD APRIL 19-20

The Society's Spring Assembly (formerly Leadership Conference) will be held April 19-20, 1994, at the Harrisburg Hilton Hotel and Towers. All members of the Pennsylvania Medical Society are invited to join colleagues at this educational conference, this year with the theme, "Forging Alliances...Assuring Your Future."

The conference is your opportunity to not only hear updates on the activities of organized medicine and selected issues of socioeconomic significance, but also to polish leadership skills, debate vital issues with the experts, and network with active State Society members and leaders.

Among activities scheduled in conjunction with the 1994 assembly is "Practicing Politics," a seminar on practical political involvement sponsored by AMPAC and PAMPAC.

Mark your calendar *now*, and watch for more details in the next few months.

MEDICAL SOCIETY ON TARGET WITH DRUG ED PROGRAM

In conjunction with Pennsylvania Medicaid's retrospective drug utilization review program, the Pennsylvania Medical Society is developing a program to provide educational resources and information on prescription medications to physicians.

The program will offer educational resources on prescription medication to all Pennsylvania physicians and targeted educational interventions to selected physicians providing medical services to Medicaid recipients. It is being implemented under the Society's Department of Professional Drug Education and Information.

Results of the Society's Physician Survey of Drug Information—conducted this summer and which found that physicians want an unbiased source of information on prescription drugs—will be used to guide the development of the program. Other findings include:

- Most respondents devote two hours or less each week to obtaining current information on prescription drugs.
- The vast majority of physicians want drug information that is credible. The information should be objective, come from a respected source, and be based on clinical studies.
- Most Pennsylvania physicians want more information on: antibiotics, non-steroidal anti-inflammatory drugs, and analgesics.
- Physicians want information on drug cost, safety, efficacy, side effects, and drug interactions.

The Society's Department of Professional Drug Education and Information is now developing educational resources to address these needs, and review of Medicaid claims records will begin in early 1994. For more information, call the department at 800-228-7830.

During the House of Delegates meeting in October, Society President Martin A. Murcek, MD (right), drew the winning name in a contest open to respondents of the Society's Survey of Physician Drug Information. Murray Geller, DO, Blue Bell, won a gift certificate to his favorite restaurant. Pictured with Dr. Murcek are: Natalie Harley (center), director of professional drug education and information, and Barbara Layne (left), assistant director.

COUNTY NEWS

AMA BOARD CHAIR VISITS MERCER COUNTY PHYSICIANS

Raymond Scalettar, MD, chair of the AMA board, discussed the AMA's view of President Clinton's health system reform plan at the October meeting of the Mercer County Medical Society. Approximately 100 physicians and spouses attended.

Though Dr. Scalettar described the Clinton plan as "Draconian" and "stillborn," he said he believes that President and Mrs. Clinton are sincere in their efforts to reform America's health care system. Yet the current plan, he said, "leaves a tremendous amount to be desired."

According to Dr. Scalletar, the AMA does not believe that cutting millions of dollars from Medicare and Medicaid, limiting patient choice of physicians, restricting certain tests and procedures, and imposing restrictions on medical students to address the primary care physician shortage is the answer. Also, the AMA will not sacrifice physician autonomy, fee-for-service, and the physician-patient relationship, and it will continue to oppose federal budget caps for tort reform.

The overall feeling at the AMA is that federal and state government officials should not be dictating how a patient is treated, Dr. Scalettar said. Instead, physicians must have the right to treat their patients as they see fit. He urged the Mercer County physicians to unify and rally against the proposal, to stand up on behalf of their patients and themselves.

AMA NEWS

MEDICINE'S LEADERS MEET TO DISCUSS REFORM, STRATEGY

More than 250 leaders of the federation of medicine attended an October 2 summit meeting in Chicago to discuss President Clinton's health system reform outline and review the AMA's reform strategy. The Pennsylvania Medical Society was one of 45 state medical societies, 34 specialty societies, and 49 county medical societies in attendance.

Priorities set at the meeting include preserving patient-physician choice, avoiding over-regulation and unnecessary new layers of government bureaucracy, and reforming the medical liability system and antitrust laws. The leaders also expressed concern about financing of the Clinton plan.

RESIDENT MEDICAL STAFFS CALLED FOR BY AMA

The American Medical Association has called for establishing resident medical staffs in all U.S. training hospitals.

The resident medical staff (RMS) would act as a parallel liaison to the hospital medical staff (HMS), so that the HMS is advised by residents about the quality of patient care provided by the residents. The RMS also would encourage residents to develop effective leadership skills.

For more information on working toward the development of RMSs,

SOCIETY SUPPORTS OUTREACH PROJECT: Thirteen State Society members (pictured at left) participated in an October 19 news conference at the capitol in Harrisburg offering physician support to the governor's maternal and child health outreach project. The event is one part of the "Healthy Babies, Healthy Kids" project, which seeks to improve pregnancy outcomes and children's health. Donald G. Ferguson, MD (at podium), spoke on behalf of Pennsylvania physicians.

call the AMA Department of Resident Physician Services at (800) 262-3211, extension 4751.

AIDS WORKSHOP OFFERED FOR EDUCATORS

Recent events have increased concerns about the growing spread of HIV and AIDS, and made it readily apparent that both misinformation and a lack of understanding of the disease still exist. Recognizing the continuing need for education, in particular at the secondary school level, the Pennsylvania Medical Society on November 18 sponsored "HIV/AIDS Update for Secondary Schools," to educate educators.

The three-hour program, held at Penn State Harrisburg in Middletown, sought to prepare secondary school teachers, administrators, nurses, and counselors to answer HIV/AIDS-related questions posed by their students and staff.

John J. Dennehy, MD, a member of the medical staff at Geisinger Medical Center, Danville, and chair of the Society's Commission on Public Health, presented an update on HIV/AIDS, including the epidemiology of the disease in Pennsylvania, the nature of the disease, common misconceptions, and infection control policies and procedures.

Pam Gracey, a secondary school teacher, graduate health professor, and author of an HIV curriculum, discussed secondary education strategies. Question-and-answer sessions followed both presentations.

This is the second such program offered by the Society. The first, held in February 1992, drew approximately 100 educators from throughout Pennsylvania. At press time, two additional sessions were scheduled in Sharon and Reading

PCOM AWARDED STATE GENERALIST PHYSICIAN GRANT

The Philadelphia College of Osteopathic Medicine (PCOM) was awarded a Pennsylvania Department of Health one-year planning grant to produce strategies to increase the number of primary care physicians.

The State Generalist Physician Initiative grant will add to PCOM's existing incentive programs to increase the number of graduates who pursue careers in primary care. Fifty-two percent of PCOM's 1993 graduating class selected primary care; the school's goal is to increase that number to 70 percent. Strategies to accomplish this goal include making curriculum changes, introducing students earlier to clinical experiences, and emphasizing primary care clinical problem-solving during the basic science courses.

PUBLIC PROGRAM FOCUSES ON PREVENTING BACK PAIN

The American Academy of Orthopedic Surgeons has launched a nationwide public education program on prevention of back pain. Aimed at professional health care workers, home caregivers, and industrial and business workers, the Lift It Safe program provides step-by-step guidance for lifting a person or object, explains the risk factors for back pain, tells how to prevent back pain, and recommends ways to deal with acute back pain.

For a free poster, brochure, and more information, call the academy's communications department at (708) 384-4123.

AMA Delegates Meet in New Orleans

The interim meeting of the AMA House of Delegates was held December 5-8 in New Orleans, Louisiana. Pennsylvania delegates presented 10 resolutions addressing public health, insurance, and other important issues. Look for a recap of the meeting in Society publications early next year.

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- Hands-on professional workshops focused on young physicians, hospital medical staff members, physicians coping with new information technologies, and practices entering managed care contracts.

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Watch for registration mailings in early 1994.

For more information, contact the Division of Communications and Public Affairs at:

(800) 228-7823

OBITUARIES

Robert R. Parsons, Allentown, who recently retired as executive secretary of the Lehigh County Medical Society (LCMS), passed away on Friday, November 5. Parsons had served the county society for 36 years, and according to LCMS leaders, he was the backbone of the society. One of his first big projects at LCMS in 1963 was coordinating the Sabin polio vaccine for the people of Lehigh County. Three years later, he helped set up the tetanus program for the county, and in 1968 he started travel programs for the physicians of Pennsylvania with INTRAV (International Travel Advisors, Inc.). With the success of the trips and some wise investments, LCMS was able to purchase their building in 1981. In recognition of Parsons' service, LCMS has dedicated their building to his memory.

John H. Ebersole, MD, *Lancaster*
Indiana University, 1948; age 68, died September 25, 1993. Dr. Ebersole was a therapeutic radiologist.•

Oscar V. Fernandez, MD, *Erie*
University of Santo Thomas, Philippines, 1960; age 59, died September 18, 1993. Dr. Fernandez was a pathologist.•

Morris Foulk Jr., MD, *Aldan*
Hahnemann University School of Medicine, 1944; age 74, died September 28, 1993. Dr. Foulk was a general practitioner.•

David Gelfand, MD, *Silver Spring, MD*
Thomas Jefferson University, 1932; age 84, died October 15, 1993. Dr. Gelfand was an internist.•

Joseph N. McMahan, MD, *Washington*
Thomas Jefferson University, 1941; age 77, died October 5, 1993. Dr. McMahan was a general surgeon.•

Lawrence H. Madden Jr., MD, *Wexford*
University of Pittsburgh School of Medicine, 1953; age 70, died September 8, 1993. Dr. Madden was an obstetrician/gynecologist.•

Henry H. Perlman, MD, *Philadelphia*
Thomas Jefferson University, 1918; age 98, died October 10, 1993. Dr. Perlman was a dermatologist.•

Frederic E. Sanford, MD, *Williamsport*
University of Pittsburgh School of Medicine, 1932; age 86, died September 19, 1993. Dr. Sanford was a general surgeon.•

Reuben B. Schwartz, MD, *Elkins Park*
Temple University School of Medicine, 1933; age 84, died September 27, 1993. Dr. Schwartz was a dermatologist.•

Michael H. Sharman, MD, *Canonsburg*
University of Vienna, Austria, 1926; age 92, died September 17, 1993. Dr. Sharman was an obstetrician/gynecologist.•

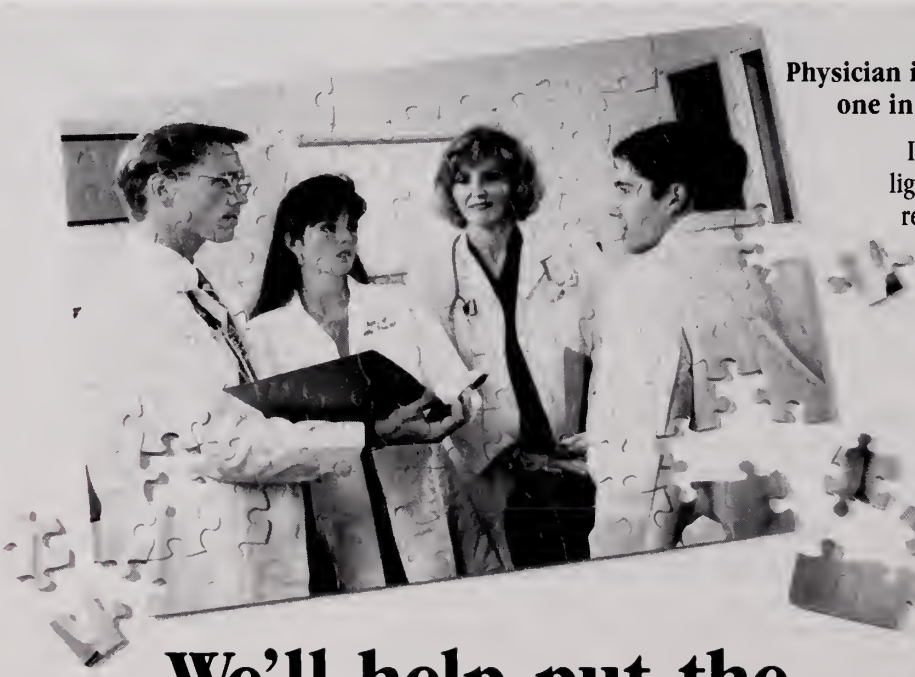
Joseph Tiracchia, MD, *Southampton*
Thomas Jefferson University, 1928; age 89, died October 11, 1993. Dr. Tiracchia was a general practitioner.•

Abraham J. Ziserman, MD, *Palm Beach, FL*
University of Pennsylvania School of Medicine, 1928; age 93, died October 1, 1993. Dr. Ziserman was an obstetrician/gynecologist.•

Robert P. Arthur, MD, *Fort Loudon*
University of Pittsburgh School of Medicine, 1951; age 74, died September 26, 1993. Dr. Arthur was a dermatologist.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased.

Send your tax-deductible memorial gift to The Educational and Scientific Trust of the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.



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James K. Benjamin, MD, Diagnostic Radiology, Precision Med. Services, PO Box 504, Irwin 15642, 412-523-4100
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Michael P. Carpathios, MD, Internal Med., 6315 Kentucky Ave., Apt. #2, Pittsburgh 15206, 412-362-5280
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Patrick J. DeMeo, MD, Orthopedic Surg., 2113 Huntington Ct., Wexford 15090
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Jeffrey A. Erukhimov, MD, Internal Med., 3167 Shady Ave., Pittsburgh 15217, 412-421-5733
Helene Finegold, MD, Anesthesiology, 401 Amberson Ave., Apt. #247, Pittsburgh 15232, 412-621-2693
Magdy E. Gorgui, MD, Internal Med., 1360 Denniston St., Pittsburgh 15817, 412-421-3327
Andy Hay, MD, Ophthalmology, 995 Beaver Grade Rd., Ste. B-2, Moon Township 15108, 412-264-2644
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Tamara L. W. Price, MD, Internal Med., 1505 King William Dr., Pittsburgh 15237, 412-367-7930
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Lisa Ann Hildenbrand, MD, Ob/Gyn, 531 Alison Dr., Apt. #10, Hummelstown 17036, 717-566-7414
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DATE CHANGE

In *Medigram* (page 4) of the October 1993 issue of PENNSYLVANIA MEDICINE, the date January 1, 1994, was listed as the starting date for Medicare Part B claims in Pennsylvania for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) to be processed by a regional carrier—The Travelers—instead of Blue Shield. That program start date has changed to February 1, 1994. For further information, call The Travelers at (800) 842-2563.

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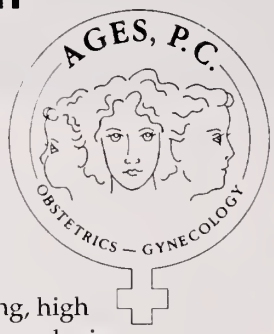

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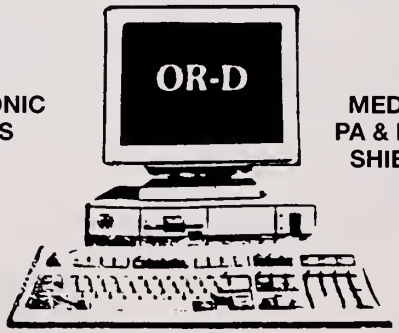

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Will Our Academic Health Centers Be Forgotten by Reform?

Leon S. Malmud, MD

Nearly everyone who has listened to the president and Mrs. Clinton speak about our nation's health care has been impressed with the sincerity of our First Family's goal of universal and uninterrupted access to health insurance for all Americans. The administration's means for reaching those goals is now being presented to us in a 1,342-page document. After reviewing the summary, I suspect that health care delivery and its cost will be a topic of discussion well beyond the next generation.

As a physician, I am pleased to see the administration's emphasis on prevention, options regarding the method of delivery of care, and maintaining the option of the patient's choice of physician. However, as an academic physician who understands the fragile nature of the present funding streams for medical education, I harbor concern about the effect of the administration's current proposals on our academic medical centers and our nation's "safety net hospitals."

Three circumstances now pose simultaneous threats to the viability of our very best academic medical centers: the president's proposals; pending state legislation; and the unwillingness of managed care insurers to pay for medical education costs. The latter is in contradistinction to the Medicare system, which has historically acknowledged medical education costs.

Our nation's teaching hospitals and their associated outpatient clinics will continue to be responsible for providing care to large numbers of medically indigent patients long after the current Clinton proposals are in effect. For example, even with today's access to "free care" under Medicaid, the poor and uneducated typically seek medical treatment later in their illness, when care is more costly. They also require more nutritional services, greater social service support, and more extensive outreach as part of their medical care.

What the president's proposed universal health coverage will offer is security. And that is very important and essential to those who have lost their insurance due to change or loss of employment, or pre-existing illness. The administration's proposals will also assure better access for the "working poor." However, they will not change patient behavior, nor will they render the socially disadvantaged less costly to treat. Many problems we attribute to the health care system are in fact not medical, but societal problems—poverty, substance abuse, crime, the disintegrating family, failures in our educational system, and hopelessness. It is the sequelae of these problems that are and will continue to be borne by the health care system, where the ultimate costs are reflected in our nation's medical budget.

The Clinton proposals are rather specific regarding potential reductions in current payments to academic institutions, but rather non-specific regarding how alternate funding would be developed to maintain them. Our nation's university-based and other teaching hospitals would experience reductions in payments in the following ways:

Disproportionate share payments: These payments, which recognize the increased costs borne by institutions treating the poor—Medicaid recipients and the elderly receiving supplemental Social Security payments—would be eliminated. Unfortunately, the underlying social issues that are responsible for causing even the insured poor to seek health care on an emergency basis, or late in the progression of their disease or pregnancy, would not be eliminated or significantly reduced by changing the manner in which insurance coverage is provided. The medical costs of treating the sequelae of these social ills will still fall upon our nation's teaching hospitals, which deliver the largest proportion of care to the inner-city poor.

Graduate medical education supports: These supports, used by teaching hospi-

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tals to help defray the additional costs of training physicians in residency, would be markedly reduced and redirected to hospitals offering primary care training programs. We know that medical students choose their specialty based upon several factors: the prestige associated with the discipline, earlier life experiences that lead to a particular specialty interest, and the income a specialty may promise. Currently, a large proportion of family practice residency positions are unfilled because genuinely idealistic medical students recognize that the potential income of a general practitioner will not permit the timely repayment of the $69,000 debt the average medical student incurs.

Penalizing hospitals for training specialty residents will not increase the attractiveness of lower paying specialties, especially to graduates with high educational indebtedness. Coveted specialty residency positions might simply be relocated to wealthy institutions which can support those programs with development or endowment funds, but the attractiveness of higher paying specialties will not be reduced, as long as primary care practice in relatively economically disadvantageous.

Furthermore, if primary care is funded to the exclusion of specialty care, then who would treat our most seriously injured inner-city patients? The extraordinary outcome statistics for both blunt (automobile) and penetrating (knife or gun) injuries in our nation's Level One Trauma Centers is largely the result of specialists and specialty residents on site 24 hours a day in our major academic teaching hospitals, designated as trauma centers. The funds proposed by the Clinton Administration—currently $6 billion—to replace these lost medical education funds is of uncertain adequacy. However, the director of the Health Care Financing Administration has indicated that the funds would be re-directed to those institutions which meet the government-mandated targets for training greater numbers of primary care physicians.

Academic health centers will not fare well under a system in which managed care networks continue to not recognize graduate medical education expenses in their reimbursement rates. The viability of university hospitals will be threatened if they are required to accept traditional managed care rates, which are based upon experience with healthier, employed, middle-class patients, as payment for caring for the medically indigent, whose needs and costs for treatment are greater.

In summary, free and under-reimbursed care will not be eliminated by the administration's current proposals. Patients will continue to demand emergency care, still employ aliases to access care, still be without insurance due to immigrant status, or still refuse to sign claim forms. The burden of that unreimbursed care will continue to be borne largely by hospitals located in the inner cities or in other areas of poverty. The administration's proposals should ideally be as specific in identifying replacement funding for our nation's medical school hospitals as they are specific regarding the proposed reductions.

Our nation's academic health centers are the wellspring of our health care. In the long run, the preservation of these institutions of quality will be far less costly to our nation than allowing them to wither away, and then having to re-invent or rebuild them.

bone marrow assay.

Enalapril Maleate: There was no evidence of a tumorigenic effect when enalapril was administered for 106 weeks to rats at doses up to 90 mg/kg/day (150 times* the maximum daily human dose). Enalapril has also been administered for 94 weeks to male and female mice at doses up to 90 and 180 mg/kg/day, respectively, (150 and 300 times* the maximum daily dose for humans) and showed no evidence of carcinogenicity.

Neither enalapril maleate nor the active diacid was mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril was also negative in the following genotoxicity studies: rec-assay, reverse mutation assay with *E. coli*, sister chromatid exchange with cultured mammalian cells, and the micronucleus test with mice, as well as in an *in vivo* cytogenic study using mouse bone marrow.

There were no adverse effects on reproductive performance in male and female rats treated with 10 to 90 mg/kg/day of enalapril.

Hydrochlorothiazide: Two-year feeding studies in mice and rats conducted under the auspices of the National Toxicology Program (NTP) uncovered no evidence of a carcinogenic potential of hydrochlorothiazide in female mice (at doses of up to approximately 600 mg/kg/day) or in male and female rats (at doses of up to approximately 100 mg/kg/day). The NTP, however, found equivocal evidence for hepatocarcinogenicity in male mice.

Hydrochlorothiazide was not genotoxic *in vitro* in the Ames mutagenicity assay of *Salmonella typhimurium* strains TA 98, TA 100, TA 1535, TA 1537, and TA 1538 and in the Chinese Hamster Ovary (CHO) test for chromosomal aberrations, or *in vivo* in assays using mouse germinal cell chromosomes, Chinese hamster bone marrow chromosomes, and the *Drosophila* sex-linked recessive lethal trait gene. Positive test results were obtained only in the *in vitro* CHO Sister Chromatid Exchange (clastogenicity) and in the Mouse Lymphoma Cell (mutagenicity) assays, using concentrations of hydrochlorothiazide from 43 to 1300 µg/mL, and in the *Aspergillus nidulans* non-disjunction assay at an unspecified concentration.

Hydrochlorothiazide had no adverse effects on the fertility of mice and rats of either sex in studies wherein these species were exposed, via their diet, to doses of up to 100 and 4 mg/kg, respectively, prior to conception and throughout gestation.

Pregnancy; Pregnancy Categories C (first trimester) *and D* (second and third trimesters). See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Nursing Mothers: Enalapril and enalaprilat are detected in human milk in trace amounts. Thiazides do appear in human milk. Because of the potential for serious reactions in nursing infants from either drug, a decision should be made whether to discontinue nursing or to discontinue VASERETIC, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: VASERETIC has been evaluated for safety in more than 1500 patients, including over 300 patients treated for one year or more. In clinical trials with VASERETIC no adverse experiences peculiar to this combination drug have been observed. Adverse experiences that have occurred, have been limited to those that have been previously reported with enalapril or hydrochlorothiazide.

The most frequent clinical adverse experiences in controlled trials were: dizziness (8.6 percent), headache (5.5 percent), fatigue (3.9 percent) and cough (3.5 percent). Adverse experiences occurring in greater than two percent of patients treated with VASERETIC in controlled clinical trials were: muscle cramps (2.7 percent), nausea (2.5 percent), asthenia (2.4 percent), orthostatic effects (2.3 percent), impotence (2.2 percent), and diarrhea (2.1 percent).

Clinical adverse experiences occurring in 0.5 to 2.0 percent of patients in controlled trials included: *Body As A Whole:* Syncope, chest pain, abdominal pain; *Cardiovascular:* Orthostatic hypotension, palpitation, tachycardia; *Digestive:* Vomiting, dyspepsia, constipation, flatulence, dry mouth; *Nervous/Psychiatric:* Insomnia, nervousness, paresthesia, somnolence, vertigo; *Skin:* Pruritus, rash; *Other:* Dyspnea, gout, back pain, arthralgia, diaphoresis, decreased libido, tinnitus, urinary tract infection.

Angioedema: Angioedema has been reported in patients receiving VASERETIC (0.6 percent). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis and/or larynx occurs, treatment with VASERETIC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In clinical trials, adverse effects relating to hypotension occurred as follows: hypotension (0.9 percent), orthostatic hypotension (1.5 percent), other orthostatic effects (2.3 percent). In addition syncope occurred in 1.3 percent of patients. (See WARNINGS.)

Cough: See PRECAUTIONS, *Cough.*

Clinical Laboratory Test Findings: Serum Electrolytes: See PRECAUTIONS.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.6 percent of patients with essential hypertension treated with VASERETIC. More marked increases have been reported in other enalapril experience. Increases are more likely to occur in patients with renal artery stenosis. (See PRECAUTIONS.)

Serum Uric Acid, Glucose, Magnesium, and Calcium: See PRECAUTIONS.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g percent and 1.0 vol percent, respectively) occur frequently in hypertensive patients treated with VASERETIC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1 percent of patients discontinued therapy due to anemia.

Liver Function Tests. Rarely, elevations of liver enzymes and/or serum bilirubin have occurred.

Other adverse reactions that have been reported with the individual components are listed below and, within each category, are in order of decreasing severity.

Enalapril Maleate—Enalapril has been evaluated for safety in more than 10,000 patients. In clinical trials adverse reactions which occurred with enalapril were also seen with VASERETIC. However, since enalapril has been marketed, the following adverse reactions have been reported: *Body As A Whole:* Anaphylactoid reactions (see PRECAUTIONS, *Hemodialysis Patients*); *Cardiovascular:* Cardiac arrest; myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high risk patients (see WARNINGS, *Hypotension*); pulmonary embolism and infarction; pulmonary edema; rhythm disturbances including atrial tachycardia and bradycardia; atrial fibrillation; hypotension; angina pectoris; *Digestive:* Ileus, pancreatitis, hepatic failure, hepatitis (hepatocellular [proven on rechallenge] or cholestatic jaundice), melena, anorexia, glossitis, stomatitis, dry mouth; *Hematologic:* Rare cases of neutropenia, thrombocytopenia and bone marrow depression. Hemolytic anemia, including cases of hemolysis in patients with G-6-PD deficiency, has been reported, a causal relationship to enalapril has not been established. *Nervous System/Psychiatric:* Depression, confusion, ataxia, peripheral neuropathy (e.g., paresthesia, dysesthesia); *Urogenital:* Renal failure, oliguria, renal dysfunction (see PRECAUTIONS), flank pain, gynecomastia; *Respiratory:* Pulmonary infiltrates, bronchospasm, pneumonia, bronchitis, rhinorrhea, sore throat and hoarseness, asthma, upper respiratory infection; *Skin:* Exfoliative dermatitis, toxic epidermal necrolysis, Stevens-Johnson syndrome, herpes zoster, erythema multiforme, urticaria, pemphigus, alopecia, flushing, photosensitivity; *Special Senses:* Blurred vision, taste alteration, anosmia, conjunctivitis, dry eyes, tearing.

Miscellaneous: A symptom complex has been reported which may include a positive ANA, an elevated erythrocyte sedimentation rate, arthralgia/arthritis, myalgia/myositis, fever, serositis, vasculitis, leukocytosis, eosinophilia, photosensitivity, rash and other dermatologic manifestations.

Fetal/Neonatal Morbidity and Mortality: See WARNINGS, *Pregnancy, Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality.*

Hydrochlorothiazide—Body as a Whole: Weakness; *Digestive:* Pancreatitis, jaundice (intrahepatic cholestatic jaundice), sialadenitis, cramping, gastric irritation, anorexia; *Hematologic:* Aplastic anemia, agranulocytosis, leukopenia, hemolytic anemia, thrombocytopenia; *Hypersensitivity:* Purpura, photosensitivity, urticaria, necrotizing angiitis (vasculitis and cutaneous vasculitis), fever, respiratory distress including pneumonitis and pulmonary edema, anaphylactic reactions; *Musculoskeletal:* Muscle spasm; *Nervous System/Psychiatric:* Restlessness; *Renal:* Renal failure, renal dysfunction, interstitial nephritis (see WARNINGS); *Skin:* Erythema multiforme including Stevens-Johnson syndrome, exfoliative dermatitis including toxic epidermal necrolysis, alopecia; *Special Senses:* Transient blurred vision, xanthopsia.

* Based on patient weight of 50 kg.

For more detailed information, consult your DuPont Pharma Representative or see Prescribing Information

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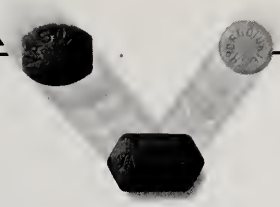
TABLETS
VASERETIC®
(ENALAPRIL MALEATE-HYDROCHLOROTHIAZIDE)

10 mg **25 mg**



USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality.*

CONTRAINDICATIONS: VASERETIC is contraindicated in patients who are hypersensitive to any component of this product and in patients with a history of angioedema related to previous treatment with an angiotensin converting enzyme inhibitor. Because of the hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

WARNINGS: *General; Enalapril Maleate; Hypotension:* Excessive hypotension was rarely seen in uncomplicated hypertensive patients but is a possible consequence of enalapril use in severely salt/volume depleted persons such as those treated vigorously with diuretics or patients on dialysis.

Syncope has been reported in 1.3 percent of patients receiving VASERETIC. In patients receiving enalapril alone, the incidence of syncope is 0.5 percent. The overall incidence of syncope may be reduced by proper titration of the individual components. (See PRECAUTIONS, *Drug Interactions,* and ADVERSE REACTIONS.)

In patients with severe congestive heart failure, with or without associated renal insufficiency, excessive hypotension has been observed and may be associated with oliguria and/or progressive azotemia, and rarely with acute renal failure and/or death. Because of the potential fall in blood pressure in these patients, therapy should be started under very close medical supervision. Such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart or cerebrovascular disease, in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident.

If hypotension occurs, the patient should be placed in the supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses, which usually can be given without difficulty once the blood pressure has increased after volume expansion.

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis and/or larynx has been reported in patients treated with angiotensin converting enzyme inhibitors, including enalapril. In such cases VASERETIC should be promptly discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. In instances where swelling has been confined to the face and lips the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL) and/or measures necessary to ensure a patent airway, should be promptly provided.** (See ADVERSE REACTIONS.)

Patients with a history of angioedema unrelated to ACE inhibitor therapy may be at increased risk of angioedema while receiving an ACE inhibitor (see also CONTRAINDICATIONS).

Neutropenia/Agranulocytosis: Another angiotensin converting enzyme inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Lithium generally should not be given with thiazides (see PRECAUTIONS, *Drug Interactions, Enalapril Maleate and Hydrochlorothiazide).*

Pregnancy; Enalapril-Hydrochlorothiazide: There was no teratogenicity in rats given up to 90 mg/kg/day of enalapril (150 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 ½ times the maximum human dose) or in mice given up to 30 mg/kg/day of enalapril (50 times the maximum human dose) in combination with 10 mg/kg/day of hydrochlorothiazide (2 ½ times the maximum human dose). At these doses, fetotoxicity expressed as a decrease in average fetal weight occurred in both species. No fetotoxicity occurred at lower doses; 30/10 mg/kg/day of enalapril-hydrochlorothiazide in rats and 10/10 mg/kg/day of enalapril-hydrochlorothiazide in mice.

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, VASERETIC should be discontinued as soon as possible. (See *Enalapril Maleate, Fetal/Neonatal Morbidity and Mortality,* below.)

Enalapril Maleate; Fetal/Neonatal Morbidity and Mortality: ACE inhibitors can cause fetal and neonatal morbidity and death when administered to pregnant women. Several dozen cases have been reported in the world literature. When pregnancy is detected, ACE inhibitors should be discontinued as soon as possible.

The use of ACE inhibitors during the second and third trimesters of pregnancy has been associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios in this setting has been associated with fetal limb contractures, craniofacial deformation, and hypoplastic lung development. Prematurity, intrauterine growth retardation, and patent ductus arteriosus have also been reported, although it is not clear whether these occurrences were due to the ACE-inhibitor exposure.

These adverse effects do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. Mothers whose embryos and fetuses are exposed to ACE inhibitors only during the first trimester should be so informed. Nonetheless, when patients become pregnant, physicians should make every effort to discontinue the use of VASERETIC as soon as possible.

Rarely (probably less often than once in every thousand pregnancies), no alternative to ACE inhibitors will be found. In these rare cases, the mothers should be apprised of the potential hazards to their fetuses, and serial ultrasound examinations should be performed to assess the intraamniotic environment.

If oligohydramnios is observed, VASERETIC should be discontinued unless it is considered lifesaving for the mother. Contraction stress testing (CST), a non-stress test (NST), or biophysical profiling (BPP) may be appropriate, depending upon the week of pregnancy. Patients and physicians should be aware, however, that oligohydramnios may not appear until after the fetus has sustained irreversible injury.

Infants with histories of *in utero* exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Exchange transfusion or dialysis may be required as means of reversing hypotension and/or substituting for disordered renal function. Enalapril, which crosses the placenta, has been removed from neonatal circulation by peritoneal dialysis with some clinical benefit, and theoretically may be removed by exchange transfusion, although there is no experience with the latter procedure.

No teratogenic effects of enalapril were seen in studies of pregnant rats, and rabbits. On a mg/kg basis, the doses used were up to 333 times (in rats), and 50 times (in rabbits) the maximum recommended human dose.

Hydrochlorothiazide; Teratogenic Effects: Reproduction studies in the rabbit, the mouse and the rat at doses up to 100 mg/kg/day (50 times the human dose) showed no evidence of external abnormalities of the fetus due to hydrochlorothiazide. Hydrochlorothiazide given in a two-litter study in rats at doses of 4 - 5.6 mg/kg/day (approximately 1 - 2 times the usual daily human dose) did not impair fertility or produce birth abnormalities in the offspring. Thiazides cross the placental barrier and appear in cord blood.

Nonteratogenic Effects: These may include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

PRECAUTIONS: *General; Enalapril Maleate; Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe congestive heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with angiotensin converting enzyme inhibitors, including enalapril, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20 percent of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when enalapril has been given concomitantly with a diuretic. This is more likely to occur in patients with pre-existing renal impairment. Dosage reduction of enalapril and/or discontinuation of the diuretic may be required.

Evaluation of the hypertensive patient should always include assessment of renal function.

Hemodialysis Patients: Anaphylactoid reactions have been reported in patients dialyzed with high-flux membranes (e.g., AN 69*) and treated concomitantly with an ACE inhibitor. In these patients consideration should be given to using a different type of dialysis membrane or a different class of antihypertensive agent.

Hyperkalemia: Elevated serum potassium (greater than 5.7 mEq/L) was observed in approximately one percent of hypertensive patients in clinical trials treated with enalapril alone. In most cases these were isolated values which resolved despite continued therapy, although hyperkalemia was a cause of discontinuation of therapy in 0.28 percent of hypertensive patients. Hyperkalemia was less frequent (approximately 0.1 percent) in patients treated with enalapril plus hydrochlorothiazide. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with enalapril. (See *Drug Interactions.)*

Cough: Cough has been reported with the use of ACE inhibitors. Characteristically, the cough is nonproductive, persistent and resolves after discontinuation of therapy. ACE inhibitor-induced cough should be considered as part of the differential diagnosis of cough.

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Hydrochlorothiazide: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals. All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance: hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Warning signs or symptoms of fluid and electrolyte imbalance, irrespective of cause, include dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, confusion, seizures, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or after prolonged therapy. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may cause cardiac arrhythmia and may also sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g., increased ventricular irritability). Because enalapril reduces the production of aldosterone, concomitant therapy with enalapril attenuates the diuretic-induced potassium loss (see *Drug Interactions, Agents Increasing Serum Potassium).*

Although any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease), chloride replacement may be required in the treatment of metabolic alkalosis.

Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

In diabetic patients dosage adjustments of insulin or oral hypoglycemic agents may be required. Hyperglycemia may occur with thiazide diuretics. Thus latent diabetes mellitus may become manifest during thiazide therapy.

The antihypertensive effects of the drug may be enhanced in the postsympathectomy patient.

If progressive renal impairment becomes evident consider withholding or discontinuing diuretic therapy.

Thiazides have been shown to increase the urinary excretion of magnesium; this may result in hypomagnesemia.

Thiazides may decrease urinary calcium excretion. Thiazides may cause intermittent and slight elevation of serum calcium in the absence of known disorders of calcium metabolism. Marked hypercalcemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before carrying out tests for parathyroid function.

Increases in cholesterol and triglyceride levels may be associated with thiazide diuretic therapy.

Information for Patients; Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

Pregnancy: Female patients of childbearing age should be told about the consequences of second- and third-trimester exposure to ACE inhibitors, and they should also be told that these consequences do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. These patients should be asked to report pregnancies to their physicians as soon as possible.

NOTE: As with many other drugs, certain advice to patients being treated with VASERETIC is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions; Enalapril Maleate; Hypotension—Patients on Diuretic Therapy: Patients on diuretics and especially those in whom diuretic therapy was recently instituted, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS.)

Agents Causing Renin Release: The antihypertensive effect of enalapril is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents: Enalapril has been used concomitantly with beta adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine and prazosin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium: Enalapril attenuates diuretic-induced potassium loss. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia they should be used with caution and with frequent monitoring of serum potassium.

Lithium: Lithium toxicity has been reported in patients receiving lithium concomitantly with drugs which cause elimination of sodium, including ACE inhibitors. A few cases of lithium toxicity have been reported in patients receiving concomitant enalapril and lithium and were reversible upon discontinuation of both drugs. It is recommended that serum lithium levels be monitored frequently if enalapril is administered concomitantly with lithium.

Hydrochlorothiazide; When administered concurrently the following drugs may interact with thiazide diuretics:

Alcohol, barbiturates, or narcotics—potentiation of orthostatic hypotension may occur.

Antidiabetic drugs (oral agents and insulin)—dosage adjustment of the antidiabetic drug may be required.

Other antihypertensive drugs—additive effect or potentiation.

Cholestyramine and colestipol resins—Absorption of hydrochlorothiazide is impaired in the presence of anionic exchange resins. Single doses of either cholestyramine or colestipol resins bind the hydrochlorothiazide and reduce its absorption from the gastrointestinal tract by up to 85 and 43 percent, respectively.

Corticosteroids, ACTH—intensified electrolyte depletion, particularly hypokalemia.

Pressor amines (e.g., norepinephrine)—possible decreased response to pressor amines but not sufficient to preclude their use.

Skeletal muscle relaxants, nondepolarizing (e.g., tubocurarine)—possible increased responsiveness to the muscle relaxant.

Lithium—should not generally be given with diuretics. Diuretic agents reduce the renal clearance of lithium and add a high risk of lithium toxicity. Refer to the package insert for lithium preparations before use of such preparations with VASERETIC.

Non-steroidal Anti-inflammatory Drugs—In some patients, the administration of a non-steroidal anti-inflammatory agent can reduce the diuretic, natriuretic, and antihypertensive effects of loop, potassium-sparing and thiazide diuretics. Therefore, when VASERETIC and non-steroidal anti-inflammatory agents are used concomitantly, the patient should be observed closely to determine if the desired effect of the diuretic is obtained.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Enalapril in combination with hydrochlorothiazide was not mutagenic in the Ames microbial mutagen test with or without metabolic activation. Enalapril-hydrochlorothiazide did not produce DNA single strand breaks in an *in vitro* alkaline elution assay in rat hepatocytes or chromosomal aberrations in an *in vivo* mouse

* Registered trademark of Hospal Ltd.

Vaseretic® is a registered trademark of Merck & Co., Inc.

Manufactured by Merck & Co., Inc.

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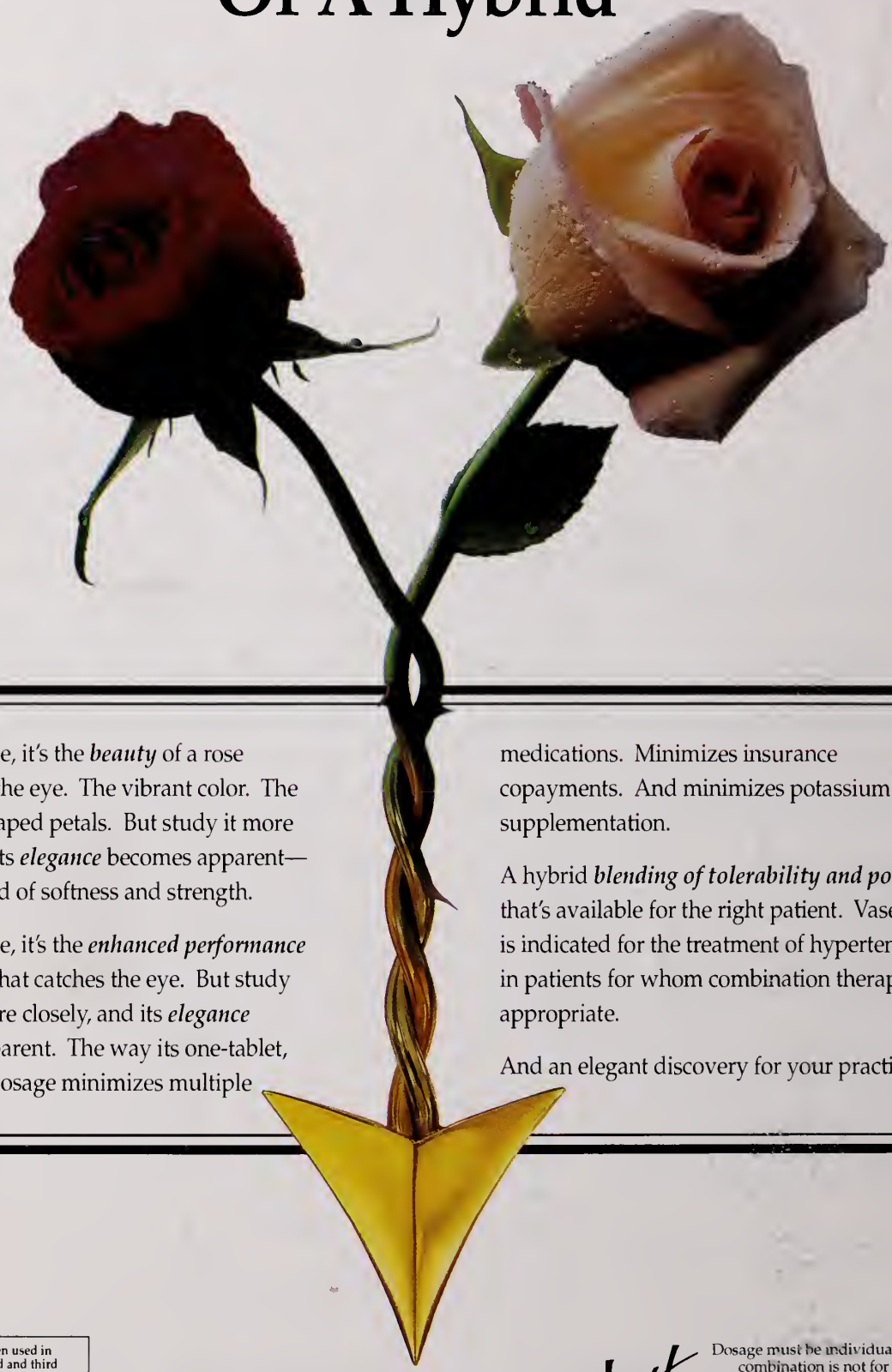
Printed in USA

Discover The Elegance Of A Hybrid



At first glance, it's the ***beauty*** of a rose that catches the eye. The vibrant color. The delicately shaped petals. But study it more closely, and its ***elegance*** becomes apparent—a gentle blend of softness and strength.

At first glance, it's the ***enhanced performance*** of Vaseretic that catches the eye. But study Vaseretic more closely, and its ***elegance*** becomes apparent. The way its one-tablet, once-a-day dosage minimizes multiple medications. Minimizes insurance copayments. And minimizes potassium supplementation.

A hybrid ***blending of tolerability and power*** that's available for the right patient. Vaseretic is indicated for the treatment of hypertension in patients for whom combination therapy is appropriate.

And an elegant discovery for your practice.

USE IN PREGNANCY: When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, Vaseretic® (Enalapril Maleate-Hydrochlorothiazide) should be discontinued as soon as possible. See WARNINGS, *Fetal/Neonatal Morbidity and Mortality*

VASERETIC® 10-25 *Next*
Enalapril Maleate-Hydrochlorothiazide

Dosage must be individualized; the fixed combination is not for initial therapy.

Evaluation of the hypertensive patient should always include assessment of renal function.

For a Brief Summary of Prescribing Information, see adjacent pages.

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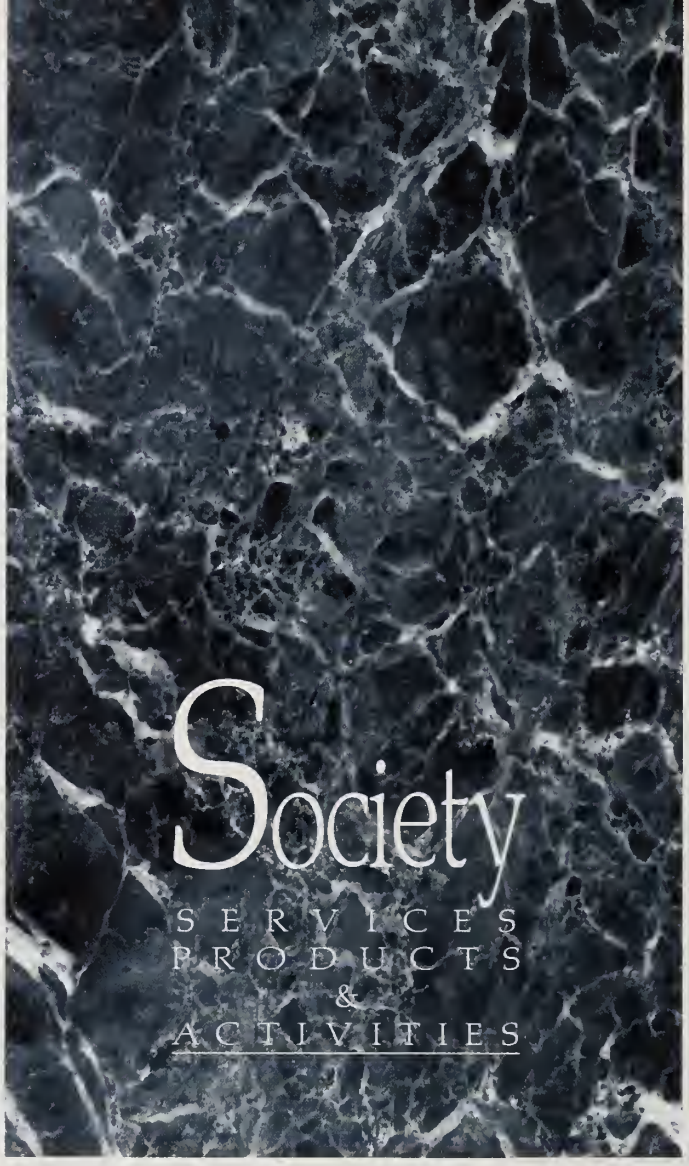
Resource GUIDE FOR PENNSYLVANIA PHYSICIANS 1993

Pennsylvania
MEDICAL SOCIETY
Caring physicians — working for you

A SUPPLEMENT TO PENNSYLVANIA MEDICINE



The Pennsylvania Medical Society's 1993 Resource Guide for Pennsylvania Physicians is designed as a comprehensive directory outlining the Society's current services and products for members, and briefly describing its wide-ranging activities.

The Resource Guide also includes a useful list of names, addresses, and phone numbers of state, county, and specialty society leaders and staff.

This year's edition features a special section on products and services, and an easy-to-use order form.

Take a look through the Guide, then keep it as a convenient reference and reminder of the many resources available to you through your State Society.

But remember that the Society's services and outreach are continually changing and growing. For answers to any of your questions, from practice management to regulations; from public health to medical ethics, call: 1 (800) 228-7823.

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Products
AND SERVICES

How to Order:
See order insert
or call 1 (800) 228-7823

The Educational and Scientific Trust

◄ Women's ties
Available as women's bow tie or as rosette; both styles in navy & green; navy & tan; bow tie only; navy & maroon.
Bow Tie (Order # **EST23**)
Rosette (Order # **EST24**)
$15 each

▲ Men's ties
Available as neck tie or men's bow tie; both styles available in navy & green; navy & tan; *navy & maroon not available in bow ties.*
Bow Tie (Order # **EST15**)
Neck Tie (Order # **EST16**)
$15 each

Certificate frames
Available in black or walnut finish.
$15.90 (Order # **EST17**)

Handkerchiefs
navy and maroon
$10 each (Order # **EST18**)

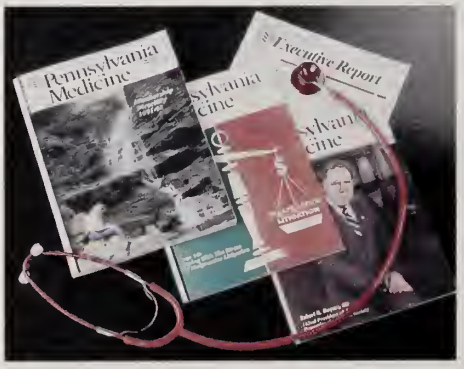
► Men's sport shirts
Colors available: navy, white, emerald, red
Sizes: small **(EST28)**, medium **(EST29)**, large **(EST30)**, extra large **(EST31)**, extra-extra large **(EST32)**
$30 each

► Women's sport shirts
Colors available: navy, white, light teal, red
Sizes: small **(EST33)**, medium **(EST34)**, large **(EST35)**, extra large **(EST36)**
$30 each

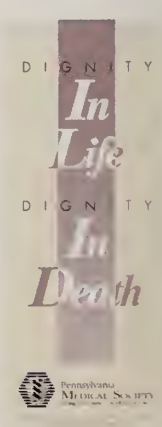
◄ Pewter tie/lapel pins
$12.75 each (Order # **EST37**)

Communicating With Patients

► Pennsylvania Medicine
A monthly socio-economic medical and health care news magazine, free to Society members. Contains monthly features updating health care providers on legislative issues; regulatory analysis; public health issues; reimbursement and medical economic controversy; and colleagues' activities.
Non-member subscriptions: $20



► Dignity in Life, Dignity in Death
A brochure containing complete instructions for completion of a "living will" under current Pennsylvania state law. Includes instructions in the law, an actual living will, and a wallet identification card. First order of 100 free to each member; additional quantities by special order. Contact the Society's Communications Division for additional quantities.

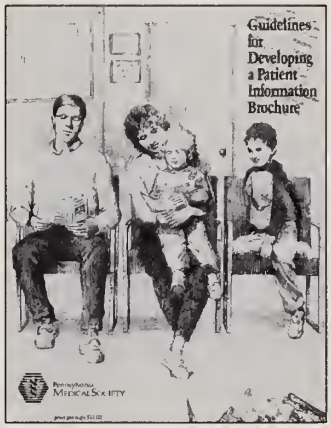


Products
AND SERVICES

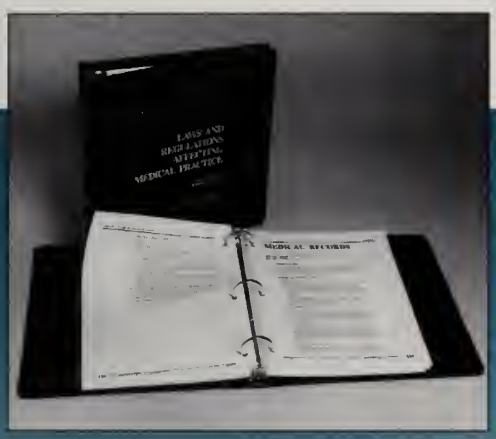
How to Order:
See order insert
or call 1 (800) 228-7823

Directory of the Pennsylvania Medical Society
A complete directory of all Pennsylvania Medical Society members, including listings by county and alphabetically by names; specialties identified and phone numbers of most members included. Also includes county and specialty societies, government health care agencies and offices.
Members: free as August issue of PENNSYLVANIA MEDICINE.
Non-members: $55

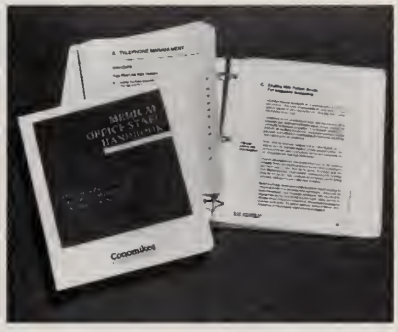
▶ Guidelines for Developing a Patient Information Brochure
A 14-page handbook providing step-by-step instructions for developing a patient information brochure.
Free to members.
Non-member price: $15
Order # **PSP1B10**



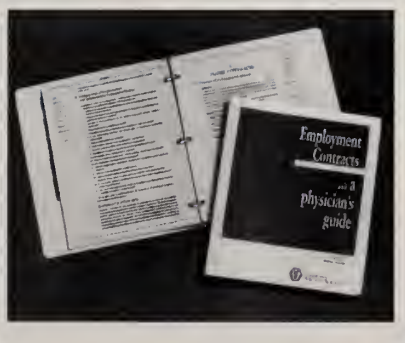
PRACTICE MANAGEMENT



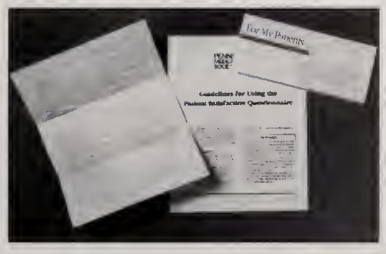
◀ Laws and Regulations Affecting Medical Practice
A 45 chapter reference for Pennsylvania physicians on their legal rights and responsibilities associated with abortion, antitrust, motor vehicle code reporting, medical records, delegation of duties to nonphysician practitioners, corporate practice of medicine, licensure, withholding life support, and many other issues impacting medical practices. All PMSLIC insureds are provided with a complimentary copy.as a policy holder service.
Member price: $55 *Non-member price: $110* Order # **PSLAR11**



▲ Medical Office Staff Handbook
A comprehensive, 110-page manual focusing on three areas of concern in many practices: telephone procedures, appointment scheduling and patient service. After completing the 19 handbook worksheets, physicians and staff will have a customized procedure manual for the office.
Member price: $69
Non-member price: $89
Order # **PSMOH13**



▶ A Physician's Guide to Employment Contracts
A 74-page comprehensive manual to assist physicians in understanding, discussing, and negotiating balanced employment contracts with various health care providers. Covers anti-trust considerations, liability issues, arrangements for assignment accounts, and restrictive covenants. The guide also reviews and discusses contract language in both employment and independent contractor arrangements.
Member price: $30 *Non-member price: $50*
Order # **PSECG12**

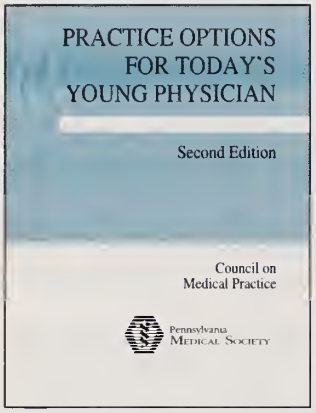


◀ Patient Satisfaction Questionnaire
Survey your practice to collect patient demographic data and valuable practice marketing guidance. Minimum order of 400 questionnaires includes guidelines for analyzing data.
Member price: $40; $10 per additional 100.
Non-member price: $60; $15 per additional 100.
Order # **PSPSQ14**

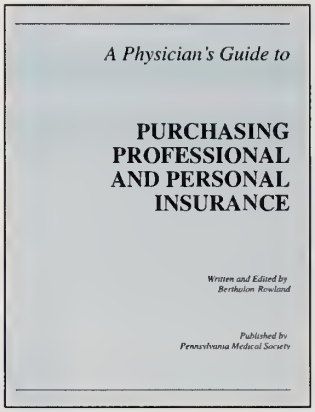
Products
AND SERVICES

How to Order:
See order insert
or call 1 (800) 228-7823

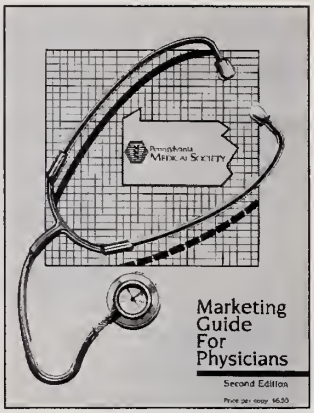
PRACTICE MANAGEMENT



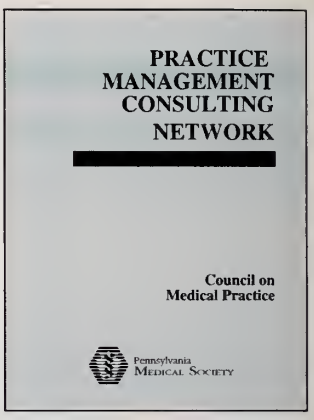
▲ Practice Options for Today's Young Physician
A summary of practice alternatives—solo, group, research, administrative, or established—for physicians completing residency.
Free to members.
Non-member price: $15
Order # **PSPRO15**



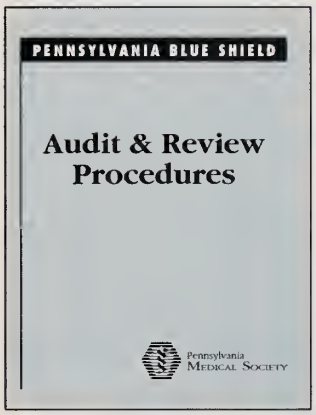
▲ Physicians' Guide to Purchasing Professional and Personal Insurance
A manual offering concise and "jargon-free" explanation of the types of insurance available to physicians, how to evaluate and decide on the proper amounts of coverage, and what questions to ask insurance agents about policies.
Member price: $30
Non-member price: $50
Order # **PSPPI16**



▲ Marketing Guide for Physicians: Second Edition
A 30-page handbook explaining marketing concepts for medical practice.
Free to members.
Non-member price: $6.50
Order # **PSMKG17**



▲ Practice Management Consulting Network
A brief listing of physician-recommended Pennsylvania consulting firms qualified to assist physicians with practice management, reimbursement and financial planning.
Free to members
Non-member price: $5
Order # **PSPCN18**



▲ Pennsylvania Blue Shield Audit & Review Procedures
A handbook explaining Blue Shield private business insurance audit procedures.
Free to members.
Non-member price: $15
Order # **PSPBS19**

OSHA Information Kit
Includes all necessary documentation to comply with the regulations: OSHA Final Regulations Overview; Employee Training Manual; Model Exposure Control Plan; and a copy of the regulations.
Member price: $10
Not available to non-members
Order # **PSOSH20**

SERVICES

Magazine Subscription Service
Magazine subscriptions at lowest rates available and automatically extends/renews existing subscriptions. For information contact: 1 (800) 289-6247.

Physician Placement Service
Offered in cooperation with the AMA, the service publishes two national directories: the Opportunity Placement Register, published monthly; and the Physician Register, published every two weeks. Locum Tenens listings also available. For information, contact Hattie Askew at the AMA: 1 (800) 955-3565.

Directory of Physician Executives in Pennsylvania
Free to members
Non-member price: $10 *Non-physician Price: $110*
Order # **PSDPE21**

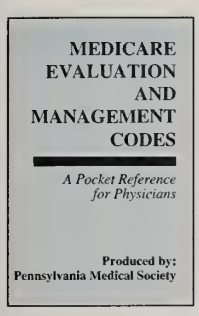
Planning Your Retirement—Second Edition
Free to members.
Non-member price: $19.50 Order # **PSPFR22**

Products
AND SERVICES

How to Order:
See order insert
or call 1 (800) 228-7823

Physician Reimbursement

For questions or assistance with Physician Reimbursement call toll free 1 (800) 228-7823



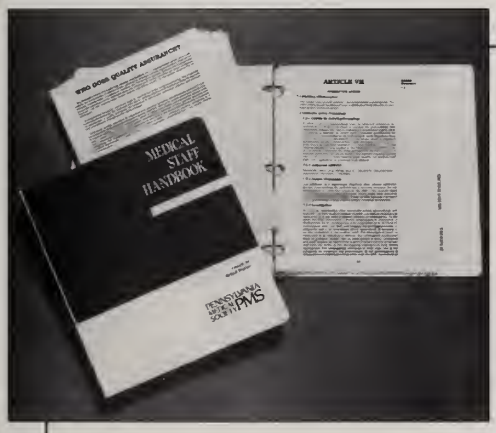
◄Medicare Evaluation and Management Codes—A Pocket Reference
Free to members
Non-member price: $5
Order # **PSPSR24**

Electronic Claims Filing Service
Designed to take the hassle out of electronic claims submission. This service connects physicians to all major insurance companies accepting claims electronically. No long distance charges. No complicated modems. No need to learn telecommunications. No start-up fees. No monthly minimums for claim submission volume. For more information call: 1 (800) 428-3515.

Comparison of Practice Management Software
Includes: (1) a selection of software products available for physicians; (2) hardware options and pricing; (3) definitions of software and hardware terminology; and (4) explanation on how to select software and hardware.
Free to members; Non-member price: $35
Non-physician price: $50
Order # **PSPMS25**

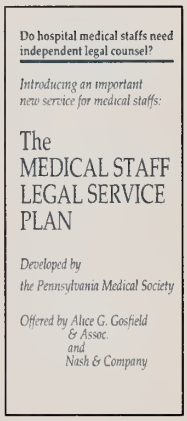
Medicare Physician Payment: Before and After RBRVS
Free to members; Non-member price: $5
Order # **PSBAR26**

Medical Staff Assistance

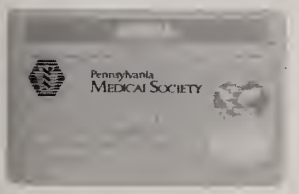


◄Medical Staff Handbook: Volumes I & II
Volume I: A 156-page handbook designed to assist medical staff leaders in dealing with issues such as: developing or revising bylaws to comply with licensure and accreditation requirements and protect medical staff self-governance; identifying medical staff rights and responsibilities in delivery of quality care; maintaining confidentiality. *Member price: $30. Non-member price: $50.* Also available on computer disk: 1.2 Meg 5" or 360 KB 5" floppy disk—*Member price $125; non-member price $175.* Volume II is currently being developed.
Order # **PSMSH23**

►Medical Staff Legal Service Plan
Legal services are provided to medical staffs on a prepaid or group discount basis. Available services include: bylaws review; general legal services, and telephone inquiry service. For more details, or to receive a brochure, call the Department of Physician Services at 1 (800) 228-7823.



Special Practice Management Products



◄Pennsylvania Medical Society MasterCard
A Gold MasterCard with individually established credit lines—up to $50,000—is available through MBNA Bank, N.A. No annual fee for the first year. Annual fee is waived in subsequent years if charges exceed $5,000. A BusinessCard is also available. Call 1 (800) 847-7378, ext. 5000 to apply.

Coming soon—

Employment Law Manual for Physicians
An interpretation of all major state and federal laws relating to employment, including: wages and overtime, employment discrimination, employment termination and employment-at-will, workplace privacy, employee benefits, health and safety, unions, employer record keeping, and employer notice/posting requirements. Will include practical advice and suggestions for implementing the laws.

Products
AND SERVICES

Pennsylvania Medical Society Endorsed Insurance Products

Pennsylvania Medical Society Liability Insurance Company 1 (800) 445-1212

Throughout its 15-year history, PMSLIC has set its course with the guidance and the counsel of physicians. This peer governance sharply distinguishes the company from other carriers in Pennsylvania. Because of its dedication to controlling the professional liability problem, rather than reacting to it, PMSLIC has positioned itself to continue to be the leader in serving Pennsylvania physicians in their professional liability insurance needs. If you are not currently a PMSLIC insured, contact the company at 1 (800) 445-1212 and ask a Policyholders Service Representative how PMSLIC may better serve you and your practice.

Risk Management

Medical-Legal Correspondence Course
A course providing basic information on how to practice safer, more defensible medicine. Upon completion, 12 hours of continuing medical education credit are awarded.
Member price: $125 Order # **RMMLC27**

Patient Rx Newsletter
A bi-monthly newsletter on current litigation trends and risk management issues affecting medical practice.
Order # **RMPRN28**

Patient Telephone Call Record Pads
Member price: 10 pads: $12.72; 20 pads: $25.44
Order # **RMTCR29**

Consult
A two-page home-study publication distributed quarterly to all Society members that addresses a variety of medical-legal topics. *Member Price: No Charge* Order # **RMCON30**

Physician's Medical Legal Guide for the Office
A practical reference for physicians and office staff. Includes legal requirements for medical records, confidentiality, informed consent, and termination of physician-patient relationship, and more. A 30-minute audiotape on risk management for office staff is also available.
Member Price: No Charge Order # **RMMLG31**

To order by phone call: 1 (800) 445-1212

Additional Society Endorsed Insurance

- Medical Insurance—the Society offers a Blue Cross/Blue Shield plan to members, eligible dependents, and employees (Plans not available in all areas)
- Individual Disability Income Insurance
- Individual Term Life Insurance
- Nursing Home/Home Health Care
- Long Term Disability/Group Term Life
- Business Overhead Expense
- Office and Property Contents
- Additional Coverages

For information on the above services contact Bertholon-Rowland at 1 (800) 551-4504 in Eastern Pennsylvania or Dexter-Bertholon-Rowland at 1 (800) 327-1550 in Western Pennsylvania.

- Workers' compensation insurance—competitive rates with low minimum payroll requirements.

For information on the above insurance call the Dodson Group at 1 (800) 825-3760 Ext. 2990.

See page 4 for information about "A Physician's Guide to Purchasing Professional and Personal Insurance."

Annual UPDATE

government arena

professional life

public arena

Government

A R E N A

AS A PHYSICIAN, YOU ARE the best judge of your patients' needs. Yet each year, lawmakers and regulators consider hundreds of measures that could affect your practice and the care of your patients.

You can't be in Harrisburg or Washington at crucial moments in the state and federal legislative and regulatory processes. But your State Society is there, with experienced advocates expressing your viewpoints and voicing your concerns.

At The State Level

During the last two-year session of the Pennsylvania Legislature, which ended in November 1992, your Division of Governmental Affairs staff reviewed more than 6,900 individual bills at the state level alone.

Physicians and staff also prepared and submitted testimony on dozens of regulatory matters.

The State Society's headquarters in Harrisburg is within 10 minutes of Pennsylvania's seat of state government. The five registered lobbyists in Governmental Affairs travel that distance many times in a week—sometimes many times a day—in their constant, attentive work on matters in the Capitol and elsewhere in state agencies and departments.

When major action is warranted, the 1,000 physician members of the Society's Legislative Action Teams are prepared for immediate action, making timely, informed contacts with key legislators and regulatory officials.

If you would like to become an active participant in the Society's governmental activities, use the Society's toll-free number and ask for the Division of Governmental Affairs.

In Congress And Federal Agencies

Activities at the national level often build on those at the state level. For example, relationships begun in the Pennsylvania House and Senate often continue when state legislators successfully gain Congressional office. Of course, some issues, such as health care reform, are before both state and national lawmakers.

There are also innovative activities at the national level. One new program is a periodic meeting between Pennsylvania's physician leaders and staff members of Pennsylvania's Congressional delegation. This meeting gives physicians the opportunity to speak, one on one, with the people who do much of the groundwork and research on legislation.

In addition, Pennsylvania physicians work with their colleagues from across the country, through the American Medical Association, to analyze federal legislation, coordinate congressional testimony, comment on regulations, and, when necessary, challenge laws and regulations in court.

Pennsylvania physicians also have the opportunity to participate in the federal Key Contact program, which creates at the federal level an even more personal contact network.

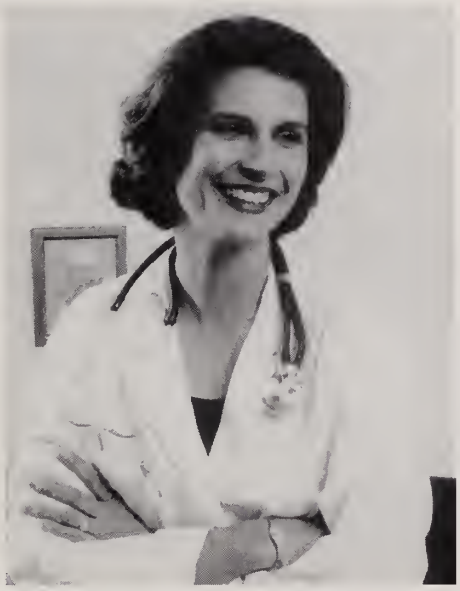
In The Political Arena

The Pennsylvania Medical Political Action Committee (PAMPAC), an independent organization supported by personal contributions, goes beyond party lines to evaluate candidates on how well they understand the interests of physicians and their patients. A powerful voice for organized medicine, PAMPAC contributes nearly $400,000 to political campaigns in each election year.

PAMPAC contributions begins at $100. A $250 contribution qualifies you for Keystone Club membership.

Contact Jerry Rothenberger or Larry Light of the Division of Governmental Affairs to learn more about PAMPAC involvement.

Professional
L I F E



Continuing Medical Education

As a member of the Pennsylvania Medical Society, you have committed yourself to the highest professional and ethical standards.

Membership requires completion of 160 credit hours of Continuing Medical Education (CME) over each three-year period. Society staff maintains CME files to assure each member that all members are meeting the highest professional standards . In addition, to protect the quality of CME programs available to its members, the Society evaluates and confers formal approval on those programs that conform to the high standards of Pennsylvania and the American Medical Association.

Advocacy

The Pennsylvania Medical Society also represents your interests in those agencies, organizations, and companies which affect your professional freedoms and responsibilities. Staff and physician leaders are in regular contact and dialogue with, among others:

- The State Board of Medicine
- Pennsylvania Blue Shield, both private business and Medicare
- The Pennsylvania Department of Public Welfare, particularly in matters of Medical Assistance (Medicaid) services and reimbursement
- The Department of Aging, in connection with the PACE medicine-reimbursement program for the elderly and other matters.

With these and others, the Society serves as adviser when possible, critic when necessary, and always as advocate for the best interest of patients and physicians.

Reimbursement Assistance

All member physicians with reimbursement-related questions may speak directly to staff in the Department of Medical Economics, who are constantly monitoring changes in policies and procedures of the Health Care Financing Administration and third-party payers that may affect physician practices.

The knowledgeable Medical Economics staff is also available to give presentations to physician groups on specific reimbursement issues and problems.

Monthly Publications

The State Society provides two concise, accessible sources of information to help physicians sort through the overwhelming amount of information they receive each day:

Pennsylvania Medicine, an award-winning monthly magazine that provides coverage of late-breaking news as well as in-depth analysis of vital issues.

Executive Report, a monthly newsletter on the activities of government, regulatory agencies, organized medicine, and medical practice.

Through these two vital links, members of the State Society are continually alerted to crucial changes in the practice of medicine. Through these publications, they can communicate with colleagues statewide about their concerns and keep track of the often confounding changes in medicine in the '90s.

Personal Support Services

As the charitable arm of the Society, The Educational and Scientific Trust enjoys a tax-deductible status to help support many worthwhile project for Pennsylvania physicians.

The Trust offers help through the Physicians' Health Programs for physicians suffering from the common afflictions of our time: AIDS, substance abuse, emotional illness, economic disaster, and stress. PHP also offers 24-hour, confidential message line, early intervention, support of practice rights consistent with the physicians' ability and recovery status, and financial assistance for treatment and, whenever possible, reentry into practice.

The Trust has long been a source of low-cost educational loans to students in medicine and allied health professions. Now, the Trust offers new assistance to cover moving and related expenses to graduates in residency programs.

As a service agency, the Trust produces educational materials, develops public awareness programs, and conducts market research to measure physicians' sentiments on issues important to the Society's policies and directions.

Finally, through its support of the Institute for Physician Leadership (along with the State Society, the Academy of Family Physicians, and Jefferson Medical College), the Trust offers a resource for special training and development of leaders in the medical profession.

Public
ARENA

THE PENNSYLVANIA MEDICAL Society is a multifaceted organization that touches on public health issues in virtually every area of its operation. The latest Membership/Leadership Survey indicates that the great majority of our members want their Society to address public health issues as well as the concerns of physicians and the medical profession.

Among the Society's many initiatives to foster the health and well-being of all Pennsylvanians are:

- pilot networks and demonstration projects to ensure access to primary care for the medically needy;
- background and analysis papers on environmental and public health issues;
- cooperative ventures with service and professional organizations and government agencies to address child and elder abuse, smoking, and other serious social problems.

During 1993, you will see your Society's name associated with a wide range of public service issues and activities.

The Society is working with the state departments of Education and Health in an ambitious program, "Youth Against Tobacco," designed to keep the next generation from developing the tobacco habit. The program has already been highlighted in a display at the State Capital and a special booth at the State Farm Show in January. You will see posters and public service TV spots featuring "smoking" animals. And listen for a "rap" radio spot, as well. Your Society is involved.

In response to new laws and increased interest in advance directives for medical care, the Society revised and updated it "living wills" brochure. More than 110,000 copies have already been distributed to physicians and to the public, and the demand continues.

Society members have volunteered their time to serve on phone banks for public television programs on breast cancer and domestic violence, and the Society has also been credited as a sponsor.

Other communications and public affairs activities on your behalf include development of support materials for county society community outreach activities, an energetic news media relations program, and active involvement in health care reform policy development.

Directory OF OFFICIALS & AFFILIATES

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▶ *Voting members of the Board of Trustees*

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Tenth District
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Eleventh District
David J. Thompson

Twelfth District
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Thirteenth District
Sandra K. Patterson

Judicial Council

Judicial power of the Society is vested in this council. Its decisions are considered final subject to the right of appeal to the Judicial Council of the American Medical Association. The council considers such matters as rights or standing of members controversies falling under the Society's bylaws or principles of medical ethics and controversies between two or more component societies or their members.

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Staff Assignment
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Committees–Board of Trustees

Standing Committees

Executive
Exercises all rights and duties of the Board between meetings of the Board; serves as the Advisory Committee to the Society Auxiliary; and engages in such other activities as the Board of Trustees may designate.

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Staff Assignment
Roger F. Mecum

Finance
The Committee reviews proposed programs or projects as they occur during the year and presents the Board with cost estimates and advises on availability of funds before the Board acts on these. The Committee also reviews the Pennsylvania Medical Society investment portfolio regularly. the Committee annually reviews with the auditors; the audited financial statement, internal checks and balances, and operating and accounting procedures.

the Finance Committee presents the annual budget of the Society to the Board.

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Staff Assignment
J. Michael Barlup

Publication
Supervises the publication of PENNSYLVANIA MEDICINE, *establishes advertising rates, and reviews editorial policies consistent with goals set for the publication by the Board of Trustees.*

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Staff Assignment
Elaine Herrmann

PERMANENT COMMITTEES

Distinguished Service Award
Periodically recommends members who have made outstanding contributions to the medical profession for the Society's Distinguished Service Award (the highest honor the Society can bestow on a physician) and various AMA awards.

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KePRO Oversight
Assesses impact of KePRO on health care system in Commonwealth and effect of KePRO on Society members. Acts as fact finder relative to member complaints

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Leadership Conference
Develops agenda and program for annual conference dedicated to professional development of members.

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Staff Assignment
Kenneth G. Robinson

Management Advisory
Confers with Executive Vice President on administrative matters which require review or counsel. Hears individual trustee/officer complaints against staff when the response of the Executive Vice President is considered unsatisfactory.

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Staff Assignment
Roger F. Mecum

Nominate Members to KePRO Board

Presents nominations to the Society Board for appointment to the Board of Keystone Peer Review Organization. Reviews the performance of incumbents and seeks counsel from the President of KePRO.

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Staff Assignment
Arnold W. Cushner

Nominate Members to PMSLIC Board

Presents nominations to the Society Board for appointment to the Board of the Pennsylvania Medical Society Liability Insurance Company. Reviews performance of incumbents and seeks counsel from the Chairman of the Board of PMSLIC.

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Staff Assignment
Arnold W. Cushner

Organization and Operation of the Board

Recommends rules for the organization and procedures of the Board. Convenes annually in advance of the Board's reorganization meeting to consider continuation, discharge, or reconstitution of Board committees not mandated by the bylaws and to make recommendations to the Board.

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Staff Assignment
Arnold W. Cushner

Professional Liability Insurance Appeals

Under a formal written agreement with PMSLIC, this committee provides a mechanism for Society members insured by PMSLIC to appeal underwriting actions or decisions. The Findings of the committee are binding on PMSLIC.

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Ad Hoc Committees

Ad hoc committees are appointed to complete a specific task. They have a life of one year and are dissolved on completion of their task or at the end of a year unless reappointed.

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Seminar

SCHEDULE

For more information call: Physician Services at 1 (800) 228-7823

March

"How to Get Started in Medical Practice"
(Conomikes)

March 9—Pittsburgh (Allegheny County Medical Society)
March 10—Harrisburg (Pennsylvania Medical Society)
March 11—Philadelphia

Third Party/Reimbursement Seminars:

Day 1: New Seminar: "Winning Strategies and Tactics for Maximizing Reimbursement" (Carol McClain)
Day 2: "How to Improve Your ICD-9 Coding" (Conomikes)
March 16-17—Pittsburgh (Allegheny County Medical Society)
March 17-18—Harrisburg (Pennsylvania Medical Society)
March 18-19—King of Prussia (Holiday Inn)

April

"Better Collections, Billing and Insurance Methods"
"Reception/Patient Flow Techniques"
(Conomikes)

April 13—Pittsburgh
April 14—State College
April 15—Harrisburg
April 20—Scranton
April 21—Allentown
April 22—King of Prussia

May

"The Big Secret: How Smaller Practices Can Compete with Larger Ones-and Come Out Ahead"
(Practice Performance Seminars {PPS})

Wednesday, May 19—King of Prussia (Holiday Inn)
Saturday, May 22—Pittsburgh

"Treating Patients Right: Tact, Courtesy and Etiquette in the Medical Office" (PPS)

Thursday, May 20—Harrisburg (Pennsylvania Medical Society)
Friday, May 21—Pittsburgh

June

"Medical Office Management Institute" (MOMI)
(Conomikes)
"Effective Personnel Management Techniques-Revised"
"Improving Managerial Effectiveness"
"Patient Flow Management"
"Financial Management"

June 8, 9, 10, and 11—King of Prussia
June 15, 16, 17, and 18—Pittsburgh

September

Advanced Third Party Reimbursement Seminars:
(Carol McClain)

September 21-22—Pittsburgh (Allegheny County Medical Society)
September 23-24—Harrisburg (Pennsylvania Medical Society)
September 28-29—King of Prussia (Holiday Inn)

October

"Practice Exit Planning: How to Get the Best Value for Your Practice"
(The Health Care Group and Health Care Law Associates)

Saturday, October 2—Pittsburgh
Saturday, October 9—Harrisburg (Pennsylvania Medical Society
Saturday, October 16—King of Prussia/Valley Forge

"How to Get Started in Medical Practice"
(Conomikes)

October 12—Pittsburgh (Allegheny County Medical Society)
October 13—Harrisburg (Pennsylvania Medical Society)
October 14—Philadelphia (Philadelphia County Medical Society)

November

"Employment Law and Personnel Requirements for the Medical Office"
(Carol McClain)

November 9—Pittsburgh
November 10—Harrisburg
November 11—Philadelphia

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Charles J. Unsinn, RN, *case manager*

Wendie L. Dunkin, *administrative secretary*

Pennsylvania Diabetes Academy

LeRoy C. Erickson, *acting executive director*

Kathleen M. Dwyer, PhD, *assistant executive director*

Wendy I. Bixler, *administrative assistant*

Professional Drug Education and Information

Natalie A. Harley, *director*

Barbara A. Layne, *assistant director*

Important Phone Numbers

Pennsylvania Medical Society

(717) 558-7750
(800) 228-7823
Fax: (717) 558-7830

American Medical Association

(800) AMA-3211

Pennsylvania State Government Offices

Numbers listed are for general information unless otherwise indicated.

Department of Aging
(717) 783-3126

Department of Health
(717) 787-5901
(800) 692-7254

Department of Insurance
(717) 787-2317

Department of Public Welfare Medical Assistance Physician Inquiries
(717) 782-6338
(800) 537-8862

Pennsylvania House of Representatives General Information
(717) 787-2372

Bill Status
(717) 787-2342

Pennsylvania Senate General Information and bill status
(717) 787-5920

Governor's Office
(717) 787-5962

Department of Transportation, Driver Qualifications
(717) 787-9662

Attorney General
(717) 787-3391

Consumer Protection Hot Line
(800) 441-2555

State Board of Medicine
(717) 787-2381
(717) 783-1400

Osteopathic Board of Medicine
(717) 783-4858

Pennsylvania Medical Society Affiliates

Pennsylvania Medical Society Liability Insurance Company

(717) 558-7500
(800) 445-1212

PaMPAC

(717) 558-7750

Keystone Peer Review Organization

(717) 564-8288

The Educational and Scientific Trust of the Pennsylvania Medical Society

(717) 558-7750

Auxiliary

(717) 558-7750

Insurance Companies Endorsed by the Pennsylvania Medical Society

Pennsylvania Medical Society Liability Insurance Company

(717) 558-7500
(800) 445-1212

Bertholon-Rowland Eastern PA
(800) 556-2500

Western PA
(800) 327-1550

The Dodson Group (workers' compensation)
(800) 825-3760, ext. 2990

Pennsylvania Blue Shield – Private Business

For claims information from Medical-Surgical and Vision Customer Service regional offices:

Central
(717) 731-8080

Eastern
(717) 975-7290

Western
(717) 975-5054

OASIS

(automated telephone response system):
800-462-7474

Harrisburg Area
(717) 975-6800

Electronic claims submission:
(717) 975-7130 (private business)
(717) 763-6722 (Medicare)

Pennsylvania Blue Shield District Offices, Professional Service and Review Representatives:

Central
(717) 731-2045

Eastern
(215) 564-2816

Western
(412) 471-7916

Ordering Forms:

Pennsylvania Blue Shield
Shipping Control Department
P.O. Box 890089
Camp Hill, PA 17089-0089
(717) 763-3256

Medicare

General information and claim status

(717) 763-5700

Automated Response Unit

(717) 730-8871

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